NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

January 12-13, 2022

Zoom
https://zoom.us/j/5886256671
Meeting ID: 5886256671

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: December 28, 2021

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday January 12, 2022, at 9:00 am. The meeting will continue, Thursday, January 13, 2022, at 9:00 am if necessary or until the Board concludes its business. Public access for the meeting is:

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

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

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting.

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

The Nevada State Board of Pharmacy may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to three minutes per person. You may call into the videoconference by

following the link or calling the phone number listed above. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.

1. Call to Order and Roll Call – Establishment of Quorum

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

◈ CONSENT AGENDA ◈

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval of the December 1-2, 2021, Meeting Minutes (**FOR POSSIBLE ACTION)**

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

   A. Americare Respiratory Services, Inc. – Irvine, CA
   B. Expedite LLC – Lithia Springs, GA
   C. Pumps It, Inc. – Houston, TX
   D. The Home DME Company – Southfield, MI

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

   Background Check Not Required by Law.

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

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

   E. Alydia Health, Inc. – Menlo Park, CA
   F. Aucta Pharmaceuticals, Inc. – Piscataway, NJ
   G. Avet Pharmaceuticals Inc. – East Brunswick, NJ
   H. Dukal, LLC – Ronkonkoma, NY

I. Dutch Ophthalmic, USA, Inc. – Exeter, NH
J. Greenstone LLC – Peapack, NJ
K. Next Science – Jacksonville, FL
L. PharmaEssentia USA Corporation – Burlington, MA
M. University of Iowa Pharmaceuticals – Iowa City, IA
N. USAntibiotics, LLC - TN

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

O. Haemonetics Corporation – Clinton, PA

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

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

P. LifeScience Logistics, LLC – Brownsburg, IN
Q. LifeScience Logistics, LLC – Whitestown, IN

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

R. Adagio Therapeutics, Inc. – Waltham, MA
S. Albireo Pharma, Inc. – Boston, MA
T. Ortho Clinical Diagnostics, Inc. – Memphis, TN
U. Sanofi US Corporation – Bridgewater, NJ
V. SCYNEXIS, Inc. – Jersey City, NJ
W. Spero Therapeutics, Inc. – Cambridge, MA

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

X. HP Inc. – San Diego, CA

4.2.7 <u>Background checks completed in compliance with NRS 639.500.</u>

Y. Jubilant Radiopharma – Memphis, TN
Z. RxSave – Whitehall, PA
AA. Teleflex LLC – Olive Branch, MS
BB. Teleflex LLC – Plymouth, MN

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

4.3.1 Manufacturer (NAC 639.593(7)(d))

CC. FH2 Pharma L.L.C – Las Vegas, NV

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

DD. Omnia Pharmacy Inc. – Las Vegas, NV
EE. QHR Pharmacy 3 – Las Vegas, NV

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

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

FF. AcariaHealth Pharmacy #26, Inc. – Tampa, FL
GG. Allergy Partners Therapeutics – Asheville, NC
HH. ARJ Infusion Services, LLC – Lenexa, KS
II. ARJ Infusion Services, LLC – Omaha, NE
JJ. Biologics by McKesson – Fort Worth, TX
KK. Birdi – Novi, MI
LL. CanyonCARE Rx – Tempe, AZ
MM. Heritage Biologics LLC – Lee's Summit, MO
NN. K Pharmacy, LLC – Armonk, NY
OO. Lemonaid Pharmacy – St. Louis, MO

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

PP. Golden Gate Veterinary Compounding Pharmacy, LLC
QQ. Progress Pharmacy – West Palm Beach, FL
RR. ReCept Pharmacy #1 – Fort Worth, TX
SS. Summit Pharmacy, Inc. – Phoenix, AZ

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

TT. Dia-Foot – Las Vegas, NV

◈ REGULAR AGENDA ◈

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

A.	Nevada Health Rx, Inc. dba Prax-Rx	(18-043-PH-S)
B.	Scot Silber, RPH	(18-043-RPH-S)
C.	Stephen Dubin, MD	(20-020-CS-S)
D.	James Forsythe, MD, HMD	(19-114-CS-N)
E.	Chad Hall, DO	(21-108-CS-S)
F.	Ronald Smith, MD	(20-212-CS-S)
G.	Kord T. Strebel, MD	(19-053-CS-S)
H.	Thomas E. Strebel, RPH	(19-053-RPH-S)
I.	Sircy M. Moore, DVM	(21-111-CS-S)

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

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

7. Petition for Reinstatement of Unrestricted Controlled Substance Registration pursuant to NRS 639.257

   Craig Weingrow (17-066-CS-S)

8. Petition for Reconsideration of Denial of Controlled Substance Registration pursuant to NRS 639.139. **(FOR POSSIBLE ACTION)**

   Victor Bruce

9. Application for Pharmacist Registration Renewal (NRS 639.127) – Appearance. (**FOR POSSIBLE ACTION)**

   Darrel Foth

10. Application for Pharmacist Registration by Reciprocation NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

    Eric Galey

11. Application for Veterinarian Authority to Dispense Drugs (NAC 639.7423) – Appearance **(FOR POSSIBLE ACTION)**

    A. Lesli Ann Hewitt-Spears
    B. Sircy Moore

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

    A. Canyonlands Healthcare – Mesquite, NV
    B. Complete Care Pharmacy – Las Vegas, NV

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

    A. Amazon Pharmacy #005 - Kent, WA
    B. Amazon Pharmacy #006 – Indianapolis, IN
    C. Amazon Pharmacy #007 – Meridian, ID
    D. DiRx – Sunrise, FL

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

    A. Dynamic Rx Labs LLC – Renton, WA
    B. Soleo Health Inc. – Dublin, OH

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

    Eclipse Mobility, LLC – Bountiful, UT

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

    A. Atrium Medical Corporation – Merrimack, NH – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure
    B. Baxter Healthcare Corporation – Byhalia, MS – Background Check Not Required - VAWD-Accredited (NAC 639.593(7)(c)) – Disclosure
    C. Hilco Vision – Plainville, MA – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
    D. Hilco Vision – Tucson, AZ – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events - Disclosure

17. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

    A. Compass Health Brands Corp. – Reno, NV – Background Check completed in compliance with NRS 639.500 - No Disqualifying Events – No Disclosures
    B. J.W. Welding Supplies and Tools – Fallon, NV – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – No Disclosures

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

    Anya Palazova

19. Request for Pharmacist Applicant to Retake the NAPLEX Exam (NRS 639.120(1)) – Appearance: **(FOR POSSIBLE ACTION)**

    A. Bea Belarmino
    B. Arnold Castro
    C. Tsigereda Mulugeta

20. Application for Ambulatory Surgery Center License. – Appearance. **(FOR POSSIBLE ACTION)**

    Comprehensive Surgical Care of Reno-Tahoe, LLC – Reno, NV

21. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to authorize pharmacists and other healthcare professionals to dispense oral medications for the treatment of COVID-19 subject to certain conditions. **(FOR POSSIBLE ACTION)**

22. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

23. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Change of Address Business List
    D. Meetings with Other Health Care Regulatory Boards
    E. COVID-19 Response
    F. Licensing Software Update
    G. Licensing Activities Report
    H. PMP Integration

◈ WORKSHOP ◈

Thursday January 13, 2022 – 9:00 am

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

    A. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I**. The proposed amendment to NAC 453.510 will add isotonitazene to the list of controlled substances listed in Schedule I.

    B. **Amendment to Nevada Administrative Code (NAC) 453B.** The proposed amendments conform the outdated language of NAC 453B to the changes made to NRS 453B in 2017 by Senate Bill 91. Specifically, the proposed changes to NRS 453B broaden the previously established Cancer Drug Donation Program to include prescription drugs generally. The proposed amendments also define "donated prescription drug" and establish requirements for a person or a pharmacy to participate in the Prescription Drug Donation Program.

◈ PUBLIC HEARING ◈

Thursday January 13, 2022 – 9:00 am

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

    A. **Amendment of Nevada Administrative Code (NAC 639).** The proposed amendments will add a new section to implement the provisions of Senate Bill

190, requiring the Board to adopt regulations that establish a protocol to allow a pharmacist to dispense a self-administered hormonal contraceptive to any patient. (LCB File R036-21)

B. **Amendment of Nevada Administrative Code (NAC) 639.501 Inspections; provision of self-assessment form.** The proposed amendment to NAC 639.501 will remove the requirement to complete an assessment of workplace and modifies the requirement of an annual inspection. (LCB File R165-20)

26. Date and Location of Next Scheduled Board Meeting:

March 2-3, 2022 – Reno, NV

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

28. Adjournment

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

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

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

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

1

2

3

MINUTES

December 1-2, 2021

BOARD MEETING

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

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Joe Dodge	Dena McClish	Darlene Nases
Courtney Lee	Leo Basch	Ken Scheuber	Luis Curras
Peter Keegan	Monica Segedy	Sophia Long	

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present except Krystal Freitas and a quorum was established.

2. Public Comment December 1 2021, 9:00 AM

Jamie Cordova Hernandez commented that he was present in compliance with his Board Order.

Bret Whipple commented that he would prefer to go in the afternoon due to a scheduling conflict.

Mary Alyn Domondon commented that she was present for agenda item – 5H.

◈ CONSENT AGENDA ◈

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

3. Approval October 13-14, 2021 Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the October 13-14, 2021 Meeting Minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Axonics, Inc. – Irvine, CA
B. Karuna Labs, Inc – San Francisco, CA
C. LifeNet Health – Virginia Beach, VA
D. Lincare Inc. – St. George, UT
E. Onestep Med LLC – Plainsboro, NJ

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

Background Check Not Required by Law.

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

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

F. Bausch & Lomb Americas Inc. – Bridgewater, NJ
G. Hikma Specialty USA Inc. – Columbus, OH
H. Medunik USA, Inc. – Rosemont, PA
I. Nipro Medical Corporation – Miami, FL
J. ONY Biotech Inc. – Amherst, NY
K. Wellstat Therapeutics Corporation – Rockville, MD

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

L. Heron Therapeutics, Inc. – San Diego, CA
M. Stericycle, Inc. – Warren, OH

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

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

N. Impel NeuroPharma, Inc. – Seattle, WA
O. Masimo Corporation – Irvine, CA
P. Novartis Gene Therapies, Inc. – Bannockburn, IL

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

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

Q. P Camber Pharmaceuticals, Inc. – Piscataway, NJ
R. Dockside Partners, LLC – Scottsville, KY

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

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

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

S. The Medicine Shoppe – Palm Springs, CA
T. Roman Health Pharmacy LLC – Beaverton, OR

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

U. Apri Fertility Pharmacy – San Diego, CA

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Consent Agenda.

Second: Jade Jacobo

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

K. Dana Forte, DO (18-118-CS-A-S)
L. Dominic Etli, APRN (18-118-CS-B-S)

Dana Forte and Dominic Etli appeared and were sworn in by President Park prior to answering questions and testimony.

Crane Pomerantz appeared as counsel representing Ms. Forte and Mr. Etli.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Ms. Forte prescribing controlled substances while overseas for patients whom she did not have a bona fide therapeutic relationship. In addition, she aided and abetted Mr. Etli to unlawfully prescribe controlled substances on pre-signed prescription pads prior to being registered with the Nevada Board of Pharmacy.

Mr. Keegan provided the proposed Stipulation and Order for the Board's consideration.

Dana Forte, Certificate of Registration No. CS06451, stipulates to the following penalties: 1) the registration is suspended; the suspension is stayed and Ms. Forte is placed on probation for two years. Ms. Forte shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no new charges filed against her by the Board while on probation; 2) public reprimand; 3) Order constitutes discipline reportable to the National Practitioner Data Bank; 4) pay a fine of $5,000; and 5) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Upon successful completion of probation, her license will be fully restored.

Dominic Etli, Certificate of Registration No. CS25965 and PR03064, stipulates to the following penalties: 1) the registration is suspended; the suspension is stayed and Mr. Etli is placed on probation for two years; 2) pay a fine of $5,000; 3) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. Upon successful completion of probation, his license will be fully restored.

Ms. Forte and Mr. Etli apologized to the Board for their mistakes.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Dana Forte and Dominic Etli as presented by Mr. Keegan.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Jean-Marie Swaine, APRN (19-237-CS-B-S)

Jean-Marie Swaine appeared and was sworn in by President Park prior to answering questions and testimony.

Brett Kandt made an opening statement noting that the Board on October 13 approved stipulations with the other two respondents in this case, Dr. Kolade and APRN Olubajo. Ms. Swaine is alleged to have unlawfully issued controlled substance prescriptions under Dr. Kolade's name and credentials while he was out of the United States.

Mr. Kandt presented a proposed stipulation and order on pages 705-709.

Jean-Marie Swaine, Certificate of Registration No. CS24065, stipulates to the following penalties: the registration is suspended; the suspension is stayed and Ms. Swaine is placed on probation for one year subject to the following conditions:1) public reprimand; 2) fine of $1,000; 3) $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) shall comply with all federal and statutes and regulations regarding controlled substances and dangerous drugs, and 5) respondent shall have no new charges filed against her by the Board while on probation.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the proposed stipulation and order for Jean-Marie Swaine.

Second: Jade Jacobo

Action: Passed unanimously.

F. Omnicare of Las Vegas (18-052-PH-S)
G. Uri Assa Krutilin, RPH (18-052-RPH-S)

Rolf Zakariassen recused himself due to his employment and affiliation with Omnicare.

Brian Convery, Representative of Omnicare of Las Vegas ("Omnicare"), appeared and was sworn in by President Park prior to answering questions and testimony.

Uri Assa Krutilin ("Assa Krutilin") was not present for the hearing.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case which involved Mr. Assa Krutilin, managing pharmacist of Omnicare, exceeding the pharmacist to pharmaceutical technician ratios at Omnicare. In addition, Mr. Assa Krutilin did not properly document his own hours at the pharmacy.

As Mr. Assa Krutilin was not present, Ms. Lee proceeded to enter a default against Mr. Assa Krutilin and offered proof of service.

Ms. Lee called Shirley Hunting as a witness.

Shirley Hunting, Board Coordinator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and testimony.

Ms. Lee questioned Ms. Hunting on her position and the details regarding her serving Mr. Krutilin with the Notice of Intended Action and Accusation.

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

Ms. Lee called Kristopher Mangosing as a witness.

Kristopher Mangosing, Assistant Board Coordinator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and testimony.

Ms. Lee questioned Mr. Mangosing about his position and the details regarding sending out the 21-day notice to Mr. Assa Krutilin.

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

Ms. Lee requested that the proofs of service – the certificate of service of the Notice of Intended Action and Accusation, and 21-day notice served be collectively admitted as Exhibit 1.

President Park entered into the record as Exhibit 1.

Ms. Lee provided the proposed Stipulation and Order for the Board's consideration as to Omnicare only.

Omnicare Las Vegas License No. PHC01949 stipulates to the following penalties: 1) public reprimand; 2) a fine of $2,600; 3) $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) re-train employees regarding pharmacist/pharmaceutical technician ratios in compliance with federal and state law within 30 days of the Order.

Mr. Convery commented that the issue was with Mr. Assa Krutilin who was not aware of the law. Omnicare has policies in place to ensure that they are compliant, and they already presented and implemented an action plan at the pharmacy.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Omnicare of Las Vegas License No. PHC01949.

Second: President Park

Action: Passed unanimously (Zakariassen recused).

Ms. Lee continued to prosecute the case regarding Mr. Assa Krutilin's Certificate of Registration No. 18266.

Ms. Lee requested that the Board move to make jurisdiction consistent with paragraph 1 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make jurisdiction consistent with paragraph 1 of the Notice of Intended Action and Accusation as proposed by Ms. Lee.

Second: Richard Tomasso

Action: Passed unanimously.

Ms. Lee requested the Board to make the Findings of Fact consistent with paragraphs 2-6 of the Noticed of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraph 2-6 of the Notice of Intended Action and Accusation as proposed by Ms. Lee.

Second: Richard Tomasso

Action: Passed unanimously (Zakariassen recused).

Ms. Lee requested the Board to make the Conclusions of Law consistent with paragraphs 7-16 of the Noticed of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraph 7-16 of the Notice of Intended Action and Accusation as proposed by Ms. Lee.

Second: Richard Tomasso

Action: Passed unanimously (Zakariassen recused).

Ms. Lee requested President Park admit the attorney's fees and investigative costs as Exhibit 2.

President Park admitted into the record the attorney's fees and cost as Exhibit 2.

Ms. Lee requested that the Board find the attorney's fees and costs of $749 were reasonable, necessary and actually incurred.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of a $749 on the basis that they were reasonable, necessary and actually incurred.

Second: Richard Tomasso

Action: Passed unanimously (Zakariassen recused).

Ms. Lee recommended the proposed discipline for Mr. Krutilin. The penalties would include the following: 1) public reprimand; 2) a fine of $1,300 within 30 days of the Order; 3) pay $749 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within 30 days of the Order; and 4) discipline will be reportable to National Practitioner Data Bank.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the proposed discipline as presented by Ms. Lee.

Second: Jade Jacobo

Action: Passed unanimously (Zakariassen recused).

Krystal Freitas was present for the Board Meeting at 9:41 AM.

A. Nathan Dahl, RPH (21-069-RPH-N)
B. Dahl's Specialty Pharmacy of Carson (21-069-PH-N)

Bill Stilling appeared as counsel on behalf of Nathan Dahl.

Nathan Dahl appeared and was sworn in by President Park prior to answering questions and testimony.

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

Mr. Kandt made an opening statement on the charges Mr. Dahl incorrectly compounded a drug product which may have resulted in patient harm and then made misrepresentations in the course of the Board investigation.

The parties requested that the following documents to be entered into the record by stipulation: 1) "Stipulated Facts" as Exhibit 1; 2) documents bate-stamped 001-052 as Exhibit 2; and 3) an email exchange between Mr. Dahl and Colin Brumlow at Eagle Analytical Services as Exhibit 3. Mr. Kandt also noted Exhibit A to the Respondent's Answer and Notice of Defense at pages 671-674, an email exchange between Mr. Dahl and Michael Darnaby at ARL Bio Pharma, was also part of the record.

President Park admitted Exhibits 1-3 into evidence.

Mr. Kandt called Monica Segedy, Board investigator, as a witness.

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

Mr. Kandt examined Ms. Segedy on Exhibit 2 and the investigation. Mr. Stilling cross-examined Ms. Segedy.

Mr. Kandt called Christy Welch as a witness.

Christy Welch appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt examined Ms. Welch on her mother's medical condition and her complaint to the Board that initiated the investigation. Mr. Stilling cross-examined Ms. Welch, and the Board questioned Ms. Welch.

Mr. Stilling requested a closed session pursuant to NRS 241.030.

Board Action:

Motion: President Park moved to go into closed session.

Second: Rolf Zakariassen

Sophia Long requested an amended motion pursuant to NRS 241.030(1)(a).

Board Action:

Motion: President Park moved to go into closed session to consider Nathan Dahl pursuant to NRS 241.030(1)(a).

Second: Rolf Zakariassen

Action: Passed unanimously.

The Board went into a closed session to consider Nathan Dahl pursuant to NRS 241.030(1)(a).

Board Action:

Motion: President Park moved to end the closed session and return to a public meeting.

Second: Jade Jacobo

Action: Passed unanimously.

The Board returned to a public meeting.

Mr. Stilling called Nathan Dahl as a witness.

Mr. Stilling examined Mr. Dahl. Mr. Kandt cross-examined Mr. Dahl, and the Board questioned Mr. Dahl.

Mr. Stilling conducted a redirect examination of Mr. Dahl, and on recross examination Mr. Kandt requested a voicemail that Mr. Dahl left for Ms. Welch be played.

Mr. Stilling objected to the voicemail being played on the basis that its probative value is substantially outweighed by a danger of unfair prejudice, and that it is a needless presentation of cumulative evidence already set forth in the Stipulated Facts, Exhibit 1.

President Park overruled the objection.

Mr. Kandt recross-examined Mr. Dahl on the voicemail and requested that it be entered into the record as Exhibit 4.

President Park admitted Exhibit 4 into evidence.

Board discussion ensued.

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

Mr. Wuest provided background regarding the drug testing done by Board staff on the mis-compounded drug.

Mr. Stilling requested that the Board dismiss the second cause of action for Mr. Dahl as his actions were not willful, and allow him to continue working as a pharmacist.

Mr. Kandt would like the Board to consider only the first and third causes of action as he will return to the second cause of action later.

Mr. Kandt requested the Board to make findings of fact consistent with the 17 paragraphs in the Stipulated Facts, Exhibit 1.

Board Action:

Motion: Wayne Mitchell moved to make findings of fact consistent with the 17 paragraphs in the Stipulated Facts, Exhibit 1.

Second: Richard Tomasso

Action: Passed unanimously.

Mr. Kandt requested the Board make conclusions of law consistent with the first and third causes of action in the Notice of Intended Action and Accusation and find Mr. Dahl guilty.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find Nathan Dahl guilty for the first and third cause of action, paragraphs 25-29 and 33-34 in the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested that the Board determine if the evidence supports the charge that Mr. Dahl willfully made false statements in the course of the investigation.

Mr. Stilling requested that the Board find Mr. Dahl not guilty of the second cause of action.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make findings of fact and conclusions of law consistent with the first, second, and third causes of action in the Notice of Intended Action and Accusation.

Second: Richard Tomasso

Jade Jacobo and Richard Tomasso withdrew their motion.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 11, 13, 14, 15, and 16 in the Notice of Intended Action and Accusation.

Second: Richard Tomasso

Gener Tejero commented that paragraphs 15-16 were not misrepresented by Mr. Dahl. He requests Board to consider only paragraphs 11, 13, and 14.

Board discussion ensued.

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

Action: Motion carries.

Mr. Kandt requested that the Board determine if Mr. Dahl is guilty of the second cause of action in the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to find Nathan Dahl guilty of the second cause of action, paragraphs 30-32 in the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

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

Action: Motion carries.

Mr. Kandt provided documentation of attorney's fees and costs totaling $7,864.75 and requested that it be entered into evidence as Exhibit 5. Mr. Stilling requested that the Board split the laboratory testing for the mis-compounded drugs.

President Park admitted the documentation of attorney's fees and costs into evidence as Exhibit 5 and requested that the Board find that the attorney's fees and costs of $7,864.75 were reasonable, necessary, and actually incurred.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to award the attorney's fees and costs of a $7,864.75 on the basis that they were reasonable, necessary and actually incurred.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt did not have any recommendations regarding the discipline for Mr. Dahl.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to revoke Certificate of Registration No. 17735 effective immediately. The revocation is stayed and respondent is placed on probation for 5 years subject to the following conditions: 1)he may not own a pharmacy or work as a managing pharmacist; 2) he may not compound drugs unless he petitions the Board for authority to compound; 3) he must complete a positive mental health evaluation approved by the Board before he can practice pharmacy; 4) he must complete an extra two hours of continuing education (CE) regarding ethics; 5) he must pay a fine of $5,000 within 60 days; 6) he

must pay $7,864.75 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within 60 days.

Second: Rolf Zakariassen

Action: Passed unanimously.

H. Stephen Dubin, MD (20-020-CS-S)

Crane Pomerantz and Nadia Ahmed appeared as counsel on behalf of Stephen Dubin.

Dr. Stephen Dubin appeared and was sworn in by President Park prior to answering questions and testimony.

Ms. Lee prosecuted the case where Dr. Dubin unlawfully prescribed controlled substances and did not follow the law regarding emergency CII prescriptions. Dr. Dubin permitted staff to telephone controlled substances while he was out of the country.

Mr. Pomerantz commented that Dr. Dubin was not aware of his staff's actions, and did not authorize the controlled substance prescriptions.

Ms. Lee presented the stipulated facts on page 772-774 into the record and the stipulated exhibits 1-4 on page 776-793 of the board book.

Ms. Lee commented that Ma Lourdes Jauregui was unable to make the Board Meeting. Therefore, she requested President Park to admit Ms. Jauregui's declaration, Bate stamped Dubin0002-0004 as Exhibit 5.

President Park admitted into the record Exhibit 5.

Ms. Lee called Dena McClish as a witness.

Dena McClish, Nevada Board of Pharmacy Investigator, appeared and was sworn in by President Park prior to answering questions and testimony.

Ms. Lee requested President Park to enter the following exhibits into the record: 1) redacted relevant medical and billing records for patient A.D. from Jireh Healthcare Bate stamped Dubin0007-0054 as Exhibit 6; 2) redacted relevant medical and billing records for patient M.G. from Jireh Healthcare bate stamped Dubin0055-0094 as Exhibit 7; 3) redacted relevant medical and billing records for patient M.H. from Jireh Healthcare Bate stamped Dubin0095-0162 as Exhibit 8; 4) redacted, previously subpoenaed, relevant portion of medical records for patient M.H. from Jireh Healthcare Bate stamped Dubin0164-0166 as Exhibit 9; 10) redacted relevant medical and billing records for patient D.B. from Jireh Healthcare Bate stamped Dubin0167-0182 as Exhibit 10.

President Park admitted Exhibits 6-10 into the record.

Ms. Lee and Ms. Ahmed questioned Ms. McClish.

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

Ms. Lee called Mary Alyn Domondon as a witness.

Ms. Domondon, Administrator for Jireh Healthcare, appeared and was sworn in by President Park prior to answering questions and testimony.

Ms. Lee questioned Ms. Domondon.

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

Due to the time constraints, the Board continued this hearing to a future Board Meeting.

I. James Forsythe, MD, HMD (19-114-CS-N)

This matter was continued to a future Board Meeting.

7. Petition for Reconsideration of Denial of Controlled Substance Registration pursuant to NRS 639.139. **(FOR POSSIBLE ACTION)**

Victor Bruce, MD

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

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

Mr. Kandt provided background regarding Dr. Bruce appealing the Board's denial of his application for a controlled substance registration.

Mr. Hunt requested the Board to reconsider the decision on Dr. Bruce's controlled substance registration on the basis that all relevant information was not considered.

Mr. Hunt questioned Dr. Bruce on current status of his license to practice medicine.

Mr. Hunt commented to the Board that he completed the conditions of his probation, completed a three-day evaluation, and had a hearing with the Nevada State Board of Medical Examiners which deemed him fit to practice. The Board did not consider all this information before denying Dr. Bruce's application for a controlled substance registration.

Mr. Kandt commented that the Nevada State Board of Pharmacy has the sole authority to approve or deny a registration, and NRS 453.231(1)(b) and (d) specify that compliance with

state law that convictions of the applicant pursuant to federal or state laws relating to a controlled substance are each a basis for denying a registration.

Mr. Wuest commented that Dr. Bruce's three-day evaluation was not provided to the Board.

Board discussion ensued.

Mr. Kandt commented that often applicants petitioning for reinstatement propose that their registration be restricted to a limited list of controlled substances.

Mr. Hunt represented he would provide Dr. Bruce's evaluation and a proposed list of controlled substances to Board staff.

Mr. Wuest recommended that the Board table the petition to a future meeting so that they can submit those documents.

President Park offered Mr. Hunt the option to table Dr. Bruce's petition.

President Park tabled application at Mr. Hunt's request.

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

D. Nevada Health Rx, Inc. dba Prax-Rx	(18-043-PH-S)
E. Scot Silber, RPH	(18-043-RPH-S)
J. Kinex Medical Company, LLC	(21-039-MP-S)
M. Abdel M. Khalek, MD	(19-003-CS-A-S)
N. Robert Chancellor, MD	(19-003-CS-B-S)
O. Lindsay Hoffman, PA-C	(19-003-CS-C-S)

These matters were continued to a future Board Meeting.

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

A. Vinay Bararia	(19-003-S)
B. Sandra Bledsoe, D/B/A VIP Faces	(21-042-S)
C. Sandra Bledsoe, D/B/A Revenge MD	(21-042-B-S/21-042-C-S)

These matters were continued to a future Board Meeting.

Public Comment December 2 2021, 5:00 PM

Brett Whipple's case was continued to a future Board Meeting.

Board Members Present:

Helen Park Jade Jacobo Krystal Freitas Gener Tejero

Wayne Mitchell Rolf Zakariassen Richard Tomasso

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Joe Dodge	Dena McClish	Darlene Nases
Courtney Lee	Leo Basch	Ken Scheuber	Luis Curras
Peter Keegan	Christian Schonlau		

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

4. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present and a quorum was established.

5. Public Comment December 2 2021, 9:00 AM

There was no public comment.

◈ WORKSHOP ◈

Thursday December 2, 2021 – 9:00 am

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

B. Amendment of Nevada Administrative Code (NAC) 639: The proposed amendments impose limitations concerning the dispensing, selling, supplying, furnishing and administration of certain compounded drugs; requiring outsourcing facilities to establish policies and procedures.
(LCB File R002-21)

Mr. Wuest provided background on proposed amendment.

Written public comment was provided to the Board.

Mr. Wuest requested the Board to table the public hearing as they are still waiting for a response from the Food and Drug Administration (FDA).

President Park tabled the public hearing at Mr. Wuest request.

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

B. **Amendment of Nevada Administrative Code (NAC) 639.360.** The proposed amendment to NAC 639.360 will allow an accredited school or college of pharmacy located in Nevada to offer a course of continuing education, along with the designated number of units of continuing education, without submission to the Board for approval.

Mr. Wuest provided background on proposed amendment.

Ms. Lee read the proposed changes into the record.

President Park opened public comment for this workshop.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt proposed language for Amendment of Nevada Administrative Code (NAC) 639.360 moved forward to public hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

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

Yenh Long, Nevada Board of Pharmacy Deputy Secretary, provided background on proposed amendment.

President Park opened public comment for this workshop.

Liz McMenamin from Retail Association of Nevada is in support of the proposed language.

Kate Newhall requested to attach instructions on the bottle regardless of the language.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt proposed language for Amendment of Nevada Administrative Code (NAC 639) move forward to public hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I. The proposed amendment to NAC 453.510 will add certain benzodiazepines and fentanyl related substances to the controlled substances listed in Schedule 1. (LCB File R023-21)

Ms. Long provided background on proposed amendment.

President Park opened public comment for this public hearing.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt proposed language for Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I.

Second: Krystal Freitas

Action: Passed unanimously.

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

D. VGM Group, Inc. – Waterloo, IA – Background Check completed in compliance with NRS 639.500 – Disqualifying Events – Disclosure
E. VGM Group, Inc. – Phoenix, AZ - Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
F. VGM Group, Inc. – Nashville, TN – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events - Disclosure

Zach Garrigus (Vice President of Operations), Mark Kern (Compliance Manager), and Renee Stephens (Vice President of Support Services) appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Keegan requested a Letter of Authorization for all three representatives to speak on behalf of the company.

Mr. Keegan provided background on VGM's Waterloo application and their disclosures regarding a DUI for Mr. Garrigus and an administrative fine for operating without a third-party logistics (3PL) license.

Mr. Keegan requested an updated certificate of good standing and 3PL license for the Waterloo location as the documentation provided is outdated.

Mr. Keegan clarified to the Board that VGM's Phoenix and Nashville location have the same background information as the Waterloo location. The only thing that he is requesting from the Phoenix location is to provide an updated wholesaler registration since it expired.

Mr. Keegan questioned VGM on their disclosures and business model.

VGM answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve VGM Group's Waterloo application pending updated 3PL license and certificate of good standing, VGM Group's Phoenix location pending updated wholesaler registration, and VGM Group's Nashville location.

Second: Jade Jacobo

Action: Passed unanimously.

17. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

    B. NDC Homecare, LLC – North Las Vegas, NV – Background Check completed in compliance with NRS 639.500 – Disqualifying Events - Disclosure

Mark Seitz, Chief Executive Officer, and Tammy Beasley, Senior Compliance Manager, appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on application and Mr. Seitz disclosure regarding a DUI.

Mr. Seitz provided further clarification of what occurred with his DUI and explained that he has other locations licensed with the Board and has been doing business in Nevada for many years.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve wholesaler license for NDC Homecare, LLC.

Second: Rolf Zakariassen

Ms. Long requested that a favorable pending inspection is needed.

The Board amended their motion.

Board Action:

Motion: Jade Jacobo moved to approve wholesaler license for NDC Homecare, LLC pending favorable inspection.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

B. Cardinal Health – Roanoke, TX – Background Check Not Required – Publicly Traded (NAC 639.593(7)(a)) – Disclosure

Cynthia Rhodes, Licensing Manager, and Julie Webb, Vice President of Medical Distribution, appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on application and their disclosures regarding DEA issues and reciprocal discipline from other states.

Ms. Webb commented that this location is now VAWD accredited as it was not at the time of submitting the application.

Board Action:

Motion: Rolf Zakariassen moved to approve out-of-state wholesaler license for Cardinal Health pending VAWD accreditation.

Second: Jade Jacobo

Action: Passed unanimously.

C. Nortru LLC – Detroit, MI – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events - Disclosure

Wade Scheel (Director of Governmental Affairs), Melanie Frohriep (Facilities Manager), and Jeffrey Davis (Director of Compliance) appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on application.

The Board questioned Mr. Scheel about the business model and disclosures.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state wholesaler license for Nortru LLC.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Amazon Pharmacy #005 - Kent, WA
B. Amazon Pharmacy #006 – Indianapolis, IN
C. Amazon Pharmacy #007 – Meridian, ID

These matters were continued to a future Board Meeting.

D. Hy-Vee Mail Order – Des Moines, IA

Jared Crumly, Pharmacy Manager, appeared and was sworn in by President Park prior to answering questions and testimony.

Ms. Long provided background on application and requested more information regarding the disclosures listed.

Mr. Crumly provided clarification on disclosures relating to citations and discipline taken on other Hy-Vee pharmacies not specific to this location.

The Board questioned Mr. Crumly on the business model.

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

The Board requested a Letter of Authorization for Mr. Crumbly to speak on behalf of the company.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state pharmacy license for Hy-Vee Mail Order pending Letter of Authorization.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

    Complete Care Pharmacy – Las Vegas, NV

This matter was continued to a future Board Meeting.

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

    Superior Compounding Pharmacy – Plymouth, MI

Eava Sokana (Office Manager), Alex Petrovici (Managing Pharmacist), and Ryan Alexia (Compliance Manager) appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Wuest wanted clarification on if they plan to ship sterile products into Nevada and would like the affidavit removed.

Mr. Petrovici confirmed that they plan to ship sterile products into Nevada, so the affidavit was removed from the application.

The Board questioned the pharmacy on their business model.

Mr. Alexia and Mr. Petrovici answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

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

Second: Rolf Zakariassen

Gener Tejero offered a friendly amendment that the pharmacy needs to provide their NABP inspection.

Jade Jacobo amended the motion.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy license for Superior Compounding Pharmacy pending receipt of NABP inspection.

Second: Rolf Zakariassen

Action: Passed unanimously.

21. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration

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

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

Board discussion ensued.

20. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

General Counsel had no items to report for this matter.

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

A. Atrium Medical Corporation – Merrimack, NH – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure

No representative was present on behalf of Atrium Medical Corporation.

This matter was continued to a future Board Meeting.

8. Application for Pharmacist Registration Renewal (NRS 639.127) – Appearance. (**FOR POSSIBLE ACTION)**

A. David England

David England appeared and was sworn in by President Park prior to answering questions and testimony.

Mr. Wuest provided background on appearance.

Mr. England explained what events occurred with his disclosure on his renewal application regarding compliance issues and compounding without a DEA license.

Board discussion ensued.

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

First Choice Pharmacy, LLC – Las Vegas,NV

Zunera Nasim (Co-Owner), Hamid Djam (Co-Owner), and Sima Moghadam (Managing Pharmacist) appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Wuest provided background on application.

The Board questioned Ms. Moghadam on her work experience, how she knows the owners, and the pharmacy's business model and past discipline.

Mr. Djam and Ms. Moghadam answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve compounding pharmacy license for First Choice Pharmacy, LLC pending favorable inspection.

Second: Richard Tomasso

Action: Passed unanimously.

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

BioWave Corporation – Norwalk, CT

Brad Siff (President), Renee Cody (Director of Reimbursement), and Will Seely (Vice President of Operations) appeared and were sworn in by President Park prior to answering questions and testimony.

Ms. Long provided background on the application and their disclosure.

The Board questioned about the business model, their disclosure, and who customers can call if they have issues.

Ms. Long questioned Ms. Cody on work history and her qualifications.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state medical, devices, equipment and gases license for BioWave Corporation.

Second: Richard Tomasso

Action: Passed unanimously.

18. Discussion on audit by Eide Bailly LLP pursuant to NRS 218G.400 for fiscal year ending June 30, 2021.

Beth Farley from Eide Bailly provided audit findings to the Board's satisfaction.

Board discussion ensued.

19. Discussion and Possible Action on Adoption of Emergency Regulation pursuant to NRS 233B.0613 to authorize pharmacists and other healthcare professionals to dispense oral medications for the treatment of COVID-19 subject to certain conditions. **(FOR POSSIBLE ACTION)**

This matter was continued to a future Board Meeting.

17. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

A. The Dentists Supply Company (TDSC) – Reno, NV - Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure

Burke Spielman, General Manager, and Kent Bauman, Associate Compliance and Operations Manager, appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on application and their disclosures.

The Board questioned TDSC about their business model and any current legal proceedings.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve wholesaler license for The Dentists Supply Company pending favorable inspection.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

A. Abigail Martinez

Abigail Martinez appeared and was sworn in by President Park prior to answering questions and testimony.

Rolf Zakariassen disclosed that he was the managing pharmacist at the store Ms. Martinez is applying to but stated that he could participate in this matter fairly and without bias.

Mr. Keegan provided background on application and disclosure regarding a pending charge of domestic and substance abuse.

Ms. Martinez further clarified the events that occurred with her disclosure to the Board.

The Board questioned Ms. Martinez on why she wants to be a pharmacy technician, if she still drinks, if she disclosed this matter to the pharmacy, and if the pharmacy will still hire her.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmaceutical Technician in Training registration for Abigail Martinez effective immediately, with the condition to provide a favorable January 2022 evaluation. If the evaluation is unfavorable, Ms. Martinez would need to surrender her registration and appear in front of the Board.

Ms. Martinez agreed to condition.

Second: Rolf Zakariassen

Action: Passed unanimously.

8. Application for Pharmacist Registration Renewal (NRS 639.127) – Appearance. (**FOR POSSIBLE ACTION)**

B. Timothy Walsh

Timothy Walsh appeared and was sworn in by President Park prior to answering questions and testimony.

Mr. Wuest provided background on appearance.

Mr. Walsh provided background on disclosure regarding pharmacy using beyond use dates for sterile compounding preparations.

Mr. Walsh commented that he is licensed in California but wants to maintain his license in Nevada.

Board discussion ensued.

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

B. Jerissa Williams

Jerissa Williams appeared and was sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on appearance regarding Ms. Williams failing a random drug test for her Pharmacy Technician program.

The Board questioned Ms. Williams on if she knew the rules of the program, why she wants to be a pharmacy technician, and if she knows why positive drug test are concerning for a pharmacy.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmaceutical Technician in Training registration for Jerissa Williams with conditions that she undergo monthly drug testing and counseling for one year from when she resumes her pharmacy technician program and passes the monthly drug test.

Second: Krystal Freitas

Action: Passed unanimously.

10. Application for Pharmacist Registration by Reciprocation NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

A. Joseph Cherian

Joseph Cherian appeared and was sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on Mr. Cherian's disclosures regarding administrative action in California due to inaccurate inventory of drugs, buying medication from another pharmacy, and filling controlled substances without the proper security protocols.

The Board commented that one of his disclosures is still a pending accusation.

Mr. Cherian commented that a Stipulation with California occurred recently and offered to send documentation over to Board staff.

The Board questioned Mr. Cherian on his responsibilities as the managing pharmacist and why he wants to move to Nevada.

Board discussion ensued.

President Park offered the option to Mr. Cherian on if he would like to table his application so that he can provide the legal proceedings to Board staff.

Mr. Cherian agreed.

President Park tabled application at Mr. Cherian's request.

C. Jill Smith

Jill Smith appeared and was sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on Ms. Smith's disclosure regarding a DUI.

Ms. Smith further clarified the events that occurred with her disclosure to the Board. She stated that she has complied with all her orders and has no other issues.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmacist Registration by Reciprocation for Jill Smith.

Second: Krystal Freitas

Action: Passed unanimously.

D. Reed Smith

Reed Smith appeared and was sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on Mr. Smith's disclosure regarding a DUI.

Mr. Smith further clarified that his DUI really changed him, and he enrolled in a recovery program.

The Board questioned Mr. Smith on what changes occurred since the DUI, where he is currently licensed, and when his conditions of his licensure in Kentucky will be completed.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmacist Registration by Reciprocation for Reed Smith with conditions that he continues and completes his terms with the Kentucky Pharmacy Board.

Second: Rolf Zakariassen

Action: Passed unanimously.

B. Jiten Sidhu
E. Linda Trinh

Jiten Sidhu and Linda Trinh appeared and were sworn in by President Park prior to answering questions and testimony.

Mr. Keegan provided background on both applicants' disclosure relating to Mr. Sidhu prescribing medication under Ms. Trinh credentials and filling it at the pharmacy. Both applicants are currently under probation in Arizona.

Ms. Trinh has reciprocating discipline in California due to this disclosure which she has completed the terms of the Order.

The Board questioned Ms. Trinh and Mr. Sidhu on the events that occurred, how they have changed since the incident, and what are their plans in Nevada.

Ms. Trinh and Mr. Sidhu answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmacist Registration by Reciprocation for Linda Trinh and Jiten Sidhu with conditions that they continue to follow the probation set by the Arizona Board of Pharmacy.

Second: Richard Tomasso

Action: Passed unanimously.

24. Date and Location of Next Scheduled Board Meeting:

January 12-13, 2022 – Las Vegas, NV

25. Public Comment December 2 2021, 5:00 PM

There was no public comment.

26. Adjournment

4

4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☒ Location Change*	M MP00867	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Americare Respiratory Services, Inc

MDEG Physical Address: 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Mailing Address (if different from physical address): 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Telephone: 949-250-0045 Website: www.americarecpap.com

Email: michelle@americarecpap.com

Name of MDEG Administrator (NAC 639.694): Lloyd Mote

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

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: DME POS-Positive Airway pressure devices (CPA

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: MIKE HUFF RRT Telephone: 702 525-0103

Days and Hours of Operation

Mon:	8am - 4pm
Tues	8am - 4pm
Wed:	8am - 4pm
Thurs:	8am - 4pm
Fri:	8am - 4pm
Sat:	Closed
Sun:	Closed
Holidays:	Closed

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
NPI 1326064700
DMERC#; NSC / PTAN or PID/PTAN 4877370001
CMS 18352C23100157
Trading Partner ID B08006323

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name:	~~N/A~~ LLOYD MOTE	Credentials:	NCP	%:	60
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Americare Respiratory Services, Inc

Mailing Address: 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Telephone: 949-250-0045 Email: lloyd@americarecpap.com

Contact Person Name: Lloyd Mote

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lloyd Mote

Print Name of Authorized Person Submitting Application

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

09/23/2021

Date

Board Use Only	Date Received: _____	Amount: 500 check # 11205

Americare™
Respiratory Services

LIST OF PRINCIPAL OWNERS/CORPORATE OFFICERS

Entity Number: C12089-2003
File Date: 5/20/2003
State of Incorporation: Nevada
Nevada Business License: NV 2003135442

Type: S Corporation
Status: Active- Perpetual
Fein# 20-0029841
Expires 5/31/2022

State of Domicile: California
California Business License: City of Irvine
California Sellers Permit: CA State Board of Equalization

Federal Tax ID: 20-0029841
Permit # 180001544 4/30/2022
Permit #100-259708

Commercial Registered Agent - Corporation
Registered Corporation Agents, Inc.
500 N. Rainbow Blvd Suite #300A
Las Vegas, NV 89107

Individual with Authority to act on behalf of the Commercial Registered Agent
Charles Rampenthal
101 N. Brand Blvd. 10th Floor
Glendale, CA 91203

CONFIDENTIAL

VITAL STATISTICS OF AMERICARE RESPIRATORY SERVICES, INC OFFICERS

[redacted]
Chief Executive Officer
30% Ownership
Social [redacted]
DOB: [redacted]
[redacted] Capistrano Avenue
Laguna Beach, CA 926S1
lloyd@americarecpap.com

Jonathan Charles Mote
Chief Financial Officer
30% Ownership
Social [redacted]
DOB: [redacted]
[redacted] Larkspur Avenue
Corona Del Mar, CA 92625
jonathan@americarecpap.com

Donald Charles Mote
Secretary/Shareholder
10% Ownership
Social [redacted]
DOB: [redacted]
[redacted] Justice Dr, Greenfield, IN 46140 (Hancock)
[redacted] Medinah Cir W #8, Fort Myers, FL 33907
dcm@americarecpap.com

BUSINESS ADDRESS OF OWNERS/CORPORATE OFFICERS
30 Corporate Park, Suite 309, Irvine, Ca 92606
Local: 949-250-0045
Toll Free: 866-344-2774
Fax: 949-553-0041 or 866-989-9233

BUSINESS AFFAIRS CONDUCTED IN STATE
Service; Durable Medical Equipment DMEPOS-Positive Airway pressure devices (CPAP), HFCWO & Respiratory Assist Devices (BiPAP) & supplies - Mail order via US Postal Service

NACIS (2012) 423450
Medical, Dental, Hospital Equipment and Supplies, merchant wholesalers. This industry comprises establishments primarily engaged in the merchant wholesale distribution of professional medical equipment, instruments, and supplies

Secretary of State
Certificate of Status

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

Entity Name:	AMERICARE RESPIRATORY SERVICES INC
File Number:	C2545022
Registration Date:	06/26/2003
Entity Type:	FOREIGN STOCK CORPORATION
Jurisdiction:	NEVADA
Status:	ACTIVE (GOOD STANDING)

As of June 22, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 23, 2021.

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

Certificate Verification Number: R3L8W6Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

American Respiratory Services Inc
American Respiratory Services
30 Corporate Park
Suite#309
Irvine, CA 92606

LICENSE NUMBER: 113944
EXPIRATION DATE: 4/29/2022

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/27/2021

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

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

PRODUCER VGM Insurance Services, Inc. 1111 W. San Marnan Dr. Waterloo IA 50701	CONTACT NAME: Darla Porter PHONE (A/C, No, Ext): (800) 522-6535 FAX (A/C, No): E-MAIL ADDRESS: Darla.Porter@vgm.com
INSURED Americare Respiratory Services Inc 30 Corporate Park, Suite 309 Irvine CA 92606	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: STATE NATIONAL INSURANCE CO 12831 INSURER B: STATE NATIONAL INSURANCE CO 12831 INSURER C: INSURER D: INSURER E: INSURER F:

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X		VGM D1019 G1824-17	08/6/2021	08/6/2022	EACH OCCURRENCE	$ 2,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			VGM D1019 G1824-17	08/6/2021	08/6/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Certificate holder is additional insured per written contract.

CERTIFICATE HOLDER

Michael Huff RRT
8745 Vista Royale Ct
Las Vegas NV 89147

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Americare Respiratory Services, Inc

Physical Address: 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Mailing Address (if different from physical address): 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Telephone: 949-250-0045 Website: www.americarecpap.com

Licensing Company Email: shipping@americarecpap.com

Section 2: Personal Information

First: Lloyd Middle: B Last: Mote

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

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

Mailing Address: [redacted] Capistrano Ave

City: Laguna Beach State: Ca Zip: 92651

Telephone: [redacted] Email: lloyd@americarecpap.com

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

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

Date of Service: From: N/A to:

Military Occupation/Specialty:

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

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

Applicant's initials: [redacted]

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

School Name		From - To (MM/YY – MM/YY)	
WILSON ADULT HIGH SCHOOL		04-1977	
Address: 4400 E. 10th ST.	City: LONG BEACH	State: Ca.	Zip: 90804
Diploma/Degree obtained, if any: GED			

School Name		From - To (MM/YY – MM/YY)	
Ca PARAMEDICAL & TELHNICAL COLLEGE		03-83 to 02-84	
Address: 3745 LONG BEACH BLVD	City: LONG BEACH	State: Ca.	Zip: 90807
Diploma/Degree obtained, if any: RCP			

School Name		From - To (MM/YY – MM/YY)	
LONG BEACH CITY COLLEGE		JAN/78 to 6/79	
Address: 4901 E CARSON ST	City: LONG BEACH	State: Ca.	Zip: 90808
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2011 TO PRESENT	[redacted] CAPISTRANO AVE	LAGUNA BEACH	Ca.	92651
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials LL

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

Business Name: AMERICARE RESPIRATORY SERVICES, INC			From - To (MM/YY – MM/YY): 08/2003 TO PRESENT
Business Address: 30 CORPORATE PARK # 309	City: IRVINE	State: Ca.	Zip: 92606
Phone: 949 250-0045	Title: RCP, CEO		
Description of Duties: OVERSEE OPERATIONS, MONITOR INVENTORY, CREATE NEW IDEAS			

Business Name: TUSTIN HOSPITAL NOW CALLED: FOOTHILL REGIONAL MED CENTER			From - To (MM/YY – MM/YY): 05/1999/[redacted] 05/2002
Business Address: 14662 NEWPORT CENTER	City:	State:	Zip:
Phone: 714 619-7700	Title: RCP		
Description of Duties:			

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

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

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

Continue on next page if additional space is needed.

Applicant's initials: LR

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9.28.2021
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LLOYD MOTÉ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09-28-2021

Date

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

State of CALIFORNIA, ss. County of ORANGE

I, LLOYD MOTE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09-28-2021

Date

Subscribed and Sworn to before me this 28 day of SEPT. 2021

Notary Public Signature

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

MEHDI ZAHEDI
Comm. #2314114
Notary Public·California
Orange County
Comm. Expires Dec 23, 2023

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Americare Respiratory Services, Inc

Physical Address: 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Mailing Address (if different from physical address): 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Telephone: 949-250-0045 Website: www.americarecpap.com

Licensing Company Email: shipping@americarecpap.com

Section 2: Personal Information

First: Donald Middle: C Last: Mote

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

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

Mailing Address: [redacted] Justice Drive

City: Greenfield State: IN Zip: 46140

Telephone: [redacted] Email: dcm@americarecpap.com

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

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

Date of Service: From: OCT 1948 to: OCT 1955

Military Occupation/Specialty:

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

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

Applicant's initials: [signature]

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

School Name		From - To (MM/YY – MM/YY)	
SHORTRIDGE H.S.		1944 - 1948	
Address	**City**	**State**	**Zip**
3401 MERIDIAN ST	INDPLS., [redacted]	IND.	46208
Diploma/Degree obtained, if any			
GRADUATED - DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Indiana Ext University		1950 - 51	
Address	City	State	Zip
	INDPLS, I	IN	46
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2001 - CURRENT	[redacted] JUSTICE DR.	GREENFIELD	IND.	46140
2001 - CURRENT	[redacted] MEDINAH CIR. #8	FORT MYERS	FL	33907
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name		From - To (MM/YY – MM/YY)	
AMERICARE RESPIRATORY SERVICES INC.		5/2003 CURRENT	
Business Address	**City**	**State**	**Zip**
30 CORPORATE PARK STE 309	IRVINE	CA	92606
Phone	**Title**		
949 250 0045	SHAREHOLDER, DIRECTOR		
Description of Duties			
SECRETARY			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

9-29-2021

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DONALD MOTE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/29/21

Date

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

State of Indiana, ss. County of Marion

I, Donald Mote, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/29/21

Date

Subscribed and Sworn to before me this 29 day of Sept. 2021

Alexandra R Deem

Notary Public Signature

NOTARY PUBLIC SEAL STATE OF INDIANA

Notary Public
State of Indiana
Alexandra Renee Deem
Commission Number NP0720674
My Commission Expires
06/06/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Americare Respiratory Services, Inc

Physical Address: 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Mailing Address (if different from physical address): 30 Corporate Park, Suite 309

City: Irvine State: Ca Zip: 92606

Telephone: 949-250-0045 Website: www.americarecpap.com

Licensing Company Email: shipping@americarecpap.com

Section 2: Personal Information

First: Jonathan Middle: C Last: Mote

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

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

Mailing Address: [redacted] Larkspur Ave

City: Corona Del, Mar State: Ca Zip: 92625

Telephone: [redacted] Email: jonathan@americarecpap.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

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

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

Applicant's Initials: JM

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

School Name			From - To (MM/YY – MM/YY)	
HSE HIGH SCHOOL			05/69 – 08/72	
Address		City	State	Zip
13910 E 126th Street		Fishers	IN	46037
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/11 - 09/21	[redacted] Larkspur Avenue	Corona del Mar	CA	46037
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JM

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

Business Name		From - To (MM/YY – MM/YY)	
Americare Respiratory Services, Inc.		09/09 - 09/21	
Business Address	**City**	**State**	**Zip**
30 Corporate	Irvine	CA	92606
Phone	**Title**		
949-250-0045	Share holder		
Description of Duties			
Shareholder			

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

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

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

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

Continue on next page if additional space is needed.

Applicant's Initials JM

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

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

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

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

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

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

Applicant's Initials JM

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

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

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/28/21
Date

Applicant's initials JM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Mote

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/28/21

Date

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

State of _____, ss. County of _____

I, Jonathan Mote, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/28/21

Date

Subscribed and Sworn to before me this _____ day of _____.

SEE ATTACHED JURAT

_____

Notary Public Signature

(Seal)

Applicant's initials JM

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 28th day of September, 2021 by Jonathan C. Mote,

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

Signature (Seal)

PHILLIP PALAZUELOS
COMM...2341868
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Term Exp. Jan. 17, 2025

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Personal History Application
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 7 Document Date 09/23/21

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

www.NotaryClasses.com 800-873-9865

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Americare Respiratory Services, Inc MDEG License # (if applicable) MP00867

Physical Address 30 Corporate Park, Suite 309

City Irvine State Ca Zip 92606

Mailing Address (if different from physical address) 30 Corporate Park, Suite 309

City Irvine State Ca Zip 92606

Telephone 949-250-0045 Website www.americarecpap.com

Licensing Company Email shipping@americarecpap.com

Section 2: Personal Information

First Lloyd Middle B Last Mote

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

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

Mailing Address [redacted] Corporate Park, Suite [redacted]

City Irvine State Ca Zip 92606

Telephone [redacted] Email lloyd@americarecpap.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Wilson Adult High School		04/77	
Address	City	State	Zip
4400 E. 10th Street	Long Beach	Ca	90804
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Ca Paramedical & Technical College		03/83 - 02/84	
Address	City	State	Zip
3745 Long Beach Blvd	Long Beach	Ca	90807
Diploma/Degree obtained, if any			
RCP			

School Name		From - To (MM/YY – MM/YY)	
Long Beach City College		01/78 - 06/79	
Address	City	State	Zip
4901 E. Carson Street	Long Beach	Ca	92808
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2011 - Present	[redacted] Capistrano Ave	Laguna Beach	Ca	92651
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Americare Respiratory Service, Inc		08/03 - Present	
Business Address	**City**	**State**	**Zip**
30 Corporate Park, Suite 309	Irvine	Ca	92606
Phone	**Title**	**Number of Employed Hours**	
949-250-0045	CEO	37,440	
Description of Duties			
Oversee operations, monitor inventory, ensure policies and regulations			

Business Name		From - To (MM/YY – MM/YY)	
Tustin Hospital (formerly Foothill Regional Medical Center)		05/99 - 05/02	
Business Address	**City**	**State**	**Zip**
14662 Newport Center	Tustin	Ca	
Phone	**Title**	**Number of Employed Hours**	
	RCP	6,240	
Description of Duties			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10-27-2021
Date

I, Lloyd Mote, **certify that as the MDEG Administrator for**

Americare Respiratory Services, Inc,

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

1. LM Have a high school diploma or its equivalent;
2. LM Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lloyd Mote
Print Name (First, Last)

Lloyd Mote
Original Signature (electronic, copies or stamps not accepted)

09/23/2021
Date

Board Use Only	Date Received:

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

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

Section 1: General Information

Facility Name: Expedite LLC

MDEG Physical Address: 600 Riverside Parkway, Suite 150

City: Lithia Springs State: GA Zip: 30122

Mailing Address (if different from physical address): 9001 Spectrum Center Boulevard

City: San Diego State: CA Zip: 92123

Telephone: 771-819-2127 Website: www.shop.resmed.com

Email: julie.hutt@resmed.com

Name of MDEG Administrator (NAC 639.694): Cary Willoughby

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

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

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: Cary Willoughby ✓ Telephone: 770-819-2169 ✓

Days and Hours of Operation

Mon:	8:00am - 5:00pm
Tues	8:00am - 5:00pm
Wed:	8:00am - 5:00pm
Thurs:	8:00am - 5:00pm
Fri:	8:00am - 5:00pm
Sat:	Closed
Sun:	Closed
Holidays:	Closed

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Birdie, Inc.

Corporation/Organization Name: Expedite LLC

Mailing Address: 9001 Spectrum Center Boulevard

City: San Diego State: CA Zip: 92123

Telephone: 771-819-2127 Email: julie.hutt@resmed.com

Contact Person Name: Julie Hutt

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right:	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List of all general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• [illegible] (or certification issued to the medical products provider (if applicable).)	✓	✓	✓	✓
• Copy of proof of insurance (NAC 639.6946). The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• MDEG Administrator Application (NAC 639.694). Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Grant Ovzinsky

Print Name of Authorized Person Submitting Application

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

19-Nov-21

Date

Board Use Only	Date Received: _____	Amount: 500 cc

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Expedite LLC — MDEG License # (if applicable): Pending

Physical Address: 600 Riverside Parkway, Suite 150

City: Lithia Springs — State: GA — Zip: 30122

Mailing Address (if different from physical address): 9001 Spectrum Center Boulevard

City: San Diego — State: CA — Zip: 92123

Telephone: 771-819-2127 — Website: www.shop.resmed.com

Licensing Company Email: julie.hutt@resmed.com

Section 2: Personal Information

First: Cary — Middle: — Last: Willoughby

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

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

Mailing Address: [redacted] Cardinal Lane

City: Austell — State: GA — Zip: 30168

Telephone: [redacted] — Email: cary.willoughby@resmed.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)
Southern New Hampshire University			Sept 2019 - Present
Address	**City**	**State**	**Zip**
2500 N River Rd	Manchester	NH	03106
Diploma/Degree obtained, if any			
Working toward Bachelor is Business			

School Name			From - To (MM/YY – MM/YY)
Advance Career Institute			Sept 1997 - July 1999
Address	**City**	**State**	**Zip**
1564 Southlake Pkwy	Morrow	GA	30260
Diploma/Degree obtained, if any			
Medical Assistant			

School Name			From - To (MM/YY – MM/YY)
Morrow Senior High			August 1987 - June 1990
Address	**City**	**State**	**Zip**
2299 Old Rex Morrow Rd	Morrow	GA	30260
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Oct 2010 - present	[redacted] Cardinal Lane	Austell	GA	30168
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Locust Grove Family Medicine			Sept 2003 - Oct 2011	
Business Address		**City**	**State**	**Zip**
3778 Hwy 42		Locust Grove	GA	30248
Phone	**Title**		**Number of Employed Hours**	
678-610-6649	Office Manager		9 Years	
Description of Duties				
Assisted the Physicians with all procedure, front and back office				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Cary Willoughby
Original Signature (electronic, copies or stamps not accepted)

11/16/21
Date

I, Cary Willoughby, **certify that as the MDEG Administrator for**

Expedite, LLC,

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

1. CAW Have a high school diploma or its equivalent;
2. CAW Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CAW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CAW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cary Willoughby
Print Name (First, Last)

Cary Willoughby
Original Signature (electronic, copies or stamps not accepted)

11/16/21
Date

Board Use Only	Date Received:

EXPEDITE LLC OWNERS AND OFFICERS

- Expedite LLC's sole member is Birdie, Inc.
- Expedite LLC does not have any officers or directors.
- The LLC Manager for Expedite is Grant Ovzinsky.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPEDITE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPEDITE LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

6917132 8300

SR# 20213713212

Authentication: 204606815

Date: 11-04-21

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

Client#: 423880 (RESMEINC

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/30/2021

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

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

PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC PO Box 85638 San Diego, CA 92122	CONTACT NAME: Dana Shaffer PHONE (A/C, No, Ext): 858-242-5762 FAX (A/C, No): 858-529-2662 E-MAIL ADDRESS: Dana.shaffer@MarshMMA.com
INSURED Expedite LLC 9001 Spectrum Center Blvd San Diego, CA 92123-1438	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Federal Insurance Company — 20281 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			35839057	12/01/2020	12/01/2021	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$Excluded
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Products Liab. Claims Made Retro: 09/30/03			70211343	12/01/2020	12/01/2021	$10,000,000 Occ/Agg Ded: $100,000 Occ Ded: $500,000 Agg	

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

Evidence of coverage.

CERTIFICATE HOLDER	CANCELLATION
Expedite, LLC 9001 Spectrum Center Blvd. San Diego, CA 92123	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Dana Shaffer

© 1988-2015 ACORD CORPORATION. All rights reserved.

EXPEDITE, LLC

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

11/18/21

Re: License Application

To Whom It May Concern:

Enclosed is Expedite, LLC's application to be licensed as a Medical Products Provider for Medical Devices, Equipment and Gases. I have included credit card information for the $500 application fee along with:

- List of all Officers and Diectors
- Certificate of Corporate Status or Certificate of Good Standing
- Copy of home state license
- Copy of proof of insurance
- MDEG Administrator Application.

**I did not include Person History Record Applications because Expedite, LLC's sole owner is a corporation – not an individual.

If you have any questions about this request, please call or email Amy Stell at 619-605-9488 or amy.stell@resmed.com.

Sincerely,

Amy Stell

Amy Stell
Coordinator and Coach, eCommerce – Customer Experience and Logisitcs

EXPEDITE LLC HOME STATE LICENSURE EXPLANATION

Expedite LLC's facility is located in the state of Georgia, but Expedite LLC is not licensed in Georgia as a home medical equipment provider. Pursuant to Georgia Board of Pharmacy Rule 480-7B-.02, the Georgia Board of Pharmacy does not require licensure of entities that provide home medical equipment/durable medical equipment to consumers unless those entities submit a claim for reimbursement by a third party. Expedite LLC does not submit claims for reimbursement by third parties and, therefore, is not eligible to obtain a Durable Medical Equipment Supplier License from the Georgia Board of Pharmacy. Expedite LLC's correspondence with the Georgia Board of Pharmacy about this is included below.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Nathan Deal, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-651-8000 | www.dch.georgia.gov

October 25, 2018

Dana M. Richens
Smith, Gambrell & Russell, LLP
Promenade, Suite 3100
1230 Peachtree St, NE
Atlanta, GA 30309

Email: drichens@sgrlaw.com

Re: Correspondence to the Board

Dear Ms. Richens:

At its recent meeting, the Georgia Board of Pharmacy ("Board") discussed your email dated September 19, 2018. After consideration of your request, the Board declines your request as it believes the law is clear. Please review O.C.G.A. § 26-4-51. Durable medical equipment supplier license; requirements; exemptions; rules and regulations.

Should you have any questions, please feel free to contact our office at (404) 651-8000.

Sincerely,

Georgia Board of Pharmacy

From: Richens, Dana
Sent: Wednesday, September 19, 2018 2:06 PM
To: Battle, Tanja <tbattle@dch.ga.gov>
Subject: Expedite LLC

Dear Tanja,

I hope this email finds you well. Thank you for all of your assistance with the Pharmacy Manufacturer and Wholesaler applications for my client, Expedite LLC. Those applications were both approved at the Board's September 12 meeting. Thank you again.

I write today because Expedite LLC, which distributes portable oxygen concentrators (POCs), is now attempting to satisfy the regulatory requirements of the pharmacy boards of the various states into which it plans to distribute POCs. Many of those boards require confirmation from the pharmacy board of an entity's home state (in this case, Georgia) of the entity's durable medical equipment (DME) Supplier licensure status in the home state. As you likely know, Georgia Pharmacy Board Rule 480-7B-.02 requires DME Supplier licensure only if a DME provider submits claims for reimbursement by a third party. (Expedite LLC does not submit claims for reimbursement by third parties and therefore has not sought a DME Supplier license from the Georgia Board of Pharmacy.) Some states' pharmacy boards also want to know whether a DME provider has been inspected in its home state.

So that Expedite LLC can accurately communicate its Georgia DME Supplier licensure status to other states' pharmacy boards, I respectfully request from the Georgia Board of Pharmacy a written statement, on Georgia Board of Pharmacy letterhead, in substantially the following form:

***

To Whom It May Concern

Re: Expedite LLC

Expedite LLC is not licensed in Georgia as a Durable Medical Equipment (DME) Supplier. Pursuant to Georgia Board of Pharmacy Rule 480-7B-.02, the Georgia Board of Pharmacy does not require DME Supplier licensure of entities that provide durable medical equipment to consumers unless those entities submit a claim for reimbursement by a third party. Furthermore, the Georgia Board of Pharmacy does not inspect DME providers that are not licensed as DME Suppliers by the Board.

***

I would be happy to work further with you or any member of your staff in any way necessary to process this request, including coming to the Board's offices in person if that would be helpful. I look forward to hearing back from you, and thank you once again for your assistance.

Best regards,
Dana

Dana M. Richens
Partner

p | 404-815-3659
f | 404-685-6959
e | drichens@sgrlaw.com
Promenade, Suite 3100 | 1230 Peachtree St. N.E. | Atlanta, GA 30309
www.sgrlaw.com | My Bio | vCard

SGR 125th Anniversary
SMITH, GAMBRELL & RUSSELL, LLP

Confidentiality Notice
This message is being sent by or on behalf of a lawyer. It is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately by e-mail and delete all copies of the message.

West's Code of Georgia Annotated
Title 26. Food, Drugs, and Cosmetics
Chapter 4. Pharmacists and Pharmacies (Refs & Annos)
Article 3. Practice of Pharmacy

Ga. Code Ann., § 26-4-51

§ 26-4-51. Durable medical equipment supplier license

Effective: July 1, 2017

Currentness

(a) Any person who supplies durable medical equipment to a consumer and submits a claim for reimbursement by a third party, either directly or through a contractual arrangement, shall possess a durable medical equipment supplier license issued by the board pursuant to this Code section.

(b) The board shall be authorized to issue a license to an applicant for licensure as a durable medical equipment supplier if the applicant:

(1) Submits an application in the form prescribed by the board;

(2) Maintains an office or place of business within this state;

(3) Pays the license fee established by the board pursuant to paragraph (37) of subsection (a) of Code Section 26-4-28; and

(4) Meets all safety standards and requirements established by the board, including but not limited to the establishment of written procedures for:

(A) Ensuring that all personnel engaged in delivery, maintenance, and repair of durable medical equipment receives annual continuing education;

(B) Instructing the patient or patient's caregiver on how to use the durable medical equipment provided;

(C) Receiving and responding to complaints from patients;

(D) Maintaining records of all patients receiving durable medical equipment; and

(E) Management, maintenance, and servicing of durable medical equipment.

(c) The board may issue a license to a Medicare enrolled out-of-state manufacturer or wholesale distributor that provides durable medical equipment directly to consumers if such manufacturer or wholesale distributor possesses a valid license from another state. Such manufacturer or wholesale distributor shall be exempt from the requirements of paragraph (2) of subsection (b) of this Code section.

(d) Licenses issued pursuant to this Code section shall be effective for 36 months from the date of issuance and shall not be transferable or assignable.

(e) The board may refuse to issue or renew, or may suspend, revoke, or restrict the licenses of, or fine any person pursuant to the procedures set forth in Code Section 26-4-60 for any of the grounds set forth in subsection (a) of such Code section or upon a finding that the applicant or licensee:

(1) Has violated any state or federal law or regulation related to the provision of durable medical equipment; or

(2) Fails to meet the safety standards established by the board.

(f) The board reserves the right to initially and periodically inspect the applicant's or licensee's office or place of business within this state. Such applicant or licensee shall be required to pay a reasonable and adequate fee established by the board pursuant to paragraph (37) of subsection (a) of Code Section 26-4-28 to cover the cost of such inspections.

(g) The following persons and entities shall be exempt from the requirements of this Code section unless any such person or entity has a separate company, corporation, or division that is in the business of supplying durable medical equipment to consumers and submits a claim for reimbursement by a third party:

(1) Pharmacies and pharmacists;

(2) Hospitals;

WESTLAW © 2016 Thomson Reuters. No claim to original U.S. Government Works.

(3) Ambulatory surgical centers;

(4) Health care facilities owned or operated by the state or federal government;

(5) Skilled nursing facilities;

(6) Assisted living facilities;

(7) Health care practitioners who:

(A) Provide durable medical equipment within the scope of practice of the health care practitioner's profession; and

(B) Are licensed in this state to practice the health care practitioner's profession;

(8) Suppliers of insulin infusion pumps and related supplies or services;

(9) Manufacturers or wholesale distributors that do not sell or rent durable medical equipment directly to consumers;

(10) Renal dialysis providers licensed under Code Section 31-44-4 and persons or entities that distribute devices necessary to perform home renal dialysis to patients with chronic kidney disease; and

(11) Suppliers of osteogenesis stimulators, transcutaneous electrical nerve stimulators, pneumatic compression devices, and related supplies or services.

(h) The board shall promulgate rules and regulations necessary to implement the provisions of this Code section. Such rules and regulations shall be established with the intent of ensuring patient safety and quality of durable medical equipment. The board may provide by rules and regulations that any person accredited by organizations recognized by the federal Centers for Medicare and Medicaid Services is deemed to meet all or some of the requirements of this Code section. Further, the board shall be authorized to require the completion of background checks, including, but not limited to, criminal history record checks, on any applicants or licensees, on any persons who will have direct contact with patients, and on any other licensee personnel deemed necessary for purposes of patient safety.

WESTLAW © 2018 Thomson Reuters. No claim to original U.S. Government Works.

(i) Nothing in this Code section shall be construed to restrict or prohibit the ability of a person or business to engage in a private transaction between two parties.

Credits

Laws 2017, Act 230, § 3, eff. July 1, 2017.

Ga. Code Ann., § 26-4-51, GA ST § 26-4-51
The statutes and Constitution are current through the 2018 legislative session. The statutes are subject to changes by the Georgia Code Commission.

End of Document

© 2018 Thomson Reuters. No claim to original U.S. Government Works.

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☑ Ownership Change*	* If making a change, provide current license number:	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M P01652	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Pumps It, Inc.

MDEG Physical Address: 10601 Grant Rd, Ste 101

City: Houston State: TX Zip: 77070

Mailing Address (if different from physical address): 220 W Germantown Pike Ste 250

City: Plymouth Meeting State: PA Zip: 19462

Telephone: 888-670-7867 Website: www.adapthealth.com

Email: Licensing@adapthealth.com

Name of MDEG Administrator (NAC 639.694): Gwendolyn Ida Gerlofs

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

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

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	8:00am-5:30pm
Tues	8:00am-5:30pm
Wed:	8:00am-5:30pm
Thurs:	8:00am-5:30pm
Fri:	8:00am-5:30pm
Sat:	Appointment only
Sun:	Closed
Holidays:	Closed

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)):

Medicare PTAN 1171360001

Texas Medicaid 200824501

New Mexico Medicaid 33253862

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): AdaptHealth LLC

Corporation/Organization Name: Pumps It, Inc.

Mailing Address: 220 W Germantown Pike Ste 250

City: Plymouth Meeting State: PA Zip: 19462

Telephone: 262-888-5057 Email: Licensing@adapthealth.com

Contact Person Name: Amy Bettinger

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy Bettinger
Print Name of Authorized Person Submitting Application

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

11/01/2021
Date

Board Use Only	Date Received: _____	Amount: 500	Check # 0000143411

Pumps It Inc Corporate Officers, effective 11/1/2021

Stephen Griggs, CEO
DOB: [redacted]
Mailing address:
220 W Germantown Pike, Ste 250
Plymouth Meeting, PA 19462
Phone #: 610-630-6357

Yehoshua Parnes, President
DOB: [redacted]
Mailing address:
220 W Germantown Pike, Ste 250
Plymouth Meeting, PA 19462
Phone #: 610-630-6357

Christopher Joyce, Vice President
DOB: [redacted]
Mailing address:
220 W Germantown Pike, Ste 250
Plymouth Meeting, PA 19462
Phone #: 610-630-6357

Robin Soblick, Administrator
DOB: [redacted]
Mailing address:
220 W Germantown Pike, Ste 250
Plymouth Meeting, PA 19462
Phone #: 610-630-6357

Ownership:
AdaptHealth, LLC
EIN: 45-5553972
220 W Germantown Pike Ste 250
Plymouth Meeting, PA 19462 -1437
Ownership: 100%

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for PUMPS IT, INC. (file number 135999400), a Domestic For-Profit Corporation, was filed in this office on June 14, 1995.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 28, 2021.

Jose A. Esparza
Deputy Secretary of State

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

PUMPS IT INC
10601 GRANT RD STE 101
HOUSTON TX 77070

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

PUMPS IT INC

10601 GRANT RD STE 101
HOUSTON, TX 77070

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 0092767
Expires: August 31, 2023

NON-TRANSEERABLE

Commissioner

511674

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

License No. **29258** Expiration Date: **5/31/2022**

Balances: **0**

PUMPS IT PHARMACY
10601 GRANT RD STE 101A
HOUSTON TX 77070

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/22/2021

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

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

PRODUCER Brady, Chapman, Holland & Associates 10055 West Gulf Bank Houston TX 77040	CONTACT NAME: Certificate Desk PHONE (A/C, No, Ext): 713-688-1500 FAX (A/C, No): 713-688-7967 E-MAIL ADDRESS: ecerts@bch-insurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : TDC Specialty Ins. Co. (AmWINS TX) — 34487
INSURED PUMPSITINC Pumps It, Inc 10601 Grant Road, Suite 101 Houston TX 77070	INSURER B : Property & Casualty Co. of Hartford — 34690
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1286919005 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MFP004092103	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 1,000,000
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	X 1,000 ded						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:						Professional Liab.	$ 1,000,000
A	AUTOMOBILE LIABILITY			MFP004092103	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB ☐ OCCUR			MFX004102103	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 1,000,000
	X EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED ☐ RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			61WBCAC5F8C	3/1/2021	3/1/2022	X PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

Retro Date on General Liability & Professional Liability: 03/01/2003
The policy includes Blanket Additional Insured on the General Liability per form HPF-010001-09-16, Waiver of Subrogation on the Workers Compensation per form WC420304B when required by written contract.

Professional:
Each Claim other than Physical Abuse/Sexual Misconduct $1,000,000
Each Claim for Physical Abuse/Sexual Misconduct $25,000
Aggregate Sublimit - Physical Abuse/Sexual Misconduct $50,000
Aggregate for all Claims $3,000,000

CERTIFICATE HOLDER

National Supplier Clearinghouse
P.O. Box 100142
Columbia SC 29202

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Jeff Brady

© 1988-2015 ACORD CORPORATION. All rights reserved.

copy

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Pumps It, Inc. MDEG License # (if applicable) _____

Physical Address 10601 Grant Rd, Ste 101

City Houston State TX Zip 77070

Mailing Address (if different from physical address) 220 W Germantown Pike Ste 250

City Plymouth Meeting State PA Zip 19462

Telephone 888-670-7867 Website www.adapthealth.com

Licensing Company Email Licensing@adapthealth.com

Section 2: Personal Information

First CORY Middle MARK Last BAILEY

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted] GRANT RD., STE [redacted]

City HOUSTON State TX Zip 77070

Telephone [redacted] Email cbailey@pumpsit.com.

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF UTAH		09/75 - 12/80	
Address	**City**	**State**	**Zip**
201 PRESIDENTS CIRCLE	SALT LAKE CITY	UT	84112
Diploma/Degree obtained, if any			
B.S. PSYCHOLOGY			

School Name		From - To (MM/YY – MM/YY)	
GRANITE HIGH SCHOOL		09/72 - 05/75	
Address	**City**	**State**	**Zip**
3305 S. 500 E.	SALT LAKE CITY	UT	84106
Diploma/Degree obtained, if any			
DIPLOMA			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/14 - 11/21	[redacted] AUTUMN BREEZE CT	SPRING	TX	77379
09/13 - 01/14	2203 RIVA ROW	THE WOODLANDS	TX	77380
05/03 - 09/13	15715 JACKRABBIT LN.	FOUNTAIN HILLS	TX	85268

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
PUMPS IT, INC		08/12 - 11/21	
Business Address	City	State	Zip
10601 GRANT RD, STE 101	HOUSTON	TX	77070
Phone	Title	Number of Employed Hours	
281-955-8900		19,413	
Description of Duties			
Chief Operating Officer. Responsible for all aspects of patient service within our scope of practice.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Cory M. Bailey
Original Signature (electronic, copies or stamps not accepted)

11-16-21
Date

I, Cory M. Bailey, certify that as the MDEG Administrator for

Pumps It, Inc.,

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

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cory Bailey
Print Name (First, Last)

Cory M. Bailey
Original Signature (electronic, copies or stamps not accepted)

11-16-21
Date

Board Use Only	Date Received:

4D

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*	* If making a change, provide current license number: M P01379	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: The Home DME Company

MDEG Physical Address: 21540 W Eleven Mile Rd, Ste. 100

City: Southfield State: MI Zip: 48076

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (248) 299-3330 Website: thehomedme.com

Email: kbass@usmmllc.com

Name of MDEG Administrator (NAC 639.694): Dennis Edward Knoff

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

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

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	9 AM - 5 PM
Tues	9 AM - 5 PM
Wed:	9 AM - 5 PM
Thurs:	9 AM - 5 PM
Fri:	9 AM - 5 PM
Sat:	24 Hour emergency coverage 877-296-3330
Sun:	24 Hour emergency coverage 877-296-3330
Holidays:	24 Hour emergency coverage 877-296-3330

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare: 5686190001, 102373900, 016788300; Medicaid: 35639 (AR); C001267 (AZ); 745296 (FL); 18811765501 (IL)
Medicaid (cont'd): 201290120A (IN); 20111460A (KS); 1881765501 (MI); 02038373 (MS); 1002662400 (NE);
09376739 (NM); 3021652 (OH); 500755188 (OR); DM1545 (SC); 350572901 (TX); 1881765501 (WI)

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): U.S. Medical Management, LLC

Corporation/Organization Name: Rapid Respiratory Services, LLC d/b/a The Home DME Company

Mailing Address: 21540 W Eleven Mile Rd, Ste. 100

City: Southfield State: MI Zip: 48076

Telephone: (248) 299-3330 Email: kbass@usmmllc.com

Contact Person Name: Dennis Knoff

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dennis Knoff

Print Name of Authorized Person Submitting Application

Dennis Knoff

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

11/17/21

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 2414409

Attachments

The Home DME Company – Ownership Change

Attachment 1: List of all Officers and Directors

Attachment 2: Certificate of Corporate Status or Certificate of Good Standing

Attachment 3: Home State License

Attachment 4: Copy of Proof of Insurance

Attachment 5: MDEG Administrator Application

(Personal History Record Application – N/A)

Attachment 1: List of all Officers and Directors

Rajiv Nanu Patel, MD: Officer/CEO & President

Charles Weschke: Officer/Treasurer

David Strickler: Officer

Alex Sozdatelev: Officer

Karey Witty: Officer

Attachment 2: Certificate of Corporate Status or Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAPID RESPIRATORY SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAPID RESPIRATORY SERVICES, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2009.

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

Jeffrey W. Bullock, Secretary of State

4692601 8300

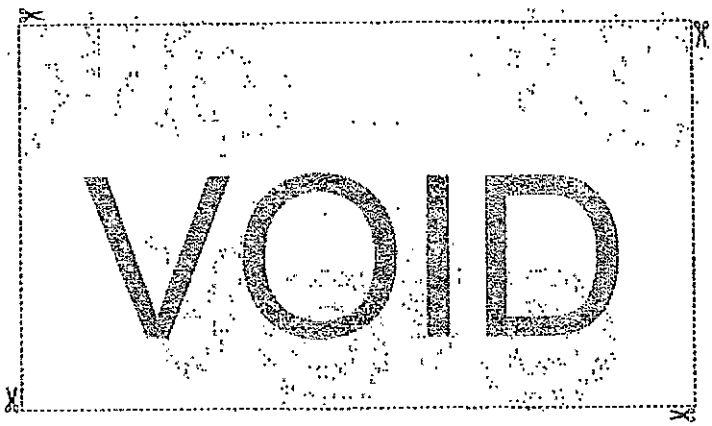
SR# 20213839957

Authentication: 204733066

Date: 11-18-21

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

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



THE HOME DME COMPANY
21540 W 11 MILE RD STE 100
SOUTHFIELD, MI 48076

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

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

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

P301216

GRETCHEN WHITMER
GOVERNOR

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

THE HOME DME COMPANY
21540 W 11 MILE RD STE 100
SOUTHFIELD, MI 48076

LICENSE NO.
5306003419

EXPIRATION DATE
12/21/2022

20104080439

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

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/28/2021

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. St. Louis MO Office 4220 Duncan Avenue Suite 401 St Louis MO 63110 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
U.S. Medical Management, LLC 500 Kirts Blvd Troy MI 48084 USA	INSURER A: Columbia Casualty Company	31127
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570090037853 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			HAZ40323674742	11/01/2021	11/01/2022	EACH OCCURRENCE	$1,000,000
	X CLAIMS-MADE ☐ OCCUR			SIR applies per policy terms & conditions			DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	Included
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	DED ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Misc Med Prof			HAZ40323674742 Claims Made SIR applies per policy terms & conditions	11/01/2021	11/01/2022	Each Claim Aggregate SIR	$1,000,000 $5,000,000 $25,000

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

Professional Liability Retro Date: 9/23/2003. General Liability Retro Date: 9/30/2003. Named Insured includes Rapid Respiratory Services, LLC dba The Home DME Company. Policy also includes Location at 21540 Eleven Mile Rd., Suite 100, Southfield, MI 48076-3845, Rapid Respiratory Services, LLC dba The Home DME, 101117 Broadway St., San Antonio, TX 78217-44220.

CERTIFICATE HOLDER

National Supplier Clearinghouse
Palmetto GBA-AGO-495
PO Box 100142
Columbia SC 29202-3142 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc

Holder Identifier :

Certificate No : 570090037853

©1988-2015 ACORD CORPORATION. All rights reserved.

Attachment 5: MDEG Administrator Application

LOCKE LORD LLP A LIMITED LIABILITY PARTNERSHIP **Chase Bank Acct # 6300047753**

DATE: 11-19-21 PAYEE: NEVADA STATE BOARD OF PHARMACY VENDOR #: 52152 CHECK #: 2414409

VOUCHER #	INVOICE #	INV DATE	AMOUNT	DESCRIPTION	AMT.PAID
1618640	REQ111821 52152	11-18-21	500.00		500.00
				TOTAL	500.00

985 DEMONTE RANCH PARKWAY
SUITE 206
RENO, NV 89521

LOCKE LORD LLP A LIMITED LIABILITY PARTNERSHIP **Chase Bank Acct # 6300047753**

DATE: 11-19-21 PAYEE: NEVADA STATE BOARD OF PHARMACY VENDOR #: 52152 CHECK #: 2414409

VOUCHER #	INVOICE #	INV DATE	AMOUNT	DESCRIPTION	AMT. PAID
1618640	REQ111821 52152	11-18-21	500.00		500.00
				TOTAL	500.00

DocuSign Envelope ID: A572E848-4F3E-41C3-9846-85E0FBDA47E1

Corporate Headquarters

500 Kirts Blvd.
Troy, MI 48084

November 23, 2021

VIA FEDERAL EXPRESS
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste. 206
Reno, NV 89521

Re: The Home DME Company: Indirect Ownership Update for Rapid Respiratory Services, LLC d/b/a The Home DME Company (Medical Devices, Equipment & Gases License No. MP01379)

To Whom It May Concern:

We respectfully submit this letter to the Nevada State Board of Pharmacy ("Board") to notify you of a pending transaction that is expected to close on or before December 15, 2021 (the "Proposed Transaction"). Pursuant to the Proposed Transaction, Ulysses Buyer, LP will acquire 100% of the equity of U.S. Medical Management, LLC, the current owner of Rapid Respiratory Services, LLC (Medical Devices, Equipment & Gases License No. MP01379) ("Provider"). As a result, Ulysses Buyer, LP and its owners will become indirect owners of Provider. Organizational charts outlining Provider's current ownership structure and expected ownership structure following the Proposed Transaction are attached hereto as Attachment A. For purposes of clarity, the direct ownership of Provider will not change as a result of the Proposed Transaction.

Notwithstanding the Proposed Transaction, Provider will remain the operator of the medical devices, equipment and gases ("MDEG") supplier and will continue to be responsible for the management and operation of the business. Provider's federal Tax Identification Number (TIN) and NPI will not change as a result of the Proposed Transaction. Further, the parties to the Proposed Transaction do not expect any changes to Provider's day-to-day operations, staff, or the manner of operations under the MDEG business.

We understand that the Proposed Transaction described above and the resulting ownership structure reflected in Attachment A requires submission of a licensing application, attached hereto as Attachment B. We understand, based on communications with the Board, that submission of this application satisfies the applicable filing requirements relating the Proposed Transaction and that, following review and approval by the Board, a new license will be issued on or around the effective date of the change.

If you have any questions or require the completion of any additional documentation, please contact Tammy Woffenden with Locke Lord at (512) 305-4776, twoffenden@lockelord.com. Thank you for your assistance.

Very truly yours,

DocuSigned by:
Stephanie Olsen
C52001957307478...

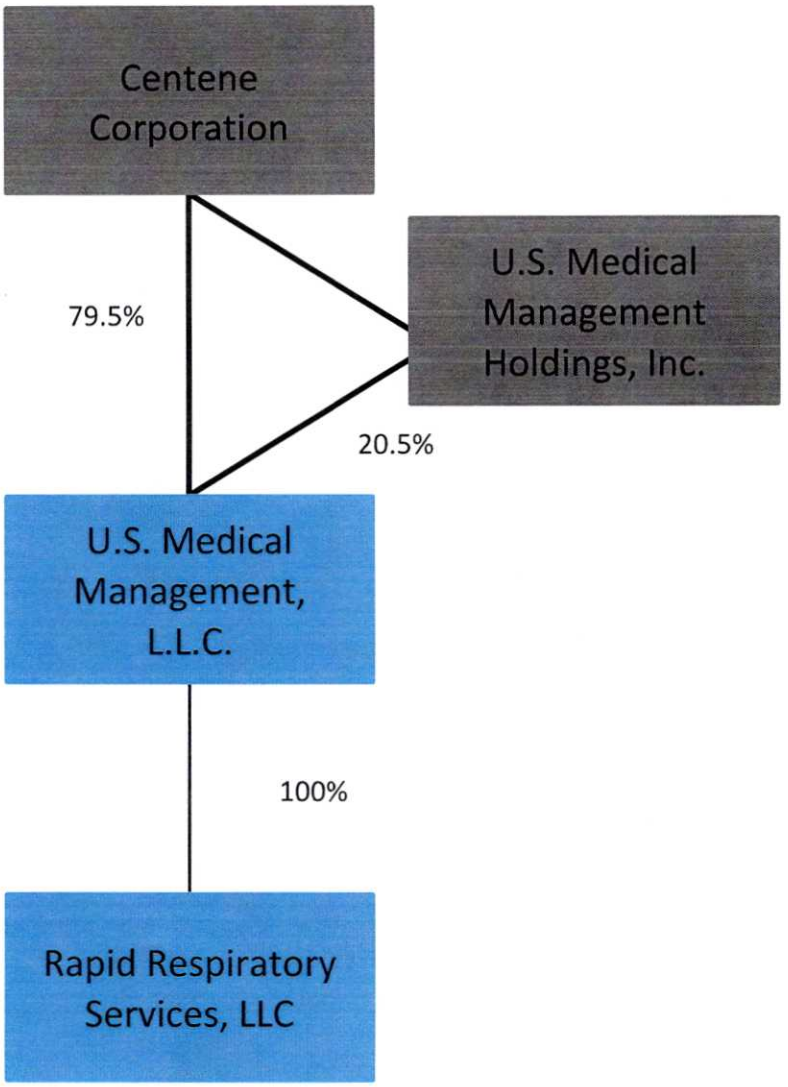
Stephanie Olsen,
EVP - Corporate & Regulatory Affairs

100798005v.1

ATTACHMENT A

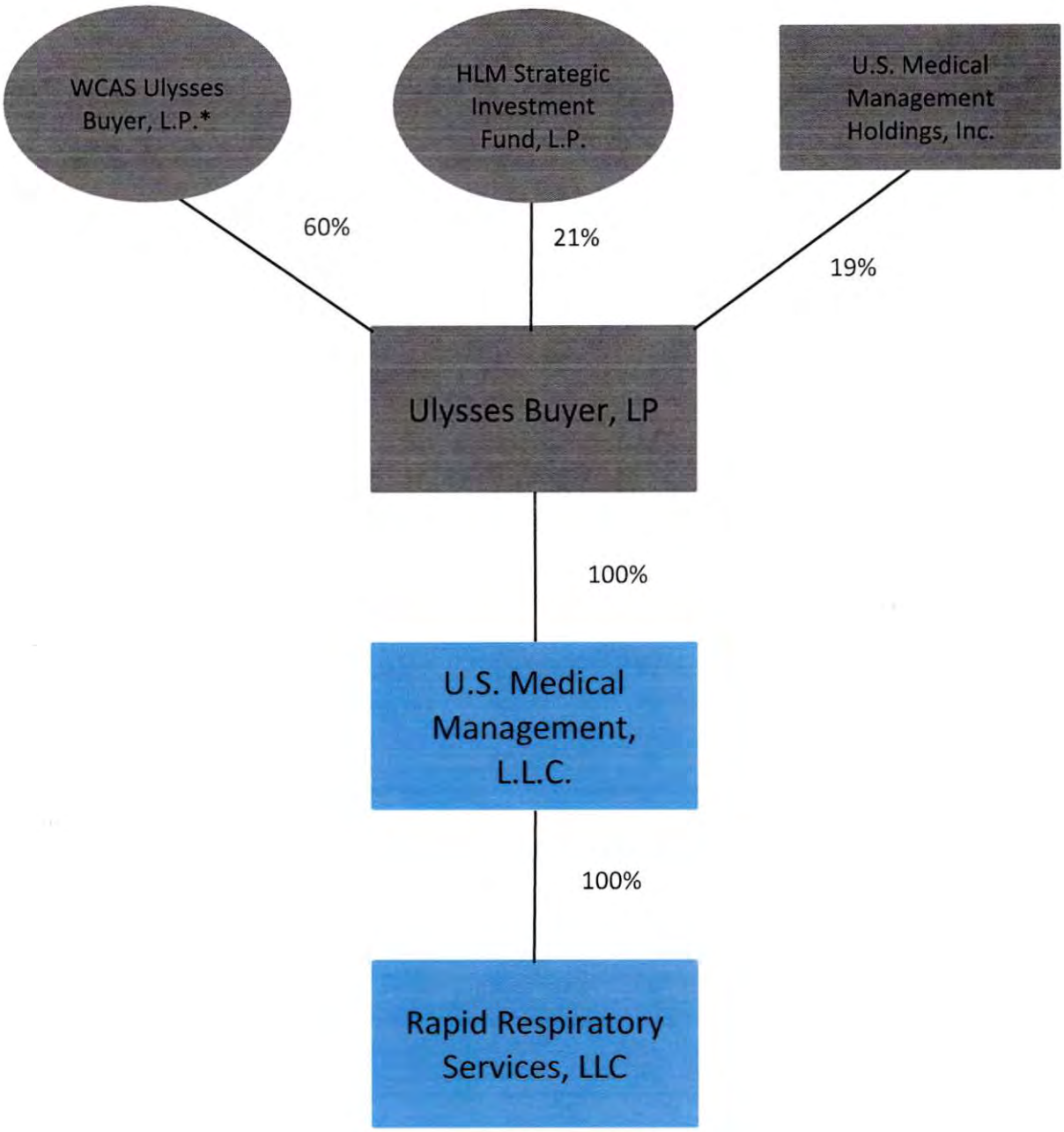
DocuSign Envelope ID: A572E848-4F3E-41C3-9846-85E0FBDA47E1

Pre-Closing Organizational Structure



DocuSign Envelope ID: A572E848-4F3E-41C3-9846-85E0FBDA47E1

Post-Closing Organizational Structure



*WCAS Ulysses Buyer, L.P. is expected to be owned directly or indirectly by several investment funds, including Rubicon Founders, Valtruis, and Oak HC/FT (or their affiliates).

ATTACHMENT B

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Rapid Respiratory Services, LLC MDEG License # (if applicable) MP01379

Physical Address 21540 W. Eleven Mile Road

City Southfield State MI Zip 48076

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 248 299-3330 Website thehomedme.com

Licensing Company Email kbass@usmmllc.com

Section 2: Personal Information

First Dennis Middle Edward Last Knoff

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

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

Mailing Address [redacted] Kirts Blvd.

City Troy State MI Zip 48084

Telephone [redacted] Email dknoff@thehomedme.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Michigan Graduate School of Business Administration		09/84 - 04/88	
Address	**City**	**State**	**Zip**
701 Tappan Ave.	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Michigan College of Literature Science and the Arts		09/77 - 09/81	
Address	**City**	**State**	**Zip**
500 S. State St., #2005	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Science - Physical Therapy			

School Name		From - To (MM/YY – MM/YY)	
Grosse Pointe North High School		09/73 - 06/77	
Address	**City**	**State**	**Zip**
707 Vernier Rd.	Grosse Pointe Woods	MI	48236
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/90 -11/21	[redacted] Longfellow Lane	Midland	MI	48640
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Rapid Respiratory Services, LLC			06/19 - 11-21
Business Address	**City**	**State**	**Zip**
21540 W. Eleven Mile Road, Suite 100	Southfield	MI	48076
Phone	**Title**	**Number of Employed Hours**	
248 299-3330	Senior Vice President	4,480	
Description of Duties			
Administrative leader for Rapid Respiratory Services, LLC. Responsible for staffing, budget, administration of service			

Business Name			From - To (MM/YY – MM/YY)
Pinnacle Senior Care			
Business Address	**City**	**State**	**Zip**
500 Kirts Blvd.	Troy	MI	48084
Phone	**Title**	**Number of Employed Hours**	
248 824 6400	Senior Vice President	20800	
Description of Duties			
Administrative leader for multi-state home health group of agencies			

Business Name			From - To (MM/YY – MM/YY)
MidMichigan Medical Center Midland			01/90 - 03/07
Business Address	**City**	**State**	**Zip**
4000 Wellness Drive	Midland	MI	48670
Phone	**Title**	**Number of Employed Hours**	
989 839-3000	Assistant Vice President	approx. 34,000	
Description of Duties			
Administrative leader for all of Rehabilitation services, Orthopedic Service line, Rehab Service line (including IP rehab)			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
approx. 3/90	approx. 7/90	IL	Schaumburg	Cook

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
unknown	State of IL

Reason/Charge
Computer tampering

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Kenneth Dachman/Dennis Knoff	Criminal complaint

Name of Business/Industry/Entity
Rehabilitation Technologies, Inc./Outpatient Physical Therapy service

Provide explanation below:

Case was dismissed at first court appearance for lack of evidence.

Dennis Knoff

Original Signature (electronic, copies or stamps not accepted)

11/17/21

Date

I, Dennis Knoff, **certify that as the MDEG Administrator for**

Rapid respiratory Services, LLC,

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

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dennis Knoff
Print Name (First, Last)

Dennis Knoff
Original Signature (electronic, copies or stamps not accepted)

11/17/21
Date

Board Use Only	Date Received:

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

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

Is your facility a reverse distributor? ☐ Yes ■ No

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

Section 1: General Information

Facility Name: Alydia Health, Inc.

Physical Address: 3495 Edison Way

City: Menlo Park State: CA Zip: 94040

Mailing Address (if different from physical address): Nicole Steiner C/O Organon LLC: 30 Hudson St, 33rd Floor, Mail Code 3

City: Jersey City State: NJ Zip: 07302

Telephone: 844-JADA-MOM Website: www.alydiahealth.com

Name of Designated Representative (DR): Andy Uchida

Licensing Company Email: nicole.steiner@organon.com DR Email: andy.uchida@organon.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Xeridiem Medical Devices
Address: 4700 S Overland Dr City: Tucson State: AZ Zip: 85714

Name: Trelleborg Health and Medical
Address: 3077 Rollie Gates Dr City: Paso Robles State: CA Zip: 93446

Name: Oliver Healthcare Packaging
Address: 1145 N Ocean Cir City: Anaheim State: CA Zip: 92806

Name: Really Good Packaging Group
Address: PO Box 321045 City: Los Gatos State: CA Zip: 95032

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Organon LLC
Corporation/Organization Name: N/A
Mailing Address: Nicole Steiner C/O Organon LLC: 30 Hudson St, 33rd Floor, Mail Code 3311
City: Jersey City State: NJ Zip: 07302
Telephone: 551-430-6225 Email: faye.brown1@organon.com
Contact Person Name: Faye Brown

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See Attachments A and B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Faye Brown

Print Name of Authorized Person Submitting Application

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

12/2/2021

Date

Board Use Only	Date Received: _____	Amount: 500 Check 006

Attachment A

FDA Registration

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ALYDIA HEALTH, INC.
3495 Edison Way
Menlo Park, CA 94025
Registration Number: 3017425145
FEI Number*: 3017425145
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
Alydia Health, Inc.[6]
3495 Edison Way
Menlo Park, CA US 94025
Owner/Operator Number: 10077872[7]

Official Correspondent:
Richard Ferrick
3495 Edison Way
Menlo Park, CA 94025
Phone: 1-650-2831961

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

---

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10077872&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10077872&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 12/13/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies /

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Proprietary Name:	Jada System
Classification Name:	INTRAUTERINE TAMPONADE BALLOON
Product Code:	OQY[6]
Device Class:	2
Regulation Number:	884.4530[7]
Medical Specialty:	Obstetrics/Gynecology
Registered Establishment Name:	ALYDIA HEALTH, INC.[8]
Registered Establishment Number:	3017425145
Premarket Submission Number:	K201199[9]
Owner/Operator:	Alydia Health, Inc.[10]
Owner/Operator Number:	10077872
Establishment Operations:	Manufacturer

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfPCD/classification.cfm?ID=4222
7. /scripts/cdrh/cfdocs/cfCFR/CFRsearch.cfm?FR=884.4530
8. /scripts/cdrh/cfdocs/cfRL/rl.cfm?rid=279176
9. /scripts/cdrh/cfdocs/cfpmn/pmn.cfm?id=K201199
10. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&OwnerOperatorNumber=10077872

Page Last Updated: 10/18/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration

10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

Links on this page:

Attachment B

Surety Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107472972

Application/License No. _____

Alydia Health, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
3495 Edison Way, Menlo Park, CA 94025, as
(Address of Applicant/Principal)
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 22, 2021.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of November, 2021.

APPLICANT/PRINCIPAL

COMPANY
Alydia Health, Inc.

Authorized Representative

SURETY
Travelers Casualty and Surety Company of America

Surety Company's Representative

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

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Travis W. Shaffer

Witness Lori N. Baybutt

Countersigned by:

Nevada Resident Agent
Donna M. Chiancone

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **DONNA M CHIANCONE** of **CAMDEN**, **New Jersey**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **17th** day of **August**, **2021**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2020

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 239,403,348	UNEARNED PREMIUMS	$ 1,121,070,380
BONDS	3,831,156,861	LOSSES	1,003,200,666
STOCKS	109,074,035	LOSS ADJUSTMENT EXPENSES	163,346,678
INVESTMENT INCOME DUE AND ACCRUED	36,856,709	COMMISSIONS	46,805,893
OTHER INVESTED ASSETS	4,970,512	TAXES, LICENSES AND FEES	13,561,421
PREMIUM BALANCES	277,653,788	OTHER EXPENSES	42,508,558
NET DEFERRED TAX ASSET	55,188,715	CURRENT FEDERAL AND FOREIGN INCOME TAXES	4,885,484
REINSURANCE RECOVERABLE	32,553,518	REMITTANCES AND ITEMS NOT ALLOCATED	8,646,391
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	34,876,347	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	42,228,250
OTHER ASSETS	4,155,794	POLICYHOLDER DIVIDENDS	12,353,304
		PROVISION FOR REINSURANCE	7,930,260
		ADVANCE PREMIUM	1,867,512
		CEDED REINSURANCE NET PREMIUMS PAYABLE	63,102,972
		RETROACTIVE REINSURANCE RESERVE ASSUMED	600,763
		OTHER ACCRUED EXPENSES AND LIABILITIES	568,668
		TOTAL LIABILITIES	$2,534,855,020
		CAPITAL STOCK	$6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,650,750,847
		TOTAL SURPLUS TO POLICYHOLDERS	$2,091,034,607
TOTAL ASSETS	$ 4,625,888,627	TOTAL LIABILITIES & SURPLUS	$4,625,888,627

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2020.

Michael J Doody

VICE PRESIDENT - FINANCE

NOTARY PUBLIC

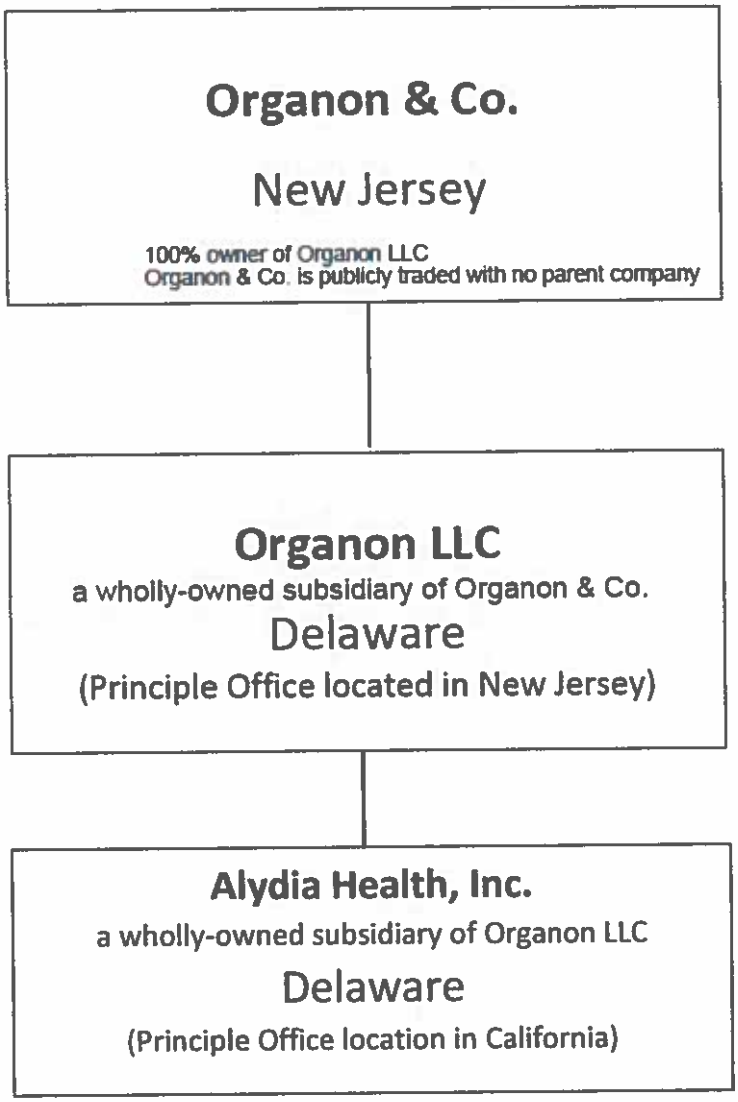
SUBSCRIBED AND SWORN TO BEFORE ME THIS
26TH DAY OF MARCH, 2021

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

Attachment C

List of Officers



Vice President and Assistant Treasurer	Joseph B. Promo
Secretary	Faye C. Brown
Assistant Treasurer	Kara A. Rogers

Attachment D

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALYDIA HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALYDIA HEALTH, INC." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2013.

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

Jeffrey W. Bullock, Secretary of State

5325122 8300

SR# 20213707430

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

Authentication: 204600906

Date: 11-04-21

Attachment E

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Alydia Health, Inc.

Physical Address 3495 Edison Way

City Menlo Park State CA Zip 94040

Mailing Address (if different from physical address) Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City Jersey City State NJ Zip 07302

Telephone 844-JADA-MOM Website www.alydiahealth.com

Licensing Company Email nicole.steiner@organon.com

Section 2: Personal Information

First Andy Middle Hideki Last Uchida

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

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

Mailing Address [redacted] Los Ninos Way

City Los Altos State CA Zip 94022

Telephone [redacted] Email andy.uchida@organon.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials AM

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

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)
UNIV. OF CALIFORNIA @ BERKELEY - HAAS SCHOOL OF BUSINESS	545 STUDENT SERVICES BLDG 1900	BERKELEY	CA	94720	09/02 06/06
Diploma/Degree obtained, if any: MASTERS IN BUSINESS ADMINISTRATION					
CALIFORNIA POLYTECHNIC STATE UNIV.	1 GRAND AVE.	SAN LUIS OBISPO	CA	94307	09/82 - 06/87
Diploma/Degree obtained, if any: B.S. MECHANICAL ENGR.					
HAYWARD HIGH SCHOOL	1633 E. STREET	HAYWARD	CA	94541	09/71 - 06/82
Diploma/Degree obtained, if any: H.S. DIPLOMA					
Diploma/Degree obtained, if any					
Diploma/Degree obtained, if any					

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/07 - PRES.	[redacted] Los Ninos Way	Los Altos	CA	94022
06/03 - 11/07	116 HILARY AVE	MOUNTAIN VIEW	CA	94040
06/98 - 06/03	121 LAUREL WAY	MOUNTAIN VIEW	CA	94040

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
ALYDIA HEALTH INC / ORGANON			08/18 – PRES.
Business Address	**City**	**State**	**Zip**
3495 EDISON WAY	MENLO PARK	CA	94025
Phone	**Title**		**Number of Employed Hours**
650-279-0969	VP OF R1D + MFG / EXEC DIR., ENGR		6800
Description of Duties			
OVERSEE ALL ASPECTS OF ENGINEERING AND OPERATIONS.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/7/21
Date

Applicant's initials _____

I, Andy Uchida, **certify that as the designated representative for** Alydia Health, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Andy Uchida

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/7/21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andy Uchida

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/7/21

Date

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

State of CALIFORNIA, ss. County of SANTA CLARA

I, Andy Uchida, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/8/21

Date

Subscribed and Sworn to before me this _____ day of _____.

SEE ATTACHED NOTARY CERTIFICATE

Notary Public Signature

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 8th day of December, 20 21, by

(1) Andy Hideki Uchida

(and (2) _____),

Name(s) of Signer(s)

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

JONATHAN YOSHITA DAVIDSON
Notary Public - California
Santa Clara County
Commission # 2324049
My Comm. Expires Mar 13, 2024

Signature _____

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: Designated Representative Application

Document Date: _____ Number of Pages: 9 of 9

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

Attachment F

Personal History Record Application

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Alydia Health, Inc.

Physical Address 3495 Edison Way

City Menlo Park State CA Zip 94040

Mailing Address (if different from physical address) Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City Jersey City State NJ Zip 07302

Telephone 844-JADA-MOM Website www.alydiahealth.com

Licensing Company Email nicole.steiner@organon.com

Section 2: Personal Information

First Joseph Middle Brian Last Promo

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

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

Mailing Address [redacted] Green Grove

City Lincroft State NJ Zip 07738

Telephone [redacted] Email joe.promo@organon.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
University of Michigan		11/94-12/98	
Address	**City**	**State**	**Zip**
Ann Arbor	Ann Arbor	MI	48103
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Michigan State University		09/87-12/91	
Address	**City**	**State**	**Zip**
	East Lansing	MI	48823
Diploma/Degree obtained, if any			
BA in Economics			
School Name		**From - To (MM/YY – MM/YY)**	
Notre Dame High School		09/83-06/87	
Address	**City**	**State**	**Zip**
	Harper Woods	MI	48225
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10 - current	[redacted] Green Grove Court	Lincroft	NJ	07738
06/14 - current	[redacted] Glen Rd.	Lake Ariel	PA	18436
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Organon & Co.			2/21 - current	
Business Address		**City**	**State**	**Zip**
30 Hudson St		Jersey City	NJ	07302
Phone	**Title**			
908-209-8533	Vice President and Treasurer			
Description of Duties				
Corporate Finance and Treasury				

Business Name			From - To (MM/YY – MM/YY)	
Merck & Co.			09/08-02/21	
Business Address		**City**	**State**	**Zip**
2000 Galloping Hill Rd.		Kenilworth	NJ	07033
Phone	**Title**			
	Exec. Director			
Description of Duties				
Corporate Finance and Treasury				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/19/21
Date

Applicant's initials JP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Promo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/21

Date

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

State of New Jersey, ss. County of Hudson

I, Joseph Promo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/19/21

Date

Subscribed and Sworn to before me this 19 day of 2021-NOV.

Nicole Steiner

Notary Public Signature

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

(Seal)

Applicant's initials JP

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Alydia Health, Inc.

Physical Address: 3495 Edison Way

City: Menlo Park State: CA Zip: 94040

Mailing Address (if different from physical address): Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City: Jersey City State: NJ Zip: 07302

Telephone: 844-JADA-MOM Website: www.alydiahealth.com

Licensing Company Email: nicole.steiner@organon.com

Section 2: Personal Information

First: Faye Middle: Christine Last: Brown

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

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

Mailing Address: [redacted]Hudson Street, FL[redacted]

City: Jersey City State: NJ Zip: 07302

Telephone: [redacted] Email: faye.brown1@organon.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

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

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

Applicant's initials: FCB

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

School Name		From - To (MM/YY – MM/YY)	
John Jay College		08/03-06/07	
Address	**City**	**State**	**Zip**
59th Street Columbus Circle	NY	NY	10065
Diploma/Degree obtained, if any			
BA, Criminal Justice			

School Name		From - To (MM/YY – MM/YY)	
Talent Unlimited High School		09/99-06/03	
Address	**City**	**State**	**Zip**
	NY	NY	10065
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/17-present	[redacted] Park Avenue, Apt. [redacted]	Fort Lee	NJ	07024
03/16-03/17	2030 Hudson Street #1131	Fort Lee	NJ	07024
12/14-03-16	620 38th Street	Union City	NJ	07087
01/03-12/14	110 Post Avenue #204	New York	NY	10034

Applicant's initials FCB

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

Business Name			From - To (MM/YY – MM/YY)
Organon & Co.			06/21 - current
Business Address	**City**	**State**	**Zip**
30 Hudson Street, 33 Floor	Jersey City	NJ	07302
Phone	**Title**		
551-430-6225	Secretary		
Description of Duties			
Asst. Corporate Secretary - assist with public company board duties and responsibilities			

Business Name			From - To (MM/YY – MM/YY)
Merck & Co. Inc			11/17-06/21
Business Address	**City**	**State**	**Zip**
2000 Galloping Hill Road	Kenilworth	NJ	07033
Phone	**Title**		
908-740-4000	Assistant Secretary		
Description of Duties			
Assist with public company board duties and responsibilities			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/18/2021
Date

Applicant's initials FCB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Faye Brown

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2024

Date

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

State of New Jersey, ss. County of Hudson

I, Faye Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/18/2021

Date

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

Subscribed and Sworn to before me this 18 day of 2021- NOV.

Nicole Steiner

Notary Public Signature

(Seal)

Applicant's initials FCB

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Alydia Health, Inc.

Physical Address: 3495 Edison Way

City: Menlo Park State: CA Zip: 94040

Mailing Address (if different from physical address): Nicole Steiner C/O Organon LLC: 30 Hudson St,33rd Flr,Mail Code 3311

City: Jersey City State: NJ Zip: 07302

Telephone: 844-JADA-MOM Website: www.alydiahealth.com

Licensing Company Email: nicole.steiner@organon.com

Section 2: Personal Information

First: Kara Middle: Ann Last: Rogers

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

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

Mailing Address: [redacted] Washington Street Unit [redacted]

City: Boston State: MA Zip: 02118

Telephone: [redacted] Email: kara.rogers@organon.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

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

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

Applicant's initials: KRR

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

School Name		From - To (MM/YY – MM/YY)	
Tulane University School of Law		08/95-05/99	
Address	**City**	**State**	**Zip**
6329 Freret Street	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
Tulane University, A.B. Freeman School of Business		08/97-05/99	
Address	**City**	**State**	**Zip**
7 McAlister Drive	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Pennsylvania		09/92-05/95	
Address	**City**	**State**	**Zip**
	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Colby College		09/91-05/92	
Address	**City**	**State**	**Zip**
4000 Mayflower Hill	Waterville	ME	04901
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Buckingham, Browne & Nichols		09/87-06/91	
Address	**City**	**State**	**Zip**
80 Gerrys Landing Road	Cambridge	MA	02138
Diploma/Degree obtained, if any			
High School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/17 - current	[redacted]Washington Street, Unit[redacted]	Boston	MA	02118
01/05-12/16	1500 Hudson Street Apt 5P	Hoboken	NJ	07030

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

Business Name			From - To (MM/YY – MM/YY)
Organon LLC			02/21 - current
Business Address	**City**	**State**	**Zip**
30 Hudson Street, 33rd Floor	Jersey City	NJ	07302
Phone	**Title**		
551-430-6000	Assistant Treasurer		

Description of Duties

Manage capital structure, ensure liquidity to fund operations, manage foreign exchange risk and manage working capital.

Business Name			From - To (MM/YY – MM/YY)
MSD Corp.			10/08-01/21
Business Address	**City**	**State**	**Zip**
2000 Galloping Hill Road	Kenilworth	NJ	07033
Phone	**Title**		
908-740-4000	Director, Global Treasury Services		

Description of Duties

Manage capital structure, ensure liquidity to fund operations and develop and execute cross-border integration and restructuring plans.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 1&3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/07/1993	09/29/1994	SD	Deadwood	Lawrence

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CRI 93-436	Deadwood Police Department/Lawrence County Magistrate Court

Reason/Charge
Displaying Another's License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
State of South Dakota vs. Kara Sandler	

Name of Business/Industry/Entity

Provide explanation below:

On May 7, 1993 I was arrested in Deadwood, South Dakota and subsequently charged with the misdemeanor offense of Displaying Another's License (State of South Dakota v. Kara Sandler, County of Lawrence, Case Number CRI 93-436). On August 25, 1993, through my attorney, I pied guilty to the charge of Displaying Another's License under South Dakota's Suspended Imposition of Sentence provisions and was placed on unsupervised probation for one year. On September 29, 1994, following the expiration of the one-year probation and pursuant to an Order to Dismiss Misdemeanor, Discharge Defendant and Seal Recorder an Order, the case was dismissed, and my record was sealed.

Kara Ann Rogers

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Applicant's initials KAR

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

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/13/1998	10/27/1998	LA	New Orleans	Orleans Parish

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
98-30582	First City Court of the City of New Orleans, Small Claims Division

Reason/Charge
Breach of contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Kara A. Sandler vs. Scott R. Hymel	

Name of Business/Industry/Entity

Provide explanation below:

On October 13, 1998, I filed a claim (No. 98-30582) against Scott R. Hymel (the "Defendant") with the Small Claims Division of the First City Court, State of Louisiana. On June 16, 1998, I entered in an agreement with the Defendant whereby the Defendant agreed to sublet the apartment that I leased in New Orleans, Louisiana for one month. The Defendant breached our agreement by: (i) failing to pay all utilities per our agreement; (ii) failing to vacate the apartment for more than four weeks after the termination date of the agreement; and (iii) causing damage to the apartment. I filed this action after several attempts to resolve this matter with the defendant. On October 27, 1998 after the defendant failed to answer the complaint, I received a judgment in the amount of $1,012.89 plus interest and court costs. Please see attached Judgment.

Kara A. Sandler

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Applicant's initials KAS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kara A. Rogers

Print Name (First, Last)

Kara A. Rogers — 11/19/2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of New Jersey, ss. County of Hudson

I, Kara A. Rogers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kara A. Rogers — 11/19/2021

Original Signature — **Date**

NICOLE STEINER
NOTARY PUBLIC OF NEW JERSEY
Commission # 50108323
My Commission Expires 07/09/2024

Subscribed and Sworn to before me this 19 day of 2021- NOV.

Nicole Steiner

Notary Public Signature

(Seal)

Applicant's initials KAR 7

Attachment G

List of Employees

Piyush Arora
Robert Binney
Roger Carias
Rich Ferrick
Paul Fitzpatrick
Colby Holtshouse
Steven Lopez
Rachel Muldoon
Claudia Orellana
Michael Scharetg
Lisa Schiller Tehrani
Vaishali Suraj
Donna Takasuka
Andy Uchida
Kathryn Wine

Attachment H

Resident State License

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Alydia Health Inc.
3495 Edison Way
Menlo Park, Ca 94025

LICENSE NUMBER: 111164
EXPIRATION DATE: 8/17/2023

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

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

NEVADA STATE BOARD OF PHARMACY

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

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Alydia Health, Inc.

Address: 3495 Edison Way

City: Menlo Park State: CA Zip: 94040

I hereby authorize the California Department of Public Health to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? ☐ Yes ☐ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☐ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☐ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

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

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

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Aucta Pharmaceuticals, Inc.

Physical Address: 71 Suttons Lane

City: Piscataway State: NJ Zip: 08854

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 732-640-0030 Website: https://www.auctapharma.com/

Name of Designated Representative (DR): Qiaolin Ren

Licensing Company Email: qiaolin.ren@auctapharma.com DR Email: qiaolin.ren@auctapharma.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Repackagers, Pharmaceutical Companies	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment C

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Shanghai Aucta Pharmaceuticals Co., Ltd.

Corporation Name: Aucta Pharmaceuticals, Inc.

Mailing Address: 71 Suttons Lane

City: Piscataway State: NJ Zip: 08854

Telephone: 732-640-0030 Email: qiaolin.ren@auctapharma.com

Contact Person Name: Qiaolin Ren

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment E		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment D	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** See Attachment A	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A - not owned by an individual		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment C	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered. N/A				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Qiaolin Ren

Print Name of Authorized Person Submitting Application

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

04 NOV 2024

Date

Board Use Only	Date Received: _____	Amount: $500 check 2791 Processed 11/30/24

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUCTA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

6445201 8300

SR# 20213277731

Authentication: 204191599

Date: 09-17-21

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

Lam, Maggie P.

Subject: FW: FDA INCOMING: Aucta Labeler Code Request Approved

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, August 07, 2019 12:23 PM
To: Soby Fennell <soby.fennell@auctapharma.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 07-AUG-2019
Labeler DUNS: 016894249
Labeler Name: Aucta Pharmaceuticals, Inc.
Labeler Code: 73289

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **Aucta Pharmaceuticals, Inc.**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Aucta Pharmaceuticals, Inc.	3015204529	016894249	ANALYSIS;	71 Suttons Lane, Piscataway, New Jersey (NJ) 08854, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Monday, Nov 29, 2021

Return to Drug Firm Annual Registration Status Home Page

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Attachment C

Nature of Business

Aucta Pharmaceuticals, Inc. "Aucta" is a virtual prescription drug manufacturer. Aucta will use a contract manufacturer to produce its product and a third party logistics provider to ship. No product will be handled at Aucta's business office. The third party logistics provider has yet to be confirmed. Provided below is the contact information for the contract manufacturer.

Contract Manufacturer:

Woodstock Sterile Solutions
2210 Lake Shore Dr.
Woodstock, IL 60098

List of Employees:

Shoufeng Li
CEO

Qiaolin Ren
VP, R&D and Manufacture

Lixin Gong
Executive Director, Analytical

Pedro Bento
Senior Director, Global Quality Assurance

Attachment D

Corporate Officer, Director and Ownership Information

Aucta Pharmaceuticals, Inc.
71 Suttons Lane
Piscataway, NJ 08854

Parent Company (holds 100% ownership):
Shanghai Aucta Pharmaceuticals Co., Ltd.

Officer and Director:

Shoufeng Li
CEO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. LPM9370780

Application/License No. _____

Aucta Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 71 Suttons Lane, Piscataway, NJ 08854 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2021 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 1st day of November, 20 21.

APPLICANT/PRINCIPAL
Aucta Pharmaceuticals, Inc.

Authorized Representative
Qicolin Ren.

SIGNED and SEALED in the presence of:

Witness - Yennifer Cerda

Witness Xiao Yang

SURETY COMPANY
Fidelity & Deposit Company of Maryland

Surety Company's Representative
Lori N. Baybutt, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Kevin Baybutt, Witness to Surety

Witness Travis Shaffer, Witness to Surety

Countersigned by:
Nevada Resident Agent Donna M. Chiancone

Bond Number LPM9370780

Obligee Nevada State Board of Pharmacy

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President,** in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Lori N. Baybutt, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY,** and **FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 19th day of June, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 1st day of November, 2021.

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

DocuSign Envelope ID: 25267642-AE1F-41D6-A122-FF1E8CB2CB63

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition
As Of December 31, 2020

ASSETS

Bonds		$ 262,624,334
Stocks		19,715,392
Cash and Short-Term Investments		3,219,781
Reinsurance Recoverable		17,293,466
Federal Income Tax Recoverable		114,253
Other Accounts Receivable		29,083,530
TOTAL ADMITTED ASSETS		$ 332,050,756

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses		$ 539,588
Ceded Reinsurance Premiums Payable		43,847,005
Remittances and Items Unallocated		0
Payable to parents, subs and affiliates		0
Securities Lending Collateral Liability		0
TOTAL LIABILITIES		$ 44,413,593
Capital Stock, Paid Up	$ 5,000,000	
Surplus	282,637,163	
Surplus as regards Policyholders		287,637,163
TOTAL		$ 332,050,756

Securities carried at $165,065,329 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2020 would be $346,439,970 and surplus as regards policyholders $302,026,377.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2020.

DocuSigned by:
Laura J. Lazarczyk
42DF6DB47137480...
Corporate Secretary

State of Illinois
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 15th day of March, 2021.

RYAN HORGAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 10, 2024

Notary Public

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Aucta Pharmaceuticals, Inc.

Physical Address 71 Suttons Lane

City Piscataway State NJ Zip 08854

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone 732-640-0030 Website https://www.auctapharma.com/

Licensing Company Email qiaolin.ren@auctapharma.com

Section 2: Personal Information

First Qiaolin Middle N/A Last Ren

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted] Suttons Lane

City Piscataway State NJ Zip 08854

Telephone [redacted] Email qiaolin.ren@auctapharma.com

Are you a citizen of the United States? ☐ Yes ■ No (Green card holder)

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials QL

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

School Name		From - To (MM/YY – MM/YY)	
St. Johns University		09/2000-05/2007	
Address	City	State	Zip
8000 Upotia PKWY	Queens	NY	11439
Diploma/Degree obtained, if any			
Industrial Pharmacy Ph.D.			

School Name		From - To (MM/YY – MM/YY)	
Chinese Acadamy of Medical Science		08/1995-07/1998	
Address	City	State	Zip
1 Tian Tan Xi Li	Beijing	China	100050
Diploma/Degree obtained, if any			
Pharmaceutical Science, Master of Science			

School Name		From - To (MM/YY – MM/YY)	
Shenyang Pharmaceutical University		08/1989-07/1993	
Address	City	State	Zip
103 Wenhua Rd, Shenhe Qu	Shengyang, Liaoning Province	China	110016
Diploma/Degree obtained, if any			
Pharmacy, Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Changchun No. 1 High School		08/1986-07/1989	
Address	City	State	Zip
No 336, Yatai Ave, Kuanchen Qu	Changchun, Jilin Province	China	130000
Diploma/Degree obtained, if any			
High School Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2013 - present	[redacted] Maple Run Dr.	Jericho	NY	11753
09/2009-08/2013	59 Ferguson Rd	Warren	NJ	07059

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Aucta Pharmaceuticals, Inc.			04/2017-current
Business Address	**City**	**State**	**Zip**
71 Suttons Lane	Piscataway	NJ	08854
Phone	**Title**	**Number of Employed Hours**	
732-640-0030	Vice President, R&D and Manufacture	8500	
Description of Duties			
Oversee company's research, development and manufacturing activities. Manage portfolio consists of oral, topical, ophthalmic and inhalation drug products. Successfully developed and submitted multiple drug products to the health agencies including FDA			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

N/A

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials QL

I, Qiaolin Ren, **certify that as the designated representative for** Aucta Pharmaceuticals,Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Qiaolin Ren QIAOLIN REN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04NOV2024

Date

Applicant's initials QL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Qiaolin Ren

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04 Nov 2024

Date

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

State of New Jersey, ss. County of Essex

I, Mark A Sanchez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/4/21

Date

Subscribed and Sworn to before me this 4 day of November, 2021.

Notary Public Signature

MARK A SANCHEZ
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES OCT. 13, 2026

(Seal)

Applicant's initials QL

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745028

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

71 SUTTONS LN PISCATAWAY, NJ 08854-

Reg. No.
5005953

AUCTA PHARMACEUTICALS, INC.
71 SUTTONS LN
PISCATAWAY, NJ 08854-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Y

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change	* If making a change, provide current license number: WH WH02202	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Heritage Pharmaceuticals Inc. dba Avet Pharmaceuticals Inc.

Physical Address: One Tower Center Boulevard, Suite 1700

City: East Brunswick State: NJ Zip: 08816

Mailing Address (if different from physical address): One Tower Center Boulevard, Suite 1700

City: East Brunswick State: NJ Zip: 08816-1145

Telephone: (732) 429-1000 Website: http://www.avetpharma.com/

Name of Designated Representative (DR): Gary Ruckelshaus

Licensing Company Email: licensing@avetpharma.com DR Email: licensing@avetpharma.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	x	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Heritage Pharma Holdings, Inc. dba Avet Pharmaceutical Holdings, Inc.

Corporation Name: Heritage Pharmaceuticals Inc. dba Avet Pharmaceuticals Inc.

Mailing Address: One Tower Center Boulevard, Suite 1700

City: East Brunswick State: NJ Zip: 08816-1145

Telephone: (732) 429-1000 Email: licensing@avetpharma.com

Contact Person Name: Gary Ruckelshaus

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X NS	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gary Ruckelshaus
Print Name of Authorized Person Submitting Application

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

6/23/21
Date

Board Use Only	Date Received: _____	Amount: 500 check # 13806

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0741937

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

ONE TOWER CENTER BLVD - STE 1700 EAST BRUNSWICK, NJ 08816

Reg. No.
5003360

HERITAGE PHARMACEUTICALS INC
AVET PHARMACEUTICALS INC.
ONE TOWER CENTER BLVD - STE 1700
EAST BRUNSWICK, NJ 08816-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 8/13/2021

Registration Number: 5003360 **Registered as:** Manufacturer and Wholesale

Name: HERITAGE PHARMACEUTICALS INC

DBA: AVET PHARMACEUTICALS INC.

Address: ONE TOWER CENTER BLVD - STE 1700 , EAST BRUNSWICK, NJ 08816

Original Issue Date: 08/25/2006 **Expiration Date:** 01/31/2022

Current Issue Date: 11/17/2020

Disciplines: No

Additional Registered Addresses:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HERITAGE PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERITAGE PHARMACEUTICALS INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

3987766 8300

SR# 20211445970

Authentication: 203054308

Date: 04-26-21

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

Heritage®

Value Driven Medicine

Avet Pharmaceuticals Inc.

Affordable. Accessible. Quality Medicines.

Employee List

William Marth
John Denman
Dr. Steve Hagen
George Svokos
Daniel Lukasiewicz
Rafal Czapla
Gary Ruckelshaus
Jamie Berlanska
Shannon Johnston
Bharat Patel
Nicole Gouzouassis
Gina Gramuglia
Patrick Ford
Chris Heckler
Juliana White
Sean Silver
Michele Katz
Praveen Vijayan
Ankita Patel
Kristen Lopez
Vineet Dixit
Ashleigh Gohan
Abhilash Devineni
Saurabh Singh
David Kistler

Federico Centurion
Chris Smith
Akeisha Edwards
Felice Weinrib
Apeksha Dubey
Aleksandra Mycek
Bernadette Attinger
Erik Korzik
Naimi Patel
Shreya Patel
Thomas Philip
Dereck Toribino
Akhil Patel
Anthony Messina
Kathryn Lukasiewicz
Mike Schmitt
Mark Wojtko
Liz Rasimowicz
Paula Magner

Heritage®

Value Driven Medicine

Disciplinary Action Explanation

Heritage Pharmaceuticals Inc. inadvertently failed to renew its 2017 Alabama manufacturer permit. It entered into a consent order and paid a fine. Its permit has been reinstated.

A copy of the Consent Order is attached for your review.

IN THE MATTER OF:	)	BEFORE THE ALABAMA
	)	
HERITAGE PHARMACEUTICALS, INC.	)	STATE BOARD OF PHARMACY
	)	
	)	18-L-0062
Private Label Distributor - Virtual Permit No. 194470	)	
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Heritage Pharmaceuticals, Inc. (hereinafter referred to as "Heritage") relating to distributing drug products into the State of Alabama during 2018 without first renewing your permit from the Board as required by and in violation of Code of Alabama (1975) § 34-23-32.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Heritage violated Code of Alabama (1975) § 34-23-32 by distributing drug products in the State of Alabama during 2018 without first having renewed your permit.

2. Heritage shall pay to the Board an administrative fine in the amount of Two Thousand dollars ($2,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Heritage shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Heritage expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama

Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Heritage further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Heritage hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Heritage agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Heritage acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Heritage acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 11th day of June, 2018.

Heritage Pharmaceuticals, Inc.

By: _____
Its: SVP & General Counsel

DONE this the 20 day of JUNE, 2018.

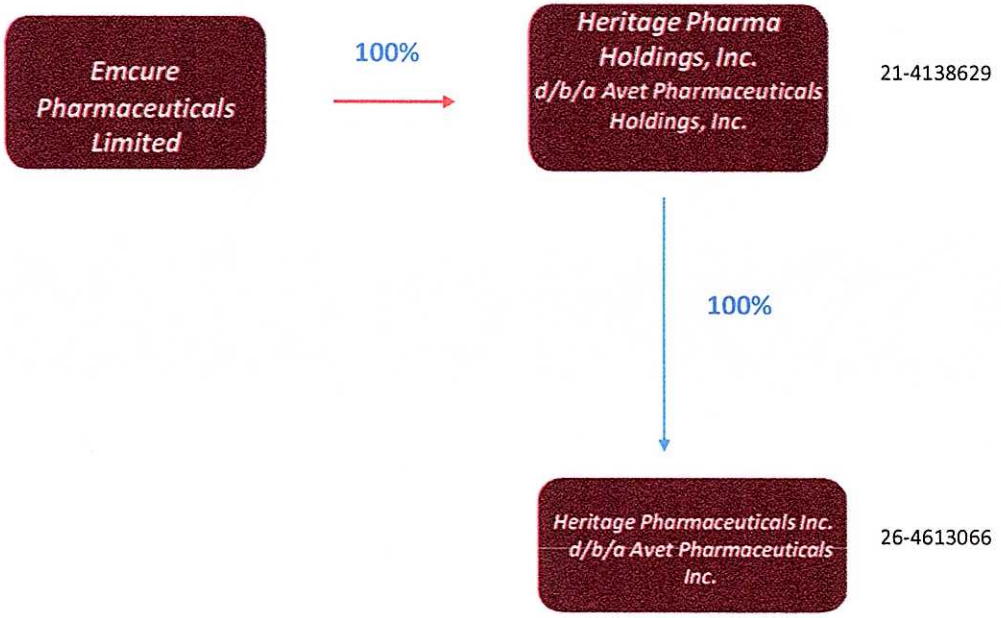
ALABAMA STATE BOARD OF PHARMACY

By: _____
David Darby, President

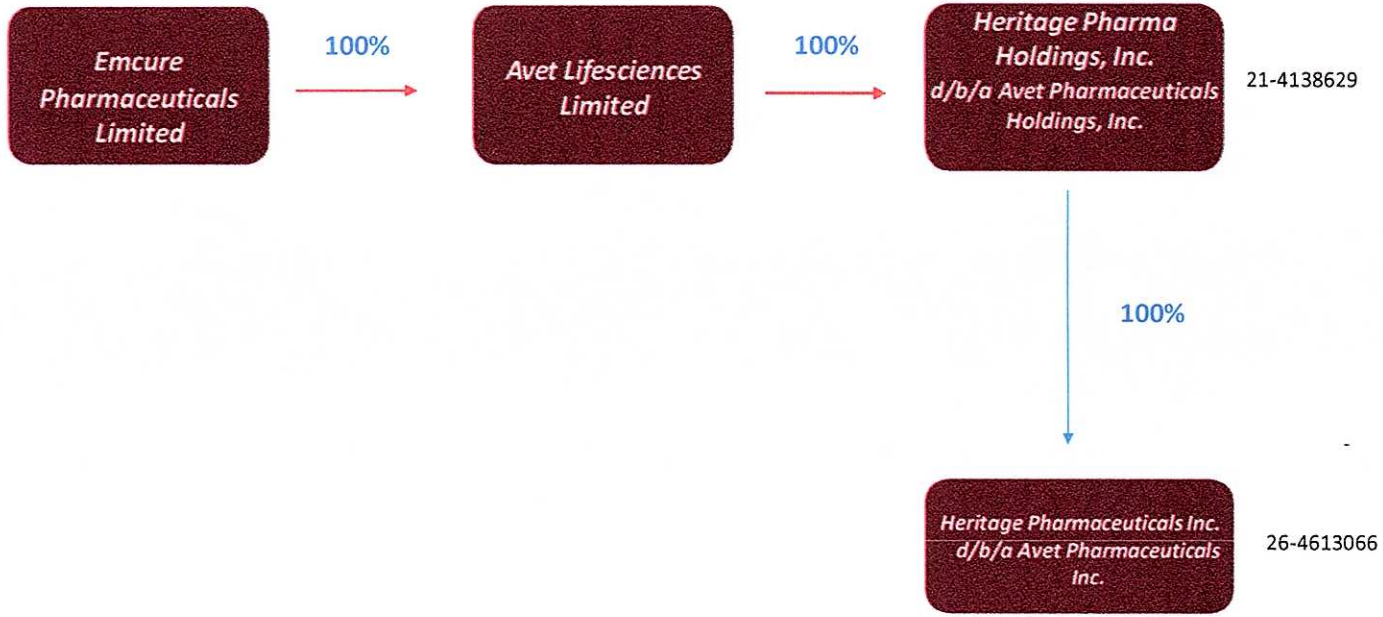
By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

AVET US Organizational Structure (Pre-Demerger)



AVET US Organizational Structure (Post-Demerger)



Heritage®
Value Driven Medicine

Ownership

Heritage Pharmaceuticals, Inc. dba Avet Pharmaceuticals Inc. is 100% owned by Heritage Pharma Holdings, Inc., located at One Tower Center Blvd., East Brunswick, NJ 08816.

Company

Heritage Pharmaceuticals Inc. dba Avet Pharmaceuticals Inc.
One Tower Center Boulevard
Suite 1700
East Brunswick, NJ 08816
Phone: 732-429-1000
Website:www.heritagepharma.com
Email: licensing@Avetpharma.com

State of Incorporation: DE
Tax ID: 20-4138629

Corporate Officers

John W. Denman, *President*
Business Address: One Tower Center Boulevard, Suite 1700, East Brunswick, NJ 08816

Gary Ruckelshaus, *Vice President and General Counsel*
Business Address: One Tower Center Boulevard, Suite 1700, East Brunswick, NJ 08816

Heritage®
Value Driven Medicine

Description of Operations

Heritage Pharmaceuticals Inc. dba Avet Pharmaceuticals Inc. is a "virtual" manufacturer, engaged in the marketing, sales and distribution of generic and legacy branded pharmaceutical products for the U.S. prescription drug market. Heritage uses the following contract manufacturer(s) to produce its product(s):

Sovereign Pharmaceuticals, LLC
7590 Sand Street,
Fort Worth, Texas 76118
FEIN: 3003229412

Chartwell Pharmaceuticals, LLC
77 Brenner Drive
Congers, New York 10920
FEIN: 3008897678

The aforementioned contract manufacturer(s) will ship the finished product directly to our third-party logistics provider, Eversana Life Science Services, LLC.

Eversana manages the storage and distribution of our products to wholesalers, specialty pharmacies and specialty distributors. Eversana will also maintain records for Heritage. Eversana is located at 4580 South Mendenhall Road, Memphis, Tennessee 38141. Sales records are also kept at Heritage Pharmaceuticals Inc.'s corporate offices located at One Tower Center Blvd., Suite 1700, East Brunswick, New Jersey 08816.

Heritage's products included controlled substances. As a virtual manufacturer, Heritage does not have a DEA registration, although their 3PL, Eversana, is licensed with the DEA. Eversana's DEA Number is RD0205333.

Heritage's hours of operation are 9:00 a.m. to 5:00 p.m. EST, Monday through Friday.

3PL

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-02-2021

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-02-2021

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through August 13, 2021

You have searched Finished drug products

Search Results: *'23155'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Acarbose	23155-147-01	25 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-147	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acarbose	23155-147-05	25 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-147	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acarbose	23155-147-10	25 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-147	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acarbose	23155-148-01	50 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-148	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acarbose	23155-148-05	50 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-148	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acarbose	23155-148-10	50 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-148	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acarbose	23155-149-01	100 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-149	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acarbose	23155-149-05	100 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-149	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG

✓ Verified M.H 8/19/21

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Acarbose	23155-149-10	100 mg/1	TABLET	ORAL	ANDA202271	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-149	Acarbose	ACARBOSE	HUMAN PRESCRIPTION DRUG
Acetaminophen	23155-202-18	650 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207035	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-202	Acetaminophen	ACETAMINOPHEN	HUMAN OTC DRUG
Acetaminophen	23155-202-65	650 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207035	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-202	Acetaminophen	ACETAMINOPHEN	HUMAN OTC DRUG
Acetaminophen	23155-202-01	650 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207035	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-202	Acetaminophen	ACETAMINOPHEN	HUMAN OTC DRUG
Acetaminophen	23155-202-64	650 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207035	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-202	Acetaminophen	ACETAMINOPHEN	HUMAN OTC DRUG
acetazolamide	23155-287-01	125 mg/1	TABLET	ORAL	ANDA205530	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-287	acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
acetazolamide	23155-287-10	125 mg/1	TABLET	ORAL	ANDA205530	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-287	acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
acetazolamide	23155-288-01	250 mg/1	TABLET	ORAL	ANDA205530	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-288	acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
acetazolamide	23155-288-10	250 mg/1	TABLET	ORAL	ANDA205530	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-288	acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
Acetazolamide	23155-787-01	500 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA040904	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-787	Acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
⊕ acetazolamide	23155-120-01	500 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090779	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-120	acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
⊕ acetazolamide	23155-120-05	500 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA090779	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-120	acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG
⊕ acyclovir	23155-485-51	200 mg/5mL	SUSPENSION	ORAL	ANDA212718	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-485	acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
⊕ ACYCLOVIR	23155-227-01	400 mg/1	TABLET	ORAL	ANDA074891	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-227	ACYCLOVIR	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
⊕ ACYCLOVIR	23155-227-05	400 mg/1	TABLET	ORAL	ANDA074891	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-227	ACYCLOVIR	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
⊕ ACYCLOVIR	23155-228-01	800 mg/1	TABLET	ORAL	ANDA074891	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-228	ACYCLOVIR	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
⊕ ACYCLOVIR	23155-228-05	800 mg/1	TABLET	ORAL	ANDA074891	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-228	ACYCLOVIR	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
⊕ ACYCLOVIR	23155-229-01	200 mg/1	CAPSULE	ORAL	ANDA074889	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-229	acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
⊕ ACYCLOVIR	23155-229-05	200 mg/1	CAPSULE	ORAL	ANDA074889	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-229	acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG
⊕ Adenosine	23155-258-41	3 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA202313	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-258	Adenosine	ADENOSINE	HUMAN PRESCRIPTION DRUG
⊕ Adenosine	23155-258-42	3 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA202313	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-258	Adenosine	ADENOSINE	HUMAN PRESCRIPTION DRUG
⊕ Allopurinol	23155-693-01	100 mg/1	TABLET	ORAL	ANDA204467	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-693	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Allopurinol	23155-694-01	300 mg/1	TABLET	ORAL	ANDA204467	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-694	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG
Allopurinol	23155-693-10	100 mg/1	TABLET	ORAL	ANDA204467	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-693	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG
Allopurinol	23155-694-05	300 mg/1	TABLET	ORAL	ANDA204467	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-694	Allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG
Amantadine Hydrochloride	23155-362-01	100 mg/1	CAPSULE	ORAL	ANDA209171	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-362	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amantadine Hydrochloride	23155-362-03	100 mg/1	CAPSULE	ORAL	ANDA209171	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-362	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amantadine Hydrochloride	23155-362-05	100 mg/1	CAPSULE	ORAL	ANDA209171	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-362	Amantadine Hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amikacin Sulfate	23155-785-41	500 mg/2mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA204040	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-785	Amikacin Sulfate	AMIKACIN SULFATE	HUMAN PRESCRIPTION DRUG
Amikacin Sulfate	23155-786-41	1 g/4mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA204040	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-786	Amikacin Sulfate	AMIKACIN SULFATE	HUMAN PRESCRIPTION DRUG
Amikacin Sulfate	23155-290-41	250 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA204040	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-290	Amikacin Sulfate	AMIKACIN SULFATE	HUMAN PRESCRIPTION DRUG
Amikacin Sulfate	23155-290-42	250 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA204040	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-290	Amikacin Sulfate	AMIKACIN SULFATE	HUMAN PRESCRIPTION DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
BiCNU	23155-261-41		KIT		NDA017422	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-261	CARMUSTINE		HUMAN PRESCRIPTION DRUG
bupropion Hydrochloride	23155-191-01	75 mg/1	TABLET	ORAL	ANDA206975	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-191	bupropion Hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
bupropion Hydrochloride	23155-192-10	100 mg/1	TABLET	ORAL	ANDA206975	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-192	bupropion Hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
bupropion Hydrochloride	23155-192-01	100 mg/1	TABLET	ORAL	ANDA206975	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-192	bupropion Hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
bupropion Hydrochloride	23155-191-10	75 mg/1	TABLET	ORAL	ANDA206975	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-191	bupropion Hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	23155-023-05	5 mg/1	TABLET	ORAL	ANDA204582	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-023	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	23155-024-05	10 mg/1	TABLET	ORAL	ANDA204582	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-024	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	23155-025-08	15 mg/1	TABLET	ORAL	ANDA204582	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-025	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	23155-025-05	15 mg/1	TABLET	ORAL	ANDA204582	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-025	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Buspirone Hydrochloride	23155-097-05	30 mg/1	TABLET	ORAL	ANDA204582	Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.	23155-097	Buspirone Hydrochloride	BUSPIRONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Showing 1 to 50 of 333 entries Previous 1 2 3 4 5 6 7 Next

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

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

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Heritage Pharmaceuticals Inc. dba Avet Pharmaceuticals Inc.

Physical Address One Tower Center Boulevard, Suite 1700

City East Brunswick State NJ Zip 08816

Mailing Address (if different from physical address) One Tower Center Boulevard, Suite 1700

City East Brunswick State NJ Zip 08816-1145

Telephone (732) 429-1000 Website http://www.avetpharma.com/

Licensing Company Email licensing@avetpharma.com

Section 2: Personal Information

First Gary Middle John Last Ruckelshaus

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

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

Mailing Address One Tower Center Boulevard, Suite 1700

City East Brunswick State NJ Zip 08816

Telephone [redacted] Email licensing@avetpharma.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials GR

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

School Name		From - To (MM/YY – MM/YY)	
University of Rhode Island		09/88 - 6/92	
Address	**City**	**State**	**Zip**
45 Upper College Road	Kingston	RI	02881
Diploma/Degree obtained, if any			
Bachelors Degree, Political Science and Journalism			

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University School of Law		09/95 - 06/99	
Address	**City**	**State**	**Zip**
One Newark Center	Newark	NJ	07102
Diploma/Degree obtained, if any			
Juris Doctor, cum laude			

School Name		From - To (MM/YY – MM/YY)	
UNC Kenan-Flagler Business School		04/16 - 05/19	
Address	**City**	**State**	**Zip**
300 Kenan Center	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted] Albert Way, #1222	Princeton	NJ	08540
08/10 - 06/20	16 Carsdale Drive	Belle Meade	NJ	08502

Applicant's initials GR

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Heritage Pharmaceuticals Inc. dba Avet Pharmaceuticals Inc.			02/16 - Present	
Business Address		**City**	**State**	**Zip**
One Tower Center Blvd, Suite 1700		East Brunswick	NJ	08816
Phone	**Title**		**Number of Employed Hours**	
732-429-1000	SVP, General Counsel & Chief Compliance Officer		10,000+	
Description of Duties				
See Attached Resume				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials GJR

I, Gary Ruckelshaus, **certify that as the designated representative for**

Heritage Pharmaceuticals Inc. dba Avet Pharmaceuticals Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gary Ruckelshaus
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/23/21
Date

Applicant's initials GJR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gary Ruckelshaus
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/23/21
Date

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

State of New Jersey, ss. County of Monmouth

I, Gary Ruckelshaus, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/23/2021
Date

Subscribed and Sworn to before me this 23rd day of 2021.

Notary Public Signature

NICOLE C GOUZOUASSIS
Notary Public, State of New Jersey
My Commission Expires
March 31, 2026

(Seal)

Applicant's initials GJR

Gary J. Ruckelshaus

[redacted] Albert Way, [redacted] / Princeton, NJ 08450

[redacted]

https://www.linkedin.com/in/gary-ruckelshaus-8b755a6/

Executive Summary

Accomplished business leader, senior executive, and experienced litigator with significant experience advising and counseling businesses, the Board of Directors, investors, and members of senior management during critical corporate transactions, bet-the-company litigation and internal investigations. Strong ability to resolve legal and compliance challenges faced by companies in the generic pharmaceutical industry as a result of increased governmental scrutiny and oversight. Experience building in-house legal and compliance functions from scratch and effectively managing outside counsel within budgetary limits.

Core Competencies and Key Professional Skills

- Regulatory affairs and FDA compliance
- Negotiation, arbitration and litigation management
- Risk management and strategic planning
- Licensing and intellectual property
- Broad-based M&A experience
- Internal staff and outside counsel management
- Strategic employment counseling
- Staff training and relationship building

Summary of Professional Experience

SENIOR VP, GENERAL COUNSEL, CORPORATE SECRETARY & CHIEF COMPLIANCE OFFICER — **FEBRUARY 2016 – PRESENT**

AVET PHARMACEUTICALS INC. (FORMERLY HERITAGE PHARMACEUTICALS INC.), EAST BRUNSWICK, NJ

Chief legal and compliance officer for privately-owned generic pharmaceutical company with ~$200M in annual sales with primary responsibility for providing legal, compliance and strategic counsel to principals and senior management. Proven track record of successful project execution, matter management, coordinating teams, negotiating and drafting sophisticated agreements, and handling significant and diverse issues in a fast-paced environment. Noteworthy accomplishments include:

- Key member of senior management that initiated internal investigation with reporting obligations to the Board of Directors, which uncovered significant management misconduct that resulted in the removal of a Board member and the for cause termination of several senior executives.
- Negotiated global resolution with U.S. DOJ to resolve criminal and civil exposure in antitrust litigation.
- Saved the Company in excess of $20M in legal exposure by exposing scheme by former management to conceal 340B pricing implications and effectively negotiated resolution with HRSA to bring the company into legal compliance and create refund policy to remediate any overcharges to customers.
- Established and lead a corporate compliance department and designed and implemented strategies and tactics for increased regulatory scrutiny on the generic pharma industry, including the creation of newly adopted antitrust, anti-corruption and anti-bribery, privacy, and code of conduct training and policies.
- Experience handling legal, regulatory and compliance issues involving FDA regulations, False Claims Act, Anti-Kickback Statute, OIG guidance, the PhRMA Code in connection with product labeling, sales and marketing strategies, and product pricing and government reimbursement.
- Drafted and implemented a new Outside Counsel Billing Guidelines and a new Travel and Expense Reimbursement Plan to effectively manage Company-related legal and business expenses.
- Serve as Corporate Secretary for Board of Directors and draft Board resolutions and meeting minutes.
- Work with scientific teams to create product development and patent strategies on new products.
- Work with the FDA to investigate claims of potential sales of counterfeit product and create and issue preemptive product warnings to consumers.
- Partnered with outside counsel and consultants to prepare comprehensive submissions to FDA to address deficiencies cited in a Form 483 inspection report and a subsequently issued import alert.
- Drafted complex contractual agreements, including customer agreements, Executive Employment Agreements, Retention Bonus Agreements, Non-Disclosure Agreements and Confidentiality Agreements.
- Led successful negotiation of pre-litigation license agreements to avoid Hatch-Waxman litigations.
- Negotiated a new partnership with a tax-deductible charitable organization to donate excess product inventory, which resulted in $700K tax-deductible charitable donations for the company in 2016.
- Led successful negotiation of asset purchase agreement with Teva Pharmaceuticals for the acquisition of ANDAs and led regulatory team to complete the technology transfer and filing the CBE 30's with FDA.
- Negotiated complex commercial leases and subleases, including lease for new corporate headquarters.

PARTNER, COMMERCIAL LITIGATION GROUP **SEPTEMBER 2014 – FEBRUARY 2016**
BLANK ROME LLP, PRINCETON, NJ

Routinely provided legal and business advice to company management and in-house counsel in the creation and implementation of effective legal strategies in a wide range of legal matters, including litigation, contract drafting and negotiation, coordination and management of internal investigations, and counseling on employment law matters. Also represented generic pharmaceutical clients as first-chair defense counsel in complex commercial litigation matters, including nearly a dozen Hatch-Waxman ANDA patent litigations, involving the following products: lurasidone (LATUDA®), palonosetron (ALOXI®), pemetrexed (ALIMTA®), vardenafil HCl (STAXYN®), aripiprazole (ABILIFY®) and linezolid (ZYVOX®).

PARTNER, COMMERCIAL LITIGATION GROUP (2007 – AUGUST 2014) **APRIL 2002 – AUGUST 2014**
ASSOCIATE, COMMERCIAL LITIGATION GROUP (2002 – 2007)
REED SMITH LLP, PRINCETON, NJ

Represented pharmaceutical clients, aviation manufacturers, and e-commerce companies in complex commercial litigation matters in Federal courts, state courts and in AAA proceedings. Handled all aspects of litigation including pre-suit analysis, drafting pleadings, briefs and discovery, managing local counsel, experts, and litigation consultants, representing corporate clients in motion hearings, pre-trial proceedings, settlement conferences, and bench trials.

ASSOCIATE, LITIGATION GROUP **SEPTEMBER 1999 – APRIL 2002**
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP, NEW YORK, NY & NEWARK, NJ

Worked as an associate to support the senior litigators in bringing cases to settlement or trial, including researching, drafting and presenting legal arguments and counter-arguments. Served as second chair trial counsel during two-day bench trial with senior litigator, where the Court found in favor of the firm's client.

Education

UNIVERSITY OF NORTH CAROLINA, KENAN-FLAGLER BUSINESS SCHOOL, CHAPEL HILL, NC
Master of Business Administration, May 2019

SETON HALL UNIVERSITY SCHOOL OF LAW, NEWARK, NJ
Juris Doctor, *cum laude,* June 1999

- 3.46 / 4.0 - Top 15% of class
- Centennial Scholarship Recipient
- Notes and Comments Editor, *Seton Hall Constitutional Law Journal* (1998-1999)

UNIVERSITY OF RHODE ISLAND, KINGSTON, RI
Bachelor of Arts, May 1992

- Political Science Major; Journalism Minor
- Member, Political Science National Honor Society

Bar Admissions

- State and Federal Courts, State of New Jersey
- State and Federal Courts, State of New York
- Courts of the District of Columbia (inactive)
- United States Court of Appeals, Third Circuit
- United States Court of Appeals, Federal Circuit

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBIJ6002

Application/License No. WH02202

Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
One Tower Center Blvd., Suite 1700, East Brunswick, NJ 08816, as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford CT 06155, USA as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/04/2020.
Effective Date

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 4th day of September, 2020.

APPLICANT/PRINCIPAL
Heritage Pharmaceuticals Inc. d/b/a Avet Pharmaceuticals Inc.

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness
Paul M Allen

Witness
Rachel Fore

NICOLE C. GOUZOUASSIS
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES MARCH 31, 2021

Countersigned by:

Nevada Resident Agent
Christopher P Troha, Non-Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-12
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [X] **Hartford Fire Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois,** a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, *up to the amount of* Unlimited :

Derek J. Elston, Ann Mullins, Christopher P. Troha, Marcia K. Cesafsky, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

Kathleen T. Maynard
Notary Public
My Commission Expires July 31, 2021

CERTIFICATE

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 4th, 2020

Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 4th day of September, 2020, before me, Bartlomiej Siepierski, a Notary Public, within and for said County and State, personally appeared Derek J. Elston to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of Cook

OFFICIAL SEAL
BARTLOMIEJ SIEPIERSKI
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 09/16/2023

Avet Pharmaceuticals Inc.
Affordable. Accessible. Quality Medicines.

August 12, 2021

Dr. Sally Choe
Director, Office of Generic Drugs
Food and Drug Administration
Center for Drug Evaluation and Research
Central Document Room
5901B Ammendale Rd.
Beltsville, MD 20705-1266

TRANSFER OF ANDA OWNERSHIP

Reference: Multiple ANDAs Listed in Appendix
Group Submission - Transfer of ANDA Ownership

Dr. Choe,

In accordance with 21 CFR Section 314.72(a)(1), Avet Pharmaceuticals Inc. on behalf of Emcure Pharmaceuticals Limited hereby notifies the Agency of the Transfer of Ownership, including all rights of multiple ANDAs listed in the Appendix to Avet Lifesciences Limited.

Emcure Pharmaceuticals Limited hereby confirms that a copy of records in its possession for all applications listed in the Appendix, that are kept under 21 CFR §314.81, have been provided to the new owner, Avet Lifesciences Limited.

The change in ownership will be made effective the date of this letter.

Former Owner of Application	New Owner of Application
Emcure Pharmaceuticals Limited Emcure House T-184, M.I.D.C. Bhosari Pune, Maharashtra - 411026 India	**Avet Lifesciences Limited** T-184, M.I.D.C. Bhosari Pune, Maharashtra - 411026 India **US Agent:** Heritage Pharmaceuticals Inc. d/b/a/ Avet Pharmaceuticals Inc. One Tower Center Boulevard, Suite 1700 East Brunswick, New Jersey, 08816 USA **Contact person:** Bernadette Attinger Vice President, Regulatory Affairs Phone: 732-429-1000 x 1161 Fax: 732-960-9984 Email: Bernadette.Attinger@avetpharma.com

Avet Pharmaceuticals Inc.
Affordable. Accessible. Quality Medicines

This entire submission is being submitted via secured Electronic Submission Gateway (ESG).

This submission is virus free as tested by Check Point Endpoint Security Version E82.30.

If you have any questions or comments regarding this submission, please contact the undersigned at 732-429-1000 x 1161 or Bernadette.Attinger@avetpharma.com

Sincerely,

Bernadette Attinger
Digitally signed by Bernadette Attinger
Date: 2021.08.11 14:01:26 -04'00'

Bernadette Attinger
Vice President, Regulatory Affairs

One Tower Center Boulevard, Suite 1700
East Brunswick, NJ 08816

Appendix

List of Approved ANDAs

S. No.	ANDA No.	Product
1	202271	Acarbose Tablets, 25 mg/50 mg/100 mg
2	202693	Acetazolamide for Injection 500 mg base/vial
3	202313	Adenosine Injection USP, 3 mg/mL (20 mL & 30 mL)
4	204040	Amikacin Sulfate Injection USP, 500 mg/2 mL and 1 gm/4 mL
5	202061	Benzphetamine Hydrochloride Tablets, 50 mg
6	202501	Cidofovir Injection, 75 mg/mL
7	202359	Colistimethate for Injection USP, 150 mg base/vial
8	209969	Doxycycline Hyclate Tablets USP, 100 mg
9	204618	Etomidate Injection USP, 2 mg/mL (10 mL & 20 mL)
10	079025	Fosinopril sodium and Hydrochlorthiazide Tablets 10 mg/12.5 mg & 20 mg/12.5 mg
11	203428	Furosemide Injection USP, 10 mg/mL (2 mL, 4 mL &10 mL)
12	203987	Ibandronate sodium Injection 3 mg base/3 mL
13	202590	Levofloxacin Injection USP, 25 mg/mL(20 mL & 30 mL)
14	208058	Lurasidone HCl Tablets 20 mg, 40 mg, 60 mg, 80 mg
15	204756	Metoclopramide Injection USP, 5 mg/mL (10 mg/2 mL,50 mg/10 mL & 150 mg/30 mL)
16	078945	Ondansetron injection, 2 mg/mL, 2 mL
17	090424	Ondansetron injection, 2 mg/mL, 20 mL
18	211682	Oxybutynin Chloride Tablets, USP, 5 mg
19	202951	Palonosetron Hydrochloride Injection, 0.075 mg (base)/1.5 mL and 0.25 mg (base)/5 mL (0.05 mg/mL)
20	213806	Pentamidine isethionate for injection, 300 mg/vial
21	204147	Prochlorperazine Edisylate Injection USP, 10 mg/2 mL
22	204101	Rifampin for Injection USP 600 mg/vial
23	204090	Rizatriptan benzoate tablet 5 mg &10 mg
24	203521	Tranexamic Acid Injection, 100 mg/mL (1000 mg/10mL)
25	202464	Vancomycin HCl for Injection USP, 10 gm base/vial
26	202274	Vancomycin HCl for Injection, USP 5 gm base/vial
27	202275	Vancomycin HCl for Injection, USP 500 mg base/vial and 1 gm base/vial
28	201783	Zoledronic Injection 4 mg/5 mL
29	201801	Zoledronic Injection 5 mg/100 mL

Avet Pharmaceuticals Inc.
Affordable. Accessible. Quality Medicines.

August 12, 2021

Dr. Robert Justice, MD
Director, Division of Oncology Drug Products,
Food and Drug Administration
Centre for Drug Evaluation and Research
5901-B Ammendale Rd.
Beltsville, MD 20705-1266

TRANSFER OF NDA OWNERSHIP

Subject: NDA number: 017422
New Drug Application: BiCNU (Carmustine for Injection USP 100 mg/vial)
Transfer of NDA ownership
eCTD Sequence 0075

Dr. Justice,

In accordance with 21 CFR Section 314.72(a)(1), Avet Pharmaceuticals Inc. on behalf of Emcure Pharmaceuticals Limited hereby notifies the Agency of the Transfer of Ownership, including all rights of NDA # 017422 of BiCNU (Carmustine for Injection USP 100 mg/vial) to Avet Lifesciences Limited.

Emcure hereby confirms that a copy of records in its possession for this application, that are kept under 21 CFR §314.81, have been provided to the new owner, Avet Lifesciences Limited.

The change in ownership will be made effective the date of this letter.

Former Owner of Application	New Owner of Application
Emcure Pharmaceuticals Limited Emcure House T-184, M.I.D.C. Bhosari Pune, Maharashtra - 411026 India	**Avet Lifesciences Limited** T-184, M.I.D.C. Bhosari Pune, Maharashtra - 411026 India **US Agent:** Heritage Pharmaceuticals Inc. d/b/a/ Avet Pharmaceuticals Inc. One Tower Center Boulevard, Suite 1700 East Brunswick, New Jersey, 08816 USA **Contact person:** Bernadette Attinger Vice President, Regulatory Affairs Phone: 732-429-1000 x 1161 Fax: 732-960-9984 Email: Bernadette.Attinger@avetpharma.com

Avet Pharmaceuticals Inc.
Affordable. Accessible. Quality Medicines.

This entire submission is being submitted via secured Electronic Submission Gateway (ESG).

This submission is virus free as tested by Check Point Endpoint Security Version E82.30.

If you have any questions or comments regarding this submission, please contact the undersigned at 732-429-1000 x 1161 or Bernadette.Attinger@avetpharma.com

Sincerely,

Bernadette Attinger
Digitally signed by Bernadette Attinger
Date: 2021.08.11 14:34:57 -04'00'

Bernadette Attinger
Vice President, Regulatory Affairs

One Tower Center Boulevard, Suite 1700
East Brunswick, NJ 08816

4H

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

Y

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change	* If making a change, provide current license number: WH 02592	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☒ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Dukal LLC

Physical Address: 2 Fleetwood Ct.

City: Ronkonkoma State: NY Zip: 11779

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 631-656-3800 Website: www.dukal.com

Name of Designated Representative (DR): Karen E. Kauffmann

Licensing Company Email: kmckigney@dukal.com DR Email: kkauffmann@dukal.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Distributors	☒ Others: OTC Drugs & Devices

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bray Group Limited (located in United Kingdom)
Address: 1 Regal Way City: Faringdon State: Oxon Zip: SN7 7BX

Name: No additional suppliers.
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Not applicable.
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Daytona MidCo Acquisition, LLC and Daytona MidCo Acquistion Parallel, LLC
Corporation Name: Dukal LLC
Mailing Address: 2 Fleetwood Ct.
City: Ronkonkoma State: NY Zip: 11779
Telephone: 631-656-3804 Email: gloduca@dukal.com
Contact Person Name: Gerard C. LoDuca

Section 6: Partnership

Partnership Name: Not applicable.
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: Not applicable.
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	N/A
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership.		✓		
• List of all partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances Not Applicable.	✓	✓	✓	✓
• Copy of current SEC 10K or 8K Not Applicable.	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• Copy of a bond in an amount of $100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gerard C LaDuca

Print Name of Authorized Person Submitting Application

Gerard C LaDuca

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

09-07-2021

Date

Board Use Only	Date Received: _____	Amount: 500 CHK # 062347

Proof 9/30/21

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
DUKAL LLC
Business Trade Names:
(1) BAM (2) Biodaptive (3) Derma Sciences (4) Dukal Corporation (5) Tech-med (6) UNiPACK

2 Fleetwood Ct.
Ronkonkoma, NY 11779
Registration Number: 2435946
FEI Number*: 1000137528
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Owner/Operator:
DUKAL LLC[6]
2 Fleetwood Ct
Ronkonkoma, NY US 11779
Owner/Operator Number: 9005925[7]

Official Correspondent:
Kara Mckigney
2 Fleetwood Ct
Ronkonkoma, NY 11779
Phone: 631-6563800-172

Verified M.H 10/7

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

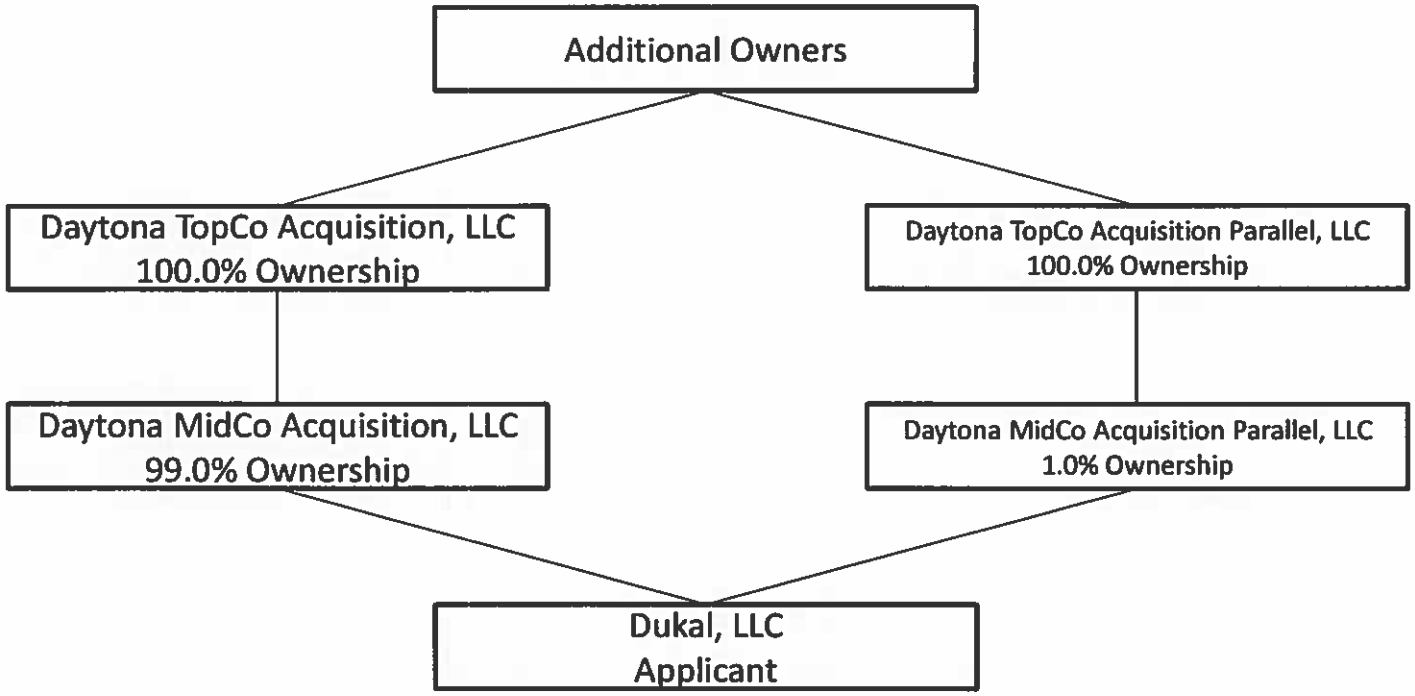
Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9005925&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9005925&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 10/04/2021

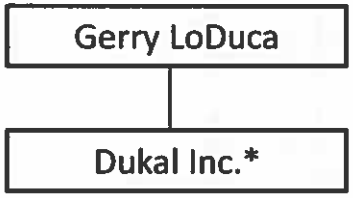
GW | GARFUNKEL WILD, P.C.
ATTORNEYS AT LAW

ORGANIZATIONAL STRUCTURE EFFECTIVE AUGUST 23, 2021



GW | GARFUNKEL WILD, P.C.
ATTORNEYS AT LAW

ORGANIZATIONAL STRUCTURE PRIOR TO AUGUST 23, 2021



Effective as of 7/22/2021, Dukal Corporation, a New York corporation in which Gerard LoDuca was the sole shareholder, merged into Dukal Inc., a Delaware corporation in which Gerard LoDuca was the sole shareholder

NYSED.gov

Office of the Professions

Verification Searches

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

Pharmacy Establishment Information *

09/24/2021

Type : WHOLESALER
Legal Name : DUKAL, LLC
Trade Name :
Street Address :
2 FLEETWOOD CT.
RONKONKOMA, NY 11779-0000

Registration No : 039100
Date First Registered : 09/23/21
Registration Begins : 09/23/21
Registered through : 08/31/24
Supervisor : LODUCA GERARD
Establishment Status : ACTIVE
Successor : NONE

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

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

DUKAL LLC
Ownership and Officer Information

Members

Name: **Daytona MidCo Acquisition, LLC**
Business Address: 2 Fleetwood Ct, Ronkonkoma, NY 11779
Email Address: kmckigney@dukal.com
Phone Number: 631-468-6872
State of Incorporation: Delaware
Percentage of Ownership: **99.0%**

Name: **Daytona MidCo Acquisition Parallel, LLC**
Business Address: 2 Fleetwood Ct, Ronkonkoma, NY 11779
Email Address: kmckigney@dukal.com
Phone Number: 631-468-6872
State of Incorporation: Delaware
Percentage of Ownership: **1.0%**

Executive Officers

Name: Gerard C. LoDuca
Title: President / Chief Executive Officer
Business Address: 2 Fleetwood Ct., Ronkonkoma, NY 11779
Phone Number: 631-656-3804

Name: Richard Kinsella
Title: Chief Financial Officer
Business Address: 2 Fleetwood Ct., Ronkonkoma, NY 11779
Phone Number: 631-656-3801

Name: Charles Abbinanti
Title: Chief Operating Officer
Business Address: 2 Fleetwood Ct., Ronkonkoma, NY 11779
Phone Number: 631-468-6822

Annual Registration
Annual Registration
Facility Registration
Register a New Medical Device Facility
Change Registration Information for a Facility
Cancel, Deactivate, or Reactivate a Facility Registration
View Your Registration and Listing Information
Change the Official Correspondent for a Facility
Facility Ownership
Transfer Ownership of a Facility (Report Purchase)
Medical Device Listings
Create Listings for Medical Devices
Download Your Listing Information
Change, Deactivate, or Reactivate Listings
Add/Replace Proprietary Names or Importers to Listings
U.S. Agents Only
Confirm U.S. Agent Notification
View/Update U.S. Agent Information

Registration Information

Facility

Registration Number	2435946
FEI Number	1000137528
Registration Status	Active
Registration Status Reason	Legacy Data - Registration activated
Initial Importer	Y
Facility Name	DUKAL LLC
Legal Name	
Facility Address	2 FLEETWOOD CT. , RONKONKOMA , NEW YORK , 11779 , UNITED STATES
Establishment located on a campus	N

Owner/Operator

Owner/Operator Number	9005925
Contact Name	KARA - MCKIGNEY
Business Name	DUKAL LLC
Address	2 FLEETWOOD CT RONKONKOMA , NEW YORK , 11779 , UNITED STATES
Phone Number	631 - 6563800 - 172
Fax Number	631 - 6563810
E-mail	kmckigney@dukal.com

Official Correspondent

Contact Name	KARA - MCKIGNEY
Business Name	DUKAL LLC
Address	2 FLEETWOOD CT RONKONKOMA , NEW YORK , 11779 , UNITED STATES
Phone Number	631 - 6563800 - 172
Fax Number	631 - 6563810
E-mail	kmckigney@dukal.com

Registration Status

Expiration Date	2021-12-31

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DUKAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DUKAL, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

6097060 8300

SR# 20213065774

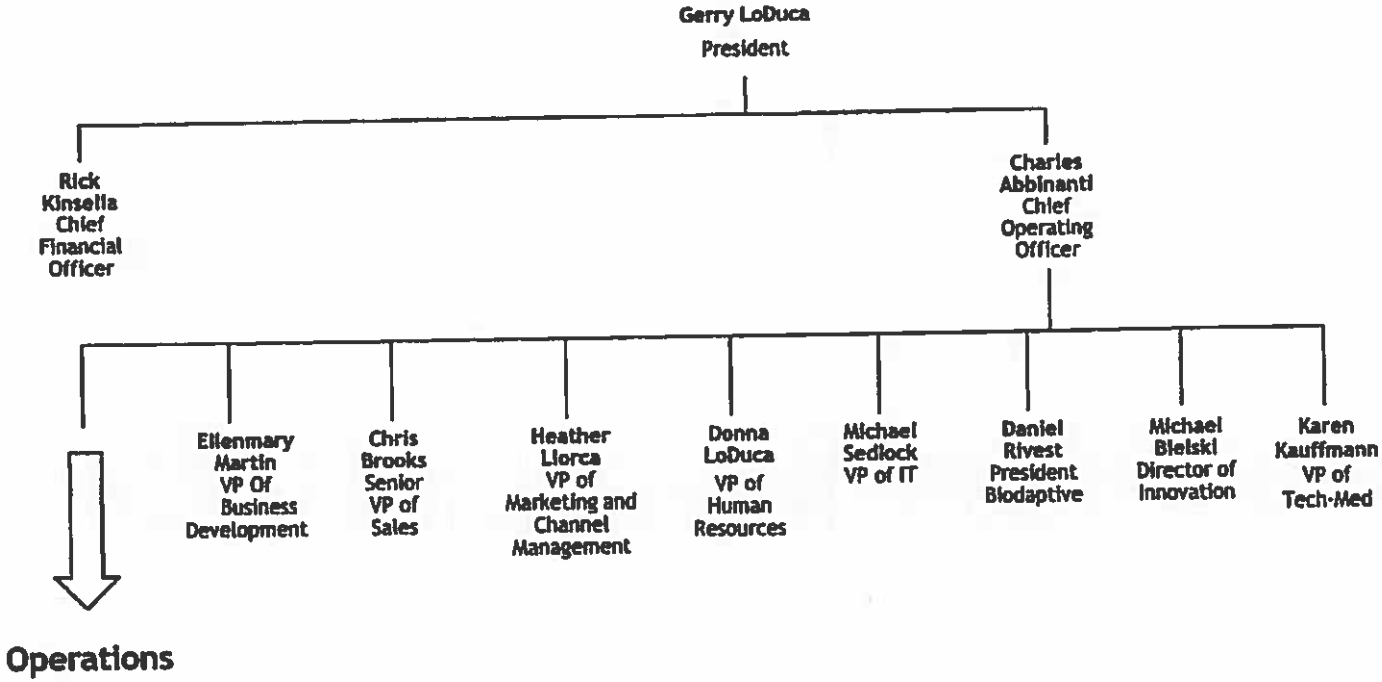
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203995577

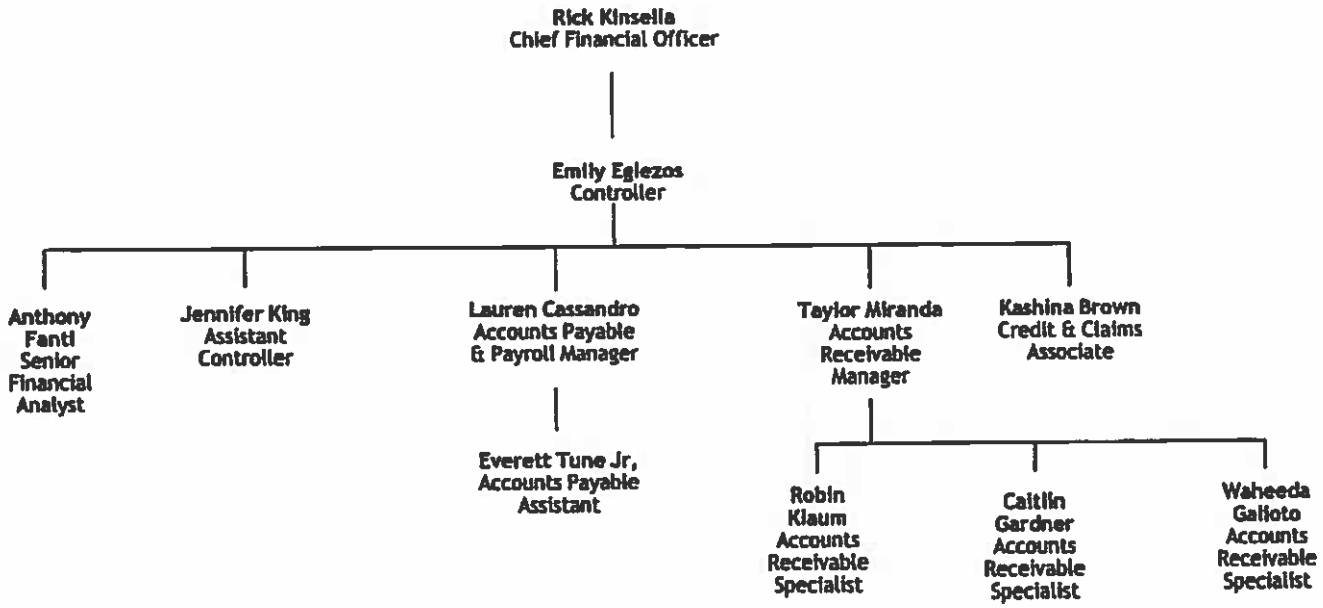
Date: 08-24-21

Employee List

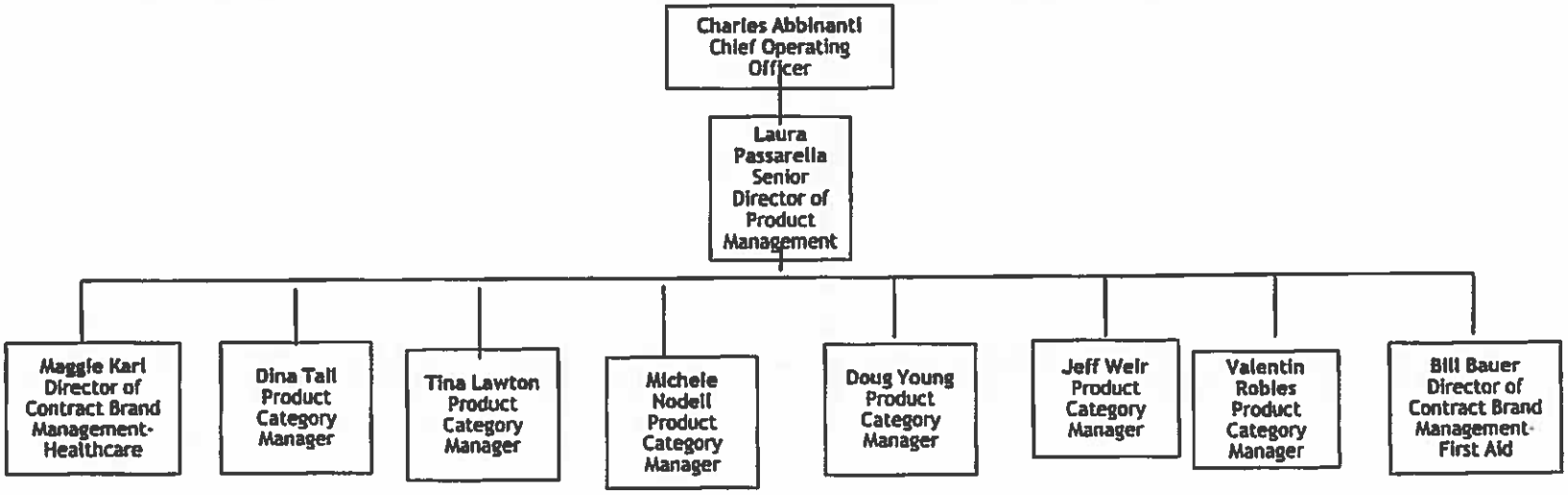
Organization Chart Top Level



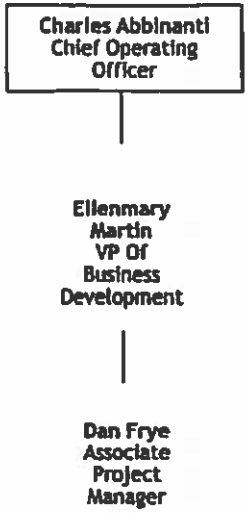
Organization Chart Finance



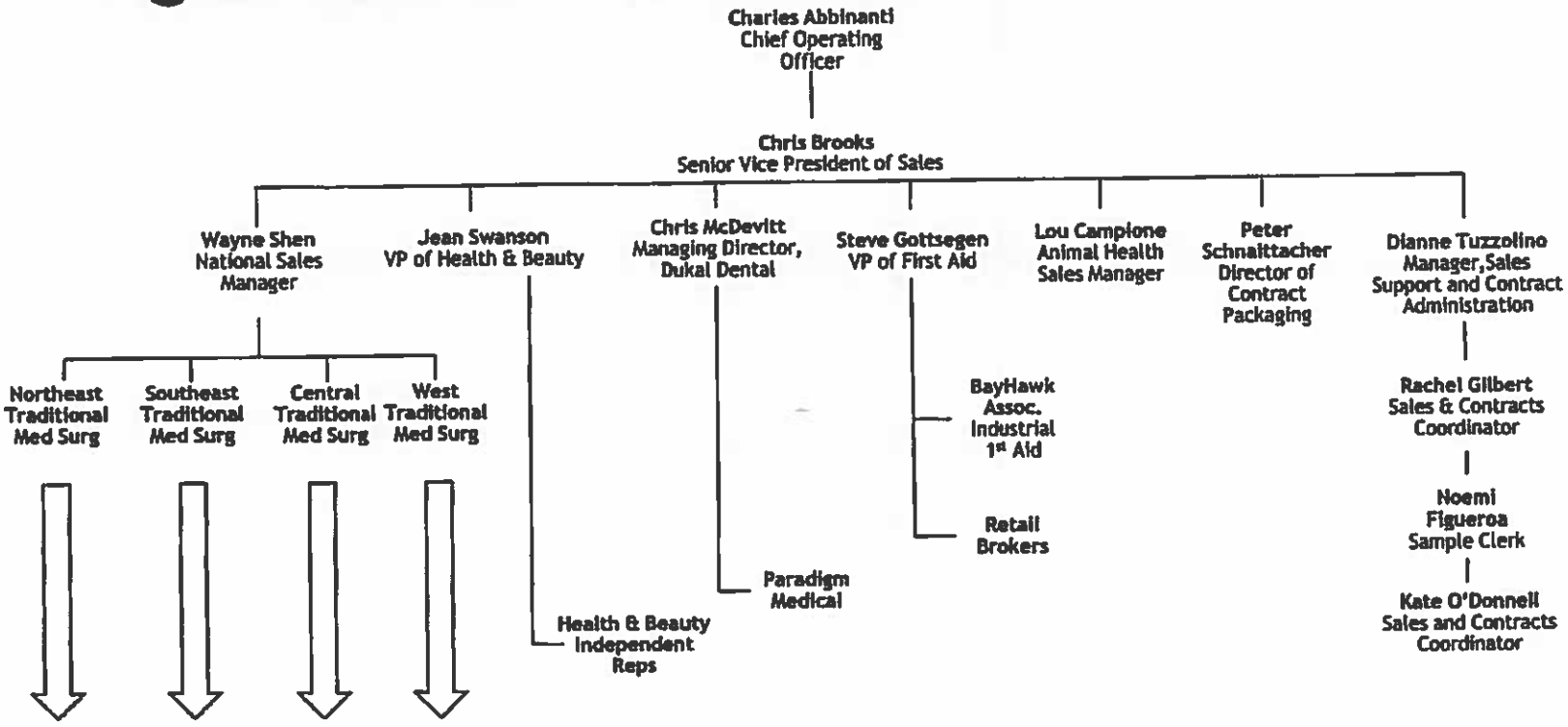
Organization Chart Product Management



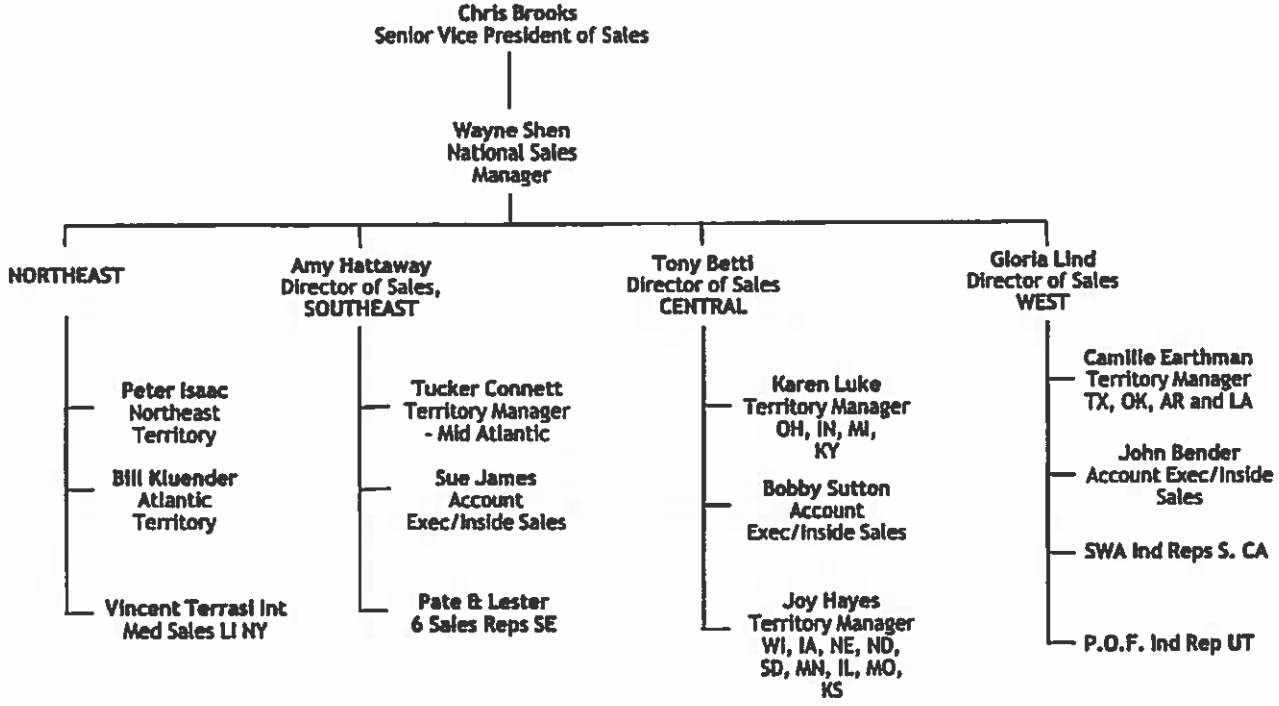
Organization Chart Business Development



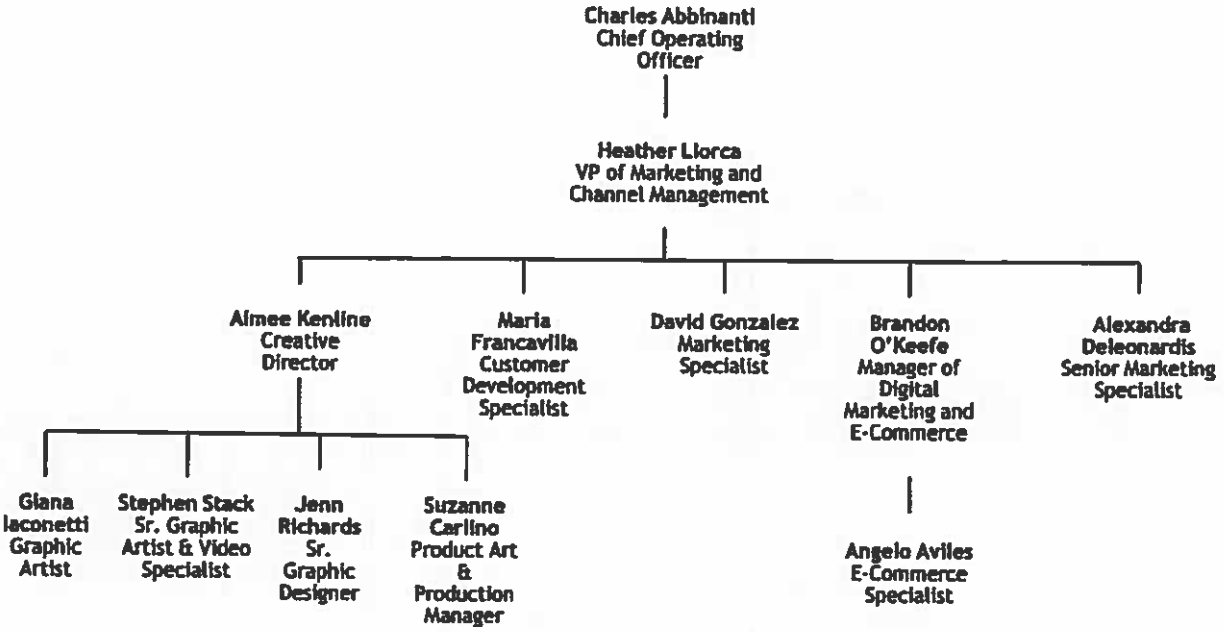
Organization Chart Sales



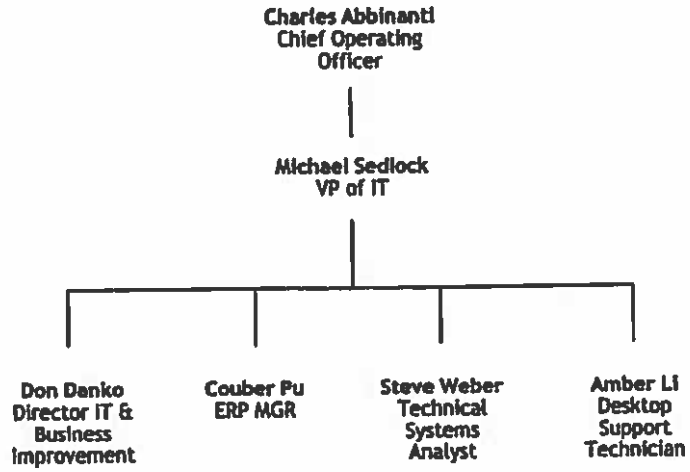
Organization Chart Sales



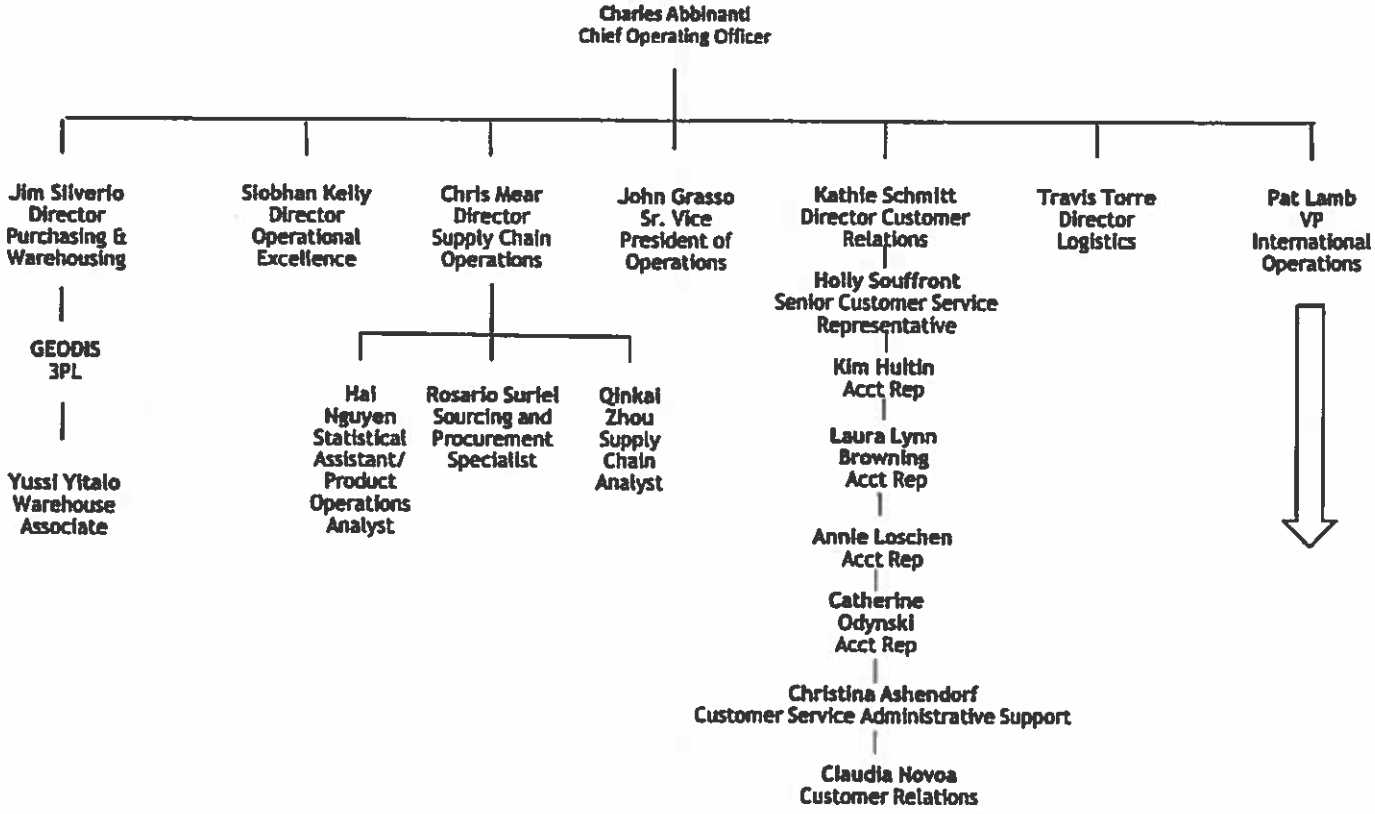
Organization Chart Marketing



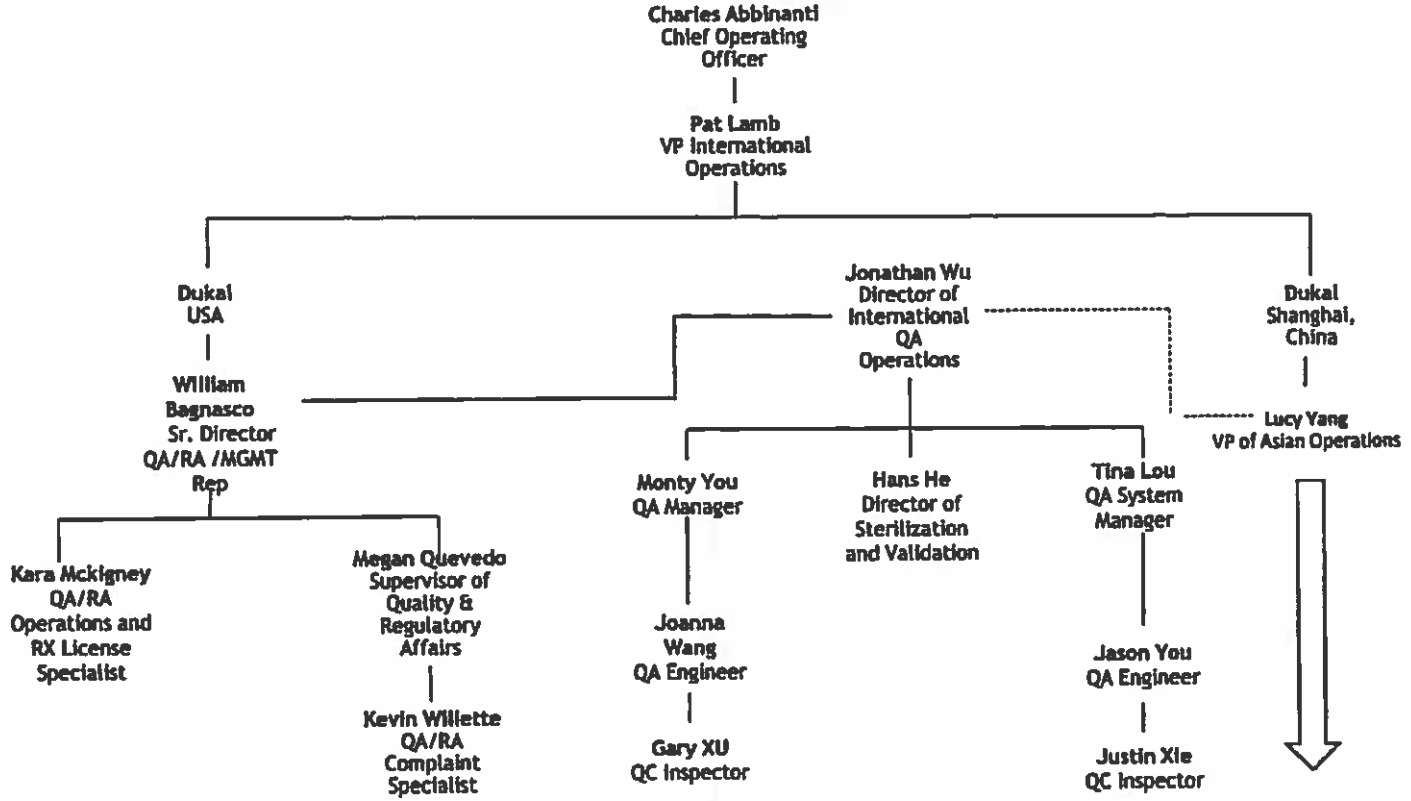
Organization Chart Information Technology (IT)



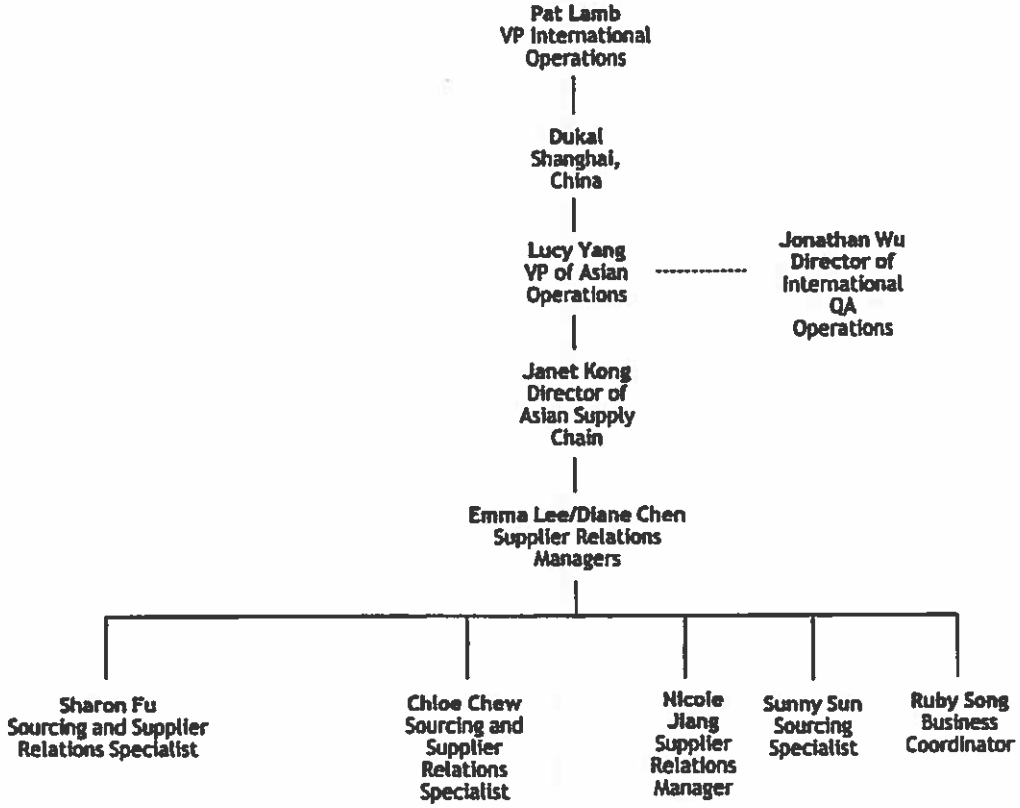
Organization Chart Operations



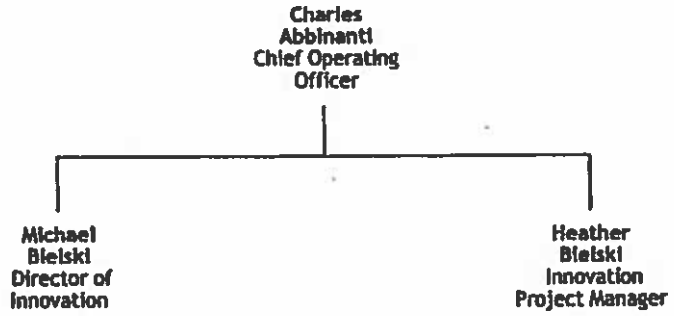
Organization Chart International Operations



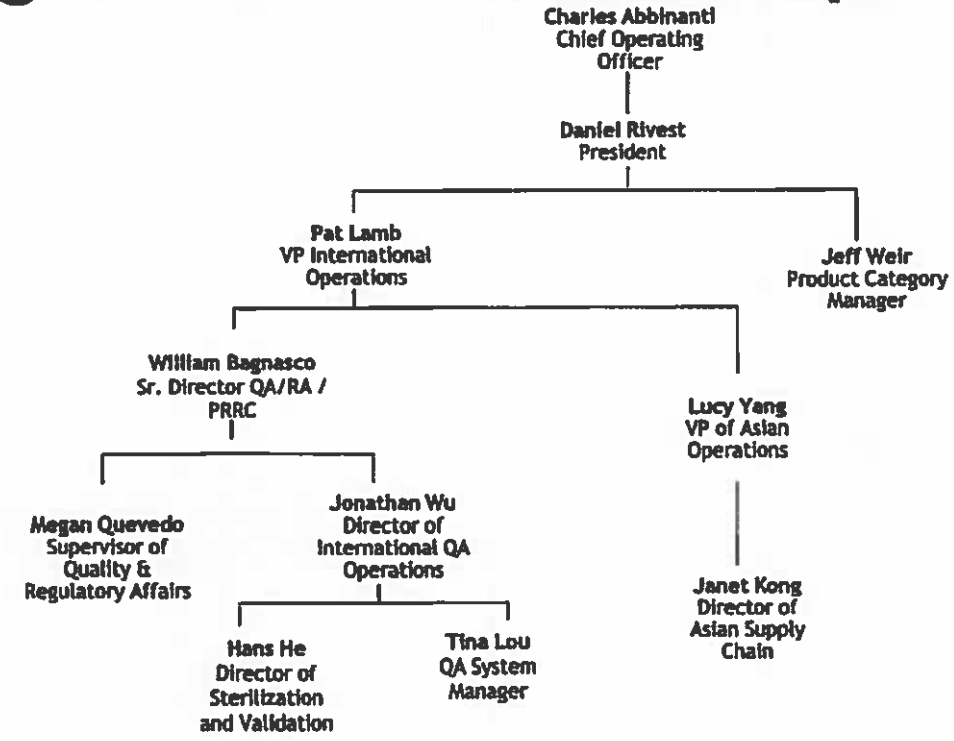
Organization Chart International Operations



Organization Chart Innovation



Organization Chart Biodaptive



Y

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Dukal, LLC

Physical Address 2 Fleetwood Court

City Ronkonkoma State NY Zip 11779

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 631-656-3800 Website www.dukal.com

Licensing Company Email kmckigney@dukal.com

Section 2: Personal Information

First Karen Middle E Last Kauffmann

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted]Washington Drive

City Kings Park State NY Zip 11754

Telephone 631-656-3800 Ext: 213 Email kkauffmann@dukal.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials KEK

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

School Name			From - To (MM/YY – MM/YY)	
Sachem High School North			09/83 - 06/86	
Address	**City**	**State**	**Zip**	
212 Smith Road	Lake Ronkonkoma	N.Y	11779	
Diploma/Degree obtained, if any				

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2020 -	[redacted] Washington Dr.	Kings Park	NY	11754
2006 - 2020	2 Tara Court	Lake Grove	NY	11755
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Dukal LLC			3/2016 - Present	
Business Address		**City**	**State**	**Zip**
2 Fleetwood Court		Ronkonkoma	NY	11779
Phone	**Title**		**Number of Employed Hours**	
6316543800 x213	V. P. Tech-Med		10,400	
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Karen E. Kauffmann, **certify that as the designated representative for**

Dukal, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Karen E. Kauffmann

Print Name (First, Last)

KaEKa

Original Signature (electronic, copies or stamps not accepted)

September 8, 2021

Date

Applicant's initials KEK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karen E. Kauffmann

Print Name (First, Last)

Ka E. Kauff — 9/8/2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of New York, ss. County of Suffolk

I, Karen E Kauffmann, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ka E. Kauff — 9/8/2021

Original Signature — **Date**

Subscribed and Sworn to before me this 8th day of September 2021

Notary Public Signature

JOYCE ANNE SKIPAS
Notary Public - State of New York
NO. 01SK6391809
Qualified in Suffolk County
My Commission Expires May 13, 2023

Applicant's initials ICEK

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

FRANCES A RODRIGUEZ

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3349643 Issue Date: 06-22-2018 Expiration Date: 07-01-2024

Generated by Sircon 240195062

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

FRANCES A RODRIGUEZ
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3349643

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-22-2018 Expiration Date: 07-01-2024

Generated by Sircon 240195062

Dukal

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

Re: Notification of Administrative Fine

Date: September 7, 2021

To Whom It May Concern:

Dukal Corporation ("Dukal") is a New York-based FDA registered corporation. Pursuant to a Final Order dated December 8, 2020, which was received by Dukal on December 14, 2020, the Alabama Board of Pharmacy imposed an administrative fine of $4,000.00 against Dukal. A copy of that Final Order is enclosed herewith, and following is an explanation of the circumstances underlying that action.

Dukal Corporation was registered with the Alabama Board of Pharmacy for several years prior to and including 2019, but let its license lapse for 2020 because it did believe that it would be shipping product to or doing business in the state of Alabama during 2020. Despite that belief, Dukal made shipments of Silver Nitrate Applicators (applied topically and not ingested) to customers in Alabama on three occasions—in February, March, and April of 2020. Dukal made no other shipments to Alabama during the relevant time period.

The three Alabama shipments were made soon after Dukal changed its license registration services in December 2019 from one outside company to another third-party logistics ("3PL") company. This change in license registration service coincided with the COVID-19 pandemic, the strict requirements issued by the Governor of New York, and Dukal's implementation of steps to ensure the safety of its employees. These circumstances led to a failure of communication between key Dukal and 3PL personnel with respect to the plans for and authorization of these shipments, which resulted in Dukal's order procurement/fulfillment 3PL partner processing and shipping the shipments at issue without first obtaining approval or authorization for such shipments from Dukal's regulatory department. It was not until Dukal's full staff reconvened on site that it noticed the error.

Once Dukal realized that it had made shipments to Alabama, it applied to renew its license in Alabama, and voluntarily disclosed the shipments that were made during the time that the license had lapsed. The Alabama Board of Pharmacy allowed the renewal of Dukal's license, but maintained a disciplinary proceeding for the shipments made during the time the license had lapsed. During the disciplinary proceeding, Dukal asked for a deferral of the charges, but that request was not granted. Upon issuance of the Final Order, Dukal timely paid the administrative fine to the Alabama Board of Pharmacy. Dukal's license in Alabama remains active for 2021 (Permit No. 195317).

Dukal has taken measures to safeguard against future incidents, including retraining the procurement/fulfillment department to cross-reference applicable state licensures and registrations, and implementing system enhancements to its enterprise resource planning system to prevent orders from shipping to states where Dukal is not actively licensed. Additionally, Dukal submitted a Supplier Corrective Action Request to its 3PL, which has resulted in a root cause analysis as well as a Corrective/Preventive Action Plan that has been implemented.

2 Fleetwood Court, Ronkonkoma, New York 11779 ~ Phone: 631-656-3800 ~ Fax: 631-656-3810

Dukal

Upon request, Dukal would be happy to answer any questions or provide any necessary additional information regarding this administrative fine.

Best Regards,

Kara Mckigney

Digitally signed by Kara Mckigney
Date: 2021.09.07 14:40:02 -04'00'

Kara Mckigney

QA/RA Operations and RX Licensing Specialist

631-656-3800 ext:172

DocuSign Envelope ID: B634E2F5-7D41-4F03-8F72-D1A0B620F9AF

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
DUKAL CORPORATION	)	
	)	BOARD OF PHARMACY
Private Label Distributor	)	
Virtual Permit Number 195317	)	Case Number 20-L-0076

FINAL ORDER

On November 17, 2020, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Dukal Corporation (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a private label virtual distributor to which the Board issued permit number 195317.

2. The Respondent was notified of the charges on September 1, 2020. The Respondent was represented at the administrative hearing by counsel, Mr. Richard C. Perry, Esq. Mr. John Lamb, Vice President for International Operations for the Respondent attended the administrative hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. In a statement attached a return memorandum to the Board, the Respondent admitted it shipped prescription drugs in the State of Alabama without having first obtaining a current permit. (Board's Exhibit Three)

DocuSign Envelope ID: B634E2F5-7D41-4F03-8F72-D1A0662BF8AF

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-32, Code of Alabama (1975), § 34-23-32.1, Code of Alabama (1975), § 34-23-34, Code of Alabama (1975),§ 34-23-92 (12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent was represented at the administrative hearing by counsel and a corporate representative attended the administrative hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges at the administrative hearing.

4. The Respondent's permit as a private label virtual distributor in the State of Alabama is due to have disciplinary sanctions imposed it that it is guilty of violating Code of Alabama (1975), § 34-23-32 by engaging in the distribution of prescription drugs into this State during 2020 without a valid or current permit to do so.

The Board finds that each instance of the above described conduct is a separate and distinct violation.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is ORDERED to pay to the Board an administrative fine of Four Thousand ($4,000.00) Dollars within thirty (30) days of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

DocuSign Envelope ID: B634E2F3-7D41-4F03-8F72-D1A06629F9AF

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 08 day of December 2020

Ralph E Sorrell

Mr. Ralph E. Sorrell, R. Ph., President
Alabama State Board of Pharmacy

c: Mr. Richard C. Perry, Esq.
Mr. James S. Ward, Esq.
Ms. Donna C. Yeatman, R.Ph., Executive Secretary
Mr. Vance L. Alexander, Esq.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015215445

Application/License No. _____

DUKAL, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2 Fleetwood Court Ronkonkoma, NY 11779 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 8, 2021 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 8th day of September, 2021.

APPLICANT/PRINCIPAL
DUKAL, LLC

Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Anne Potter

Witness

Witness Cynthia Farrell

Countersigned by:

Nevada Resident Agent

Frances A. Rodriguez, NV
Non-Resident Agent

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205735-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter; Cynthia Farrell; Debra A Deming; Frances Rodriguez, Francesca Kazmierczak; Jennifer L Jakaitis, Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A Welsh, Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 8th day of September, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values. The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

41

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

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

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

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Dutch Ophthalmic, USA, Inc.

Physical Address: 10 Continental Drive, Building 1

City: Exeter State: NH Zip: 03833

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 603-778-6929 Website: dorcglobal.com

Name of Designated Representative (DR): Michael Pepin

Licensing Company Email: licenses-us@dorcglobal.com DR Email: m.pepin@dorcglobal.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: D.O.R.C. Dutch Ophthalmic Research Center (International) B.V.
Address: Kerkweg 47e, 3214 VC City: Zuidland, The Netherlands State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: New Hampshire
Parent Company (if any): D.O.R.C. Dutch Ophthalmic Research Center (International) B.V. The Netherlands
Corporation Name: Dutch Ophthalmic USA, Inc.
Mailing Address: 10 Continental Drive, Building 1
City: Exeter State: NH Zip: 03833
Telephone: 603-788-6929 Email: licenses-us@dorcglobal.com
Contact Person Name: Drew Collins

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gisele Caisse
Print Name of Authorized Person Submitting Application

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

9/8/2021
Date

Board Use Only	Date Received: _____	Amount: $500 Check # 11412

Received 9/8/21

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership.		✓ N/A		
• List of all partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A per Mark @ NV BoP		✓ N/A	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓ N/A	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: Already mailed http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• Copy of a bond in an amount of $100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gisele Cassse
Print Name of Authorized Person Submitting Application

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

9/8/2024
Date

Board Use Only	Date Received: _____	Amount: 600 OHK# 11412

State of New Hampshire
Department of State

Filed
Date Filed : 08/18/2020 11:54:49 AM
Effective Date : 08/18/2020 11:54:49 AM
Filing # : 4981122 Pages : 1
Business ID : 147899
William M. Gardner
Secretary of State
State of New Hampshire

Officer and/or Director Change

BUSINESS NAME: **DUTCH OPHTHALMIC, USA, INC.**

BUSINESS TYPE: **Domestic Profit Corporation**

BUSINESS ID: **147899**

STATE OF INCORPORATION: **New Hampshire**

OFFICER / DIRECTOR INFORMATION		
NAME	BUSINESS ADDRESS	TITLE
Pierre Billardon	Scheijdelveweg 2, 3214 VN, Zuidland, NLD	Chief Executive Officer
Pierre Billardon	Scheijdelveweg 2, 3214 VN, Zuidland, NLD	President
Pierre Billardon	Scheijdelveweg 2, 3214 VN, Zuidland, NLD	Secretary
Pierre Billardon	Scheijdelveweg 2, 3214 VN, Zuidland, NLD	Director
Elise Godthelp	Scheijdelveweg 2, 3214 VN, Zuidland, NLD	Other Officer
Elise Godthelp	Scheijdelveweg 2, 3214 VN, Zuidland, NLD	Director
Pierre Billardon	Scheijdelveweg 2, 3214 VN, Zuidland, NLD	Treasurer

I, the undersigned, do hereby certify that the above information is true to the best of my knowledge and belief.

Title: **President**
Signature: **Pierre Billardon**
Name of Signer: **Pierre Billardon**
Date signed: **08/18/2020**

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Last Name	First Name	Status	Department
Anderson	Rebekah	A	Sales
Berry	Rodney	A	Sales
Brigham	Whitney	A	Customer Service
Buezo	Gery	A	Field Service
Caisse	Gisele	A	Finance
Cockrell	Donnie	A	Sales
Collins	Drew	A	Finance
Day	Peter	A	Sales
Eason	Ronald	A	Sales
Ervin Sr.	Peter	A	Sales
Flink	Kristen	A	HR
Fortney	Stacy	A	Sales
Gammon	Joseph	A	Sales
Garcia	Frank	A	Sales
Gauss	David	A	Sales
Hall	Max	A	Sales
Hardy	Jessica	A	Customer Service
Heitzmann	Eric	A	Sales
Jendrick	Laura	A	General
Johnson	Justin	A	Sales
Jugovic	Monica	A	Marketing
Jusupovic	Kenan	A	Sales
Keenan	Brent	A	Sales
Keener	Andrew	A	Sales - WA Employees
Kelleher	Debra	A	Finance
Kerbert	Kevin	A	Sales
Marchese	Gregory	A	Warehouse
McGowan Jr	Michael	A	Sales
Pagano	Giovanni	A	Sales
Patterson	Patrick	A	Sales
Peau	Chanphanith	A	Field Service
Pepin	Michael	A	Sales
Price	Gregory	A	Sales
Spencer	Teresa	A	Sales
Vines-Hornstein	Shelly	A	Sales
Wdowiak	Andrew	A	Customer Service
Whitney	Karen	A	Customer Service
Salas	Kayla	Temp	HR
O'Neil	William	Temp	Finance
Montecalvo	Karen	Temp	Customer Service
Aime	Joseph	Temp	Warehouse

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy

OPLC

Board of Pharmacy

September 28, 2021

This Letter is to certify that the permit for the facility listed below is a true and accurate report directly from the New Hampshire Board of Pharmacy database. This Letter of Verification further certifies that the undersigned is the keeper of the records and duly certifies this information is accurate and complete as of the date listed above. In order to expedite the processing of license verifications. this form letter has been created and is used for all verifications requested from the New Hampshire Board of Pharmacy.

Permit Holder Name	DUTCH OPHTHALMIC USA
License Type	MAN/DIST/WHOLE/BROKER
Sub Type	
Specialty	
Address of record	10 CONTINENTAL DR BLDG 1 EXETER NH 03833
Permit Number	4451
Issue Date	May 5, 2005
Expiration Date	June 30, 2022
Permit Status	Active
Restrictions	
Disciplinary Action	**None**

Leah Parsons
Licensing Associate I

N/C

RECEIVED

Lic 4451 ← Returned No payment

AUG 30 2021

NH BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY

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

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Dutch Ophthalmic, USA, Inc.

Address: 10 Continental Drive Building 1

City: Exeter State: NH Zip: 03833

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

Signature of Applicant Drew Cody

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? ☐ Yes ☐ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☐ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☐ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

DUTCH OPHTHALMIC USA

10 CONTINENTAL DRIVE
BUILDING 1
EXETER, NH 03833
PHONE: 603.778.6929
800.753.8824
FAX: 603.778.0911

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

September 30, 2021

To Whom It May Concern,

Enclosed is the License Verification Form along with a letter from our Home State (NH) Office of Professional Licensure and Certification. Unfortunately, they did not take the time or have the necessary resources to complete the form or to forward it to you as was directed in the instructions. As we are at the mercy of our Home State's governmental body we hope that these forms, as presented, will meet with your satisfactory approval.

Should you have any questions, comments, or concerns regarding these forms please do not hesitate to call upon us for further explanation or clarification.

Best Regards,

Drew Collins

State of New Hampshire
Board of Pharmacy

Prescription Drug/Device Manufacturer/Wholesaler/Distributor Permit
NH License 4451

This is to certify

DUTCH OPHTHALMIC USA
10 CONTINENTAL DR BLDG 1
EXETER NH 03833

Is licensed and authorized to do business in the State of New Hampshire under RSA 318, RSA 318-B and Ph 1000

Issue Date: May 5, 2005 Expiration Date: June 30, 2022

Important Notice:

Per NH State Laws and Rules the Board must be notified within 30 days of any changes. See the Board's website at: https://www.oplc.nh.gov/pharmacy/report-changes.htm

Prescription Drug/Device Manufacturer/Wholesaler/Distributor Permits expire annually on June 30th regardless of the date of initial licensure. There is no statutory provision for extended or pro-rated licenses, your initial license will be for less than a full year.

Please note the expiration date of your license. A renewal notice will be emailed to the contact person 60-days prior to the expiration date of the license. It is the responsibility of all licenses to renew prior to the expiration of their license.

You cannot ship with an expired permit.

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that DUTCH OPHTHALMIC, USA, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on January 15, 1990. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **147899**

Certificate Number: **0005439312**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of September A.D. 2021.

William M. Gardner

Secretary of State

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
DUTCH OPHTHALMIC USA, INC.
10 CONTINENTAL DRIVE
BUILDING 1
Exeter, NH 03833
Registration Number: 1222074
FEI Number*: 3007916166
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2021

verified
MH 12/15/21

Owner/Operator:
DUTCH OPHTHALMIC USA, INC.[6]
10 Continental Drive, Bldg. 1
Exeter, NH US 03833
Owner/Operator Number: 1222074[7]

Official Correspondent:
Danielle Clement
DUTCH OPHTHALMIC USA, INC.
10 Continental Drive
Building 1
Exeter, NH 03833
Phone: 603-4745566-15

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

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1222074&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1222074&OwnerOperator

Page Last Updated: 12/13/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1222074&OwnerOperator

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Dutch Ophthalmic, USA, Inc.

Physical Address: 10 Continental Drive, Building 1

City: Exeter State: NH Zip: 03833

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 603-778-6929 Website: dorcglobal.com

Licensing Company Email: licenses-us@dorcglobal.com

Section 2: Personal Information

First: Michael Middle: H Last: Pepin

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

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

Mailing Address: [redacted] Castelletto Drive

City: Tampa State: FL Zip: 33626

Telephone: [redacted] Email: m.pepin@dorcglobal.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

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

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

Applicant's initials: MP

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

School Name		From - To (MM/YY – MM/YY)	
Bayshore High School		08/90-06/94	
Address	**City**	**State**	**Zip**
5401 34th St W	Bradenton	FL	34210
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of Central FL		08/94-06/98	
Address	**City**	**State**	**Zip**
4000 Central Florida Blvd	Orlando	FL	32816
Diploma/Degree obtained, if any			
BS Business Administration			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/03-07/21	[redacted] Castelletto Dr.	Tampa	FL	33626
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Dutch Ophthalmic USA, Inc			
Business Address	**City**	**State**	**Zip**
10 Continental Drive, Building 1	Exeter	NH	03833
Phone	**Title**	**Number of Employed Hours**	
603-778-6929	US Commercial Director	12480	
Description of Duties			
Manage US Sales and Operations			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials MP

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7-28-2021

Date

Applicant's initials MP

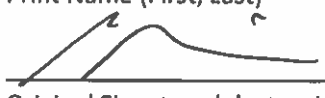
I, Michael Pepin, **certify that as the designated representative for** Dutch Ophthalmic USA, Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Michael Pepin

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

07/28/2021

Date

Applicant's initials MP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Pepin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/2021

Date

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

State of New Hampshire, ss. County of Rockingham

I, Michael Pepin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/28/2021

Date

Subscribed and Sworn to before me this 28 day of July 2021

Notary Public Signature

DEBRA A KELLEHER
Commission Expires
NOTARY PUBLIC
09-27-2022
NEW HAMPSHIRE
(Seal)

Applicant's initials MP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **999129122**

Application/License No. _____

Dutch Opthalmic Usa

Applicant/Principal,

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10 Continental Dr Blgd 1, Exeter, NH 03833

Address of Applicant/Principal,

as PRINCIPAL, and The Ohio Casualty Insurance Company, a
Surety Company

corporation organized under the laws of the state of New Hampshire
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 02116

Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 26, 2021.
Effective Date

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

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 26th day of August, 2021.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Timothy A. Mikolajewski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kiana M. Pumphrey

Witness

Countersigned by:

Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company

POWER OF ATTORNEY

Principal: Dutch Opthalmic Usa
Agency Name: FIAI, Inc. dba Cross Insurance- Manchester Bond Number: 999129122
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($25,000.00) Twenty-five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Timothy A. Mikolajewski** in the city and state of **Seattle, WA**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.

The Ohio Casualty Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 26th day of August, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

eBONDING INDEMNITY AGREEMENT

Bond Number: 999129122
Agency Code: 968039

Agency Name: FIAI, Inc. dba Cross Insurance- Manchester
Agency Address: 1100 Elm Street, Manchester, NH 03101-1500
Principal's Full Name: Dutch Opthalmic Usa
Principal's Address: 10 Continental Dr Bldg 1, Exeter, NH 03833

The undersigned (collectively "Indemnitor") represents that all statements and representations made in the bond Application are true and made without reservation to induce Liberty Mutual Insurance Company and any other company that is part of or added to the Liberty Mutual Group, severally not jointly, and/or for which surety business is underwritten by Liberty Mutual Surety ("Surety") to extend surety credit in any manner or amount, including but not limited to providing or having provided requested Bond(s) including any modifications thereto in reliance upon the provision of its indemnity, and with regard to such surety credit hereby agrees with Surety, its successors and assigns, as follows:

1. To pay premiums when due;
2. To deliver evidence satisfactory to Surety, of the release of all liability;
3. To exonerate, hold harmless and indemnify Surety from and against all claims, losses, liability, damages of any type (including punitive), costs, fees, expenses, suits, orders, judgments, or adjudications whatsoever which Surety may incur in any manner related to the extension of surety credit, including the enforcement of the agreements contained herein and any matter subject to any bankruptcy court (collectively "LOSS");
4. That Surety shall have the right, at its sole discretion, to pay, adjust, settle or compromise any and all claims or LOSS and the voucher or other evidence of such payment, settlement or compromise, whether Surety was liable therefore or not, shall be conclusive evidence of the fact and extent of Indemnitor's liability;
5. To place Surety in funds immediately upon demand, the amount Surety deems necessary to protect itself from any LOSS or potential LOSS, whether or not Surety has made payment or posted a reserve, Surety having the right to use all or part of these funds in payment or settlement of any LOSS or in reimbursement to Surety for payment of same;
6. That Indemnitor hereby authorizes Surety to investigate statements made herein, **and to obtain credit report information from credit reporting sources/ bureaus,** and to check credit with creditors and/or lending institutions, and further authorizes any present or former employer or any other person, firm or corporation, to furnish information concerning Indemnitor in connection with the Surety's extension of surety credit and with Indemnitor's compliance with obligations hereunder and under any Bond or underlying obligation, and Indemnitor hereby releases any of the aforementioned from liability in consequence of furnishing or disclosing such information;
7. That Surety may bring separate suits to recover hereunder as causes of action shall accrue and that the bringing of suit or recovery of judgment upon any cause of action shall not prejudice or bar the bringing of other suits upon other causes of action, whether heretofore or thereafter arising;
8. That all other rights which Surety may have or acquire against Indemnitor under other or additional agreements of indemnity or any other written agreement (with this Agreement collectively "INDEMNITY") related to the extension of surety credit, shall be in addition to and not in lieu of the rights afforded Surety under this Agreement;
9. That if Surety executes any Bond(s) with any co-surety or reinsures all or any part of any Bond(s), that all the terms of this Agreement shall apply and operate for the benefit of such co-surety and reinsurer, as their interests may appear;
10. That these covenants shall be jointly and severally binding upon Indemnitor, its respective heirs, executors, administrators, successors and assigns;
11. That Surety shall have the right to decline to issue or to cancel Bond(s) at any time, free of claim for loss or damage by Indemnitor, and Surety shall be under no obligation to disclose its reasons therefore, the provisions of any law to the contrary being hereby waived;
12. That the exercise, delay of or failure by Surety to exercise of any right, remedy or power whatsoever shall not preclude Surety's simultaneous or subsequent exercise or constitute any waiver of such or other rights, remedies or powers;
13. That if any Bond(s) relate to the assets of an estate, Indemnitor will provide reasonable access to all records concerning the estate and upon request shall provide a written report of the condition of the estate. Furthermore, Indemnitor grants, assigns, pledges and conveys to Surety as security, a lien on and security interest in and to Indemnitor's interest, title and rights in the proceeds of any insurance policy affording coverage for all or part of any bonded obligation, and in the contracts or obligations (and all proceeds thereof without limitation) that grow in any manner whatsoever as a result of the extension of surety credit. While the lien and security interests are effective immediately, Surety may exercise its remedies with respect to such only in the event of: a) Indemnitor's failure to fulfill any obligation whatsoever for which i) Bond(s) are provided, ii) contained in any Bond(s), or iii) contained within any INDEMNITY agreement with the Surety; and b) any assignment by Indemnitor for the benefit of creditors or any agreement or proceeding of liquidation, receivership or bankruptcy whatsoever. Indemnitor hereby authorizes Surety to file any such financing statement as Surety deems necessary or appropriate to perfect the liens and security interest granted herein.

With respect to Court Bonds and Receiver/Trustee Bonds: INDEMNITORS ACKNOWLEDGE AND AGREE THAT THE FIRST YEAR PREMIUM IS FULLY-EARNED WHEN THE BOND IS ISSUED EVEN IF THE BOND IS SUBSEQUENTLY REDUCED OR TERMINATED DURING THE FIRST YEAR. IF A BOND IS REDUCED OR TERMINATED DURING THE SECOND OR SUBSEQUENT YEAR AFTER A RENEWAL PREMIUM IS PAID, THE RENEWAL PREMIUM SHALL BE ADJUSTED PRO RATA UPON REDUCTION OR TERMINATION.

By signing below, each individual signing on behalf of a business entity and/or a trust, represents and warrants that he or she is duly authorized by the entity and/or trust to bind it to this Indemnity Agreement and that the entity and/or trust has a material interest in the issuance of any requested Bonds. In the case of a trust, the Trustee further represents and warrants that he or she has the ability and will resolve out of trust assets the obligations to the surety pursuant to the Indemnity Agreement regardless of any spendthrift provisions or any other limitations on distributions.

➡ **Dated** August 26, 2021 .

Principal: Dutch Opthalmic Usa

Indemnitor(s) sign here:

Witness' signatures:

By: _____

By: _____

Liberty Mutual Surety: Syracuse
P O. Box 5550
Syracuse, NY 13220
(888) 443-1910 Fax: (866) 548-7564

TRANSACTION REPORT

Transaction Date: August 26, 2021
Preparer Name: Nicki Runci
Preparer Email: nicki.runci@crossagency.com
Agency Name: FIAI, Inc. dba Cross Insurance- Manchester
Agency Code: 968039

Principal:
Dutch Opthalmic Usa
10 Continental Dr Bldg 1
Exeter, NH 03833

Obligee:
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521-4881

Underwriting Information:
Issued with underwriter's approval

Bond Information:

Bond Number: 999129122
Bond Amount: $25,000.00
Renewal Type: Continuous (until cancelled)
Renewal Billing Method: Direct Bill
Renewal Term (Months): 12
Renew Automatically: Yes
Description of Bond: Pharmaceutical Wholesaler
Effective Date: August 26, 2021
Expiration Date: August 26, 2022
Cancel Days: 30 Days
Class Code: S996
Underwriting Paper: The Ohio Casualty Insurance Company
Bond Rating State: Nevada

Invoiced To:

Dutch Opthalmic Usa
10 Continental Dr Bldg 1
Exeter, NH 03833

Renewal Billing Information:

Dutch Opthalmic Usa
10 Continental Dr Bldg 1
Exeter, NH 03833

Remarks:

Premium Information:

Bond Premium: $500.00
Total Premium Due: $500.00

This bond is a direct billed bond. It is the applicant's responsibility to ensure payment is received in full for this new business. Payment must be received within 20 days from the date this bond was issued. If payment is not received in full, this bond may be subject to cancellation. Bond(s) changes are available for your agency through https://agents.libertymutualsurety.com

Mail Payment To:

Liberty Mutual Insurance Company
25761 Network Place
Chicago, IL 60673-1257

4J

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

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

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

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Greenstone LLC

Physical Address: 100 Route 206 North

City: Peapack State: NJ Zip: 07977

Mailing Address (if different from physical address): Viatris, c/o Marie Kidder, Reg Affs, 3711 Collins Ferry Road

City: Morgantown State: WV Zip: 26505

Telephone: 908-901-8783 Website: www.viatris.com

Name of Designated Representative (DR): Jerod Ford

Licensing Company Email: marie.kidder@viatris.com DR Email: Jerod.Ford@viatris.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☒ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Manufacturers	☒ Others: Ophthalmic, Liquids (oral), Topical

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Allergan Inc.
Address: 8301 Mars Drive City: Waco State: TX Zip: 76712

Name: VEGA BAJA, PUERTO RICO
Address: Road 689 KM 1.9 PO Box 4119 City: Vega Baja State: PR Zip: 00694

Name: Pfizer ES PUURS
Address: Pfizer Manufacturing Belgium NV Rijksweg 12, B-2870, City: PUURS State: Belgium Zip:

Name: Pfizer ES ASCOLI
Address: Pfizer Italia SRL Via Del Commercio 25/27 Localitá Marino del Tronto, City: Ascoli Piceno State: Italy Zip: 63100

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Viatris Inc. (FEIN 83-4364296)
Corporation Name: Greenstone LLC
Mailing Address: 100 Route 206 North
City: Peapack State: NJ Zip: 07977
Telephone: 908-901-8783 Email: Jerod.Ford@viatris.com
Contact Person Name: Jerod Ford

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 59962 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Deneen Fumich, POA/Senior Manager Distribution Compliance
Print Name of Authorized Person Submitting Application

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

6/30/2021
Date

SIGN HERE

Board Use Only	Date Received: _____	Amount: $500 (cc)

Greenstone LLC
100 Route 206 N
Peapack, NJ 07977

Confidential
Manufacturing and Product Information

Greenstone, LLC is a virtual manufacturer located at 100 Route 206 North, Peapack, NJ 07977. Please see below for supplemental information relevant to its application:

Virtual Manufacturer Statement
Greenstone, LLC is a virtual manufacturer of prescription products and, therefore, does not handle products at any time either for physical manufacturing or distribution. However, it does maintain product ownership and is responsible for the oversight and sale of product.

Explanation for FDA Registration Number
As a virtual manufacturer, Greenstone, LLC utilizes a contract manufacturing organization and third-party logistics provider to manufacture, store and distribute its products. No pharmaceutical products are located, stored or distributed from *this* facility, which is a corporate and administrative office. Its FDA Labeler Code is 59762.

Please note: *the DEA licenses for the Third-Party Logistics Providers are attached.* This site is not licensed with the DEA because the there are no products on site.

A sampling of our contract manufacturing partners are listed below:

Contract Manufacturer
Pharmacia LLC & Upjohn LLC, Kalamazoo, MI – FDA EI 1810189
Pfizer Pharmaceuticals, Vega Baja, PR - FDA EI 2623619
Pfizer Italia, Ascoli, Italy – FDA EI 3003637173

Third Party Logistics Provider
Pfizer Inc – 1855 Shelby Oaks Drive North, Memphis, TN 38134
Pfizer Inc – 10501 80th Avenue, Pleasant Prairie, WI 53158

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through September 13, 2021

You have searched Finished drug products

Search Results: *'59762'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Descripti
+ Alprazolam	59762-3719-3	.25 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3719	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	500 TABLE 1 BOTTLE (59762-371
+ Alprazolam	59762-0068-1	3 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021434	Greenstone LLC	59762-0068	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	01/17/2003	N/A	NDA AUTHORIZED GENERIC	60 TABLET EXTENDEI RELEASE BOTTLE (59762-006
+ Alprazolam	59762-0057-1	.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021434	Greenstone LLC	59762-0057	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	01/17/2003	N/A	NDA AUTHORIZED GENERIC	60 TABLET EXTENDEI RELEASE BOTTLE (59762-005
+ Alprazolam	59762-3722-1	2 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3722	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	100 TABLE 1 BOTTLE (59762-372
+ Alprazolam	59762-3720-1	.5 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3720	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	100 TABLE 1 BOTTLE (59762-372
+ Alprazolam	59762-3721-3	1 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3721	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	500 TABLE 1 BOTTLE (59762-372
+ Alprazolam	59762-0059-1	1 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021434	Greenstone LLC	59762-0059	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	01/17/2003	N/A	NDA AUTHORIZED GENERIC	60 TABLET EXTENDEI RELEASE BOTTLE (59762-005
+ Alprazolam	59762-3719-4	.25 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3719	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	1000 TABL in 1 BOTTL (59762-371
+ Alprazolam	59762-3719-1	.25 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3719	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	100 TABLE 1 BOTTLE (59762-371
+ Alprazolam	59762-3720-3	.5 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3720	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	500 TABLE 1 BOTTLE (59762-372
+ Alprazolam	59762-3721-1	1 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3721	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	100 TABLE 1 BOTTLE (59762-372
+ Alprazolam	59762-3722-3	2 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3722	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	500 TABLE 1 BOTTLE (59762-372
+ Alprazolam	59762-3720-4	.5 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3720	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	1000 TABL in 1 BOTTL (59762-372
+ Alprazolam	59762-3721-4	1 mg/1	TABLET	ORAL	NDA018276	Greenstone LLC	59762-3721	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	10/16/1981	N/A	NDA AUTHORIZED GENERIC	1000 TABL in 1 BOTTL (59762-372
+ Alprazolam	59762-0066-1	2 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021434	Greenstone LLC	59762-0066	alprazolam	ALPRAZOLAM	HUMAN PRESCRIPTION DRUG	01/17/2003	N/A	NDA AUTHORIZED GENERIC	60 TABLET EXTENDEI RELEASE BOTTLE (59762-006
+ amlodipine besylate	59762-2010-1	5 mg/1	TABLET	ORAL	NDA019787	Greenstone LLC	59762-2010	amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	06/24/2019	N/A	NDA AUTHORIZED GENERIC	1000 TABL in 1 BOTTL (59762-201

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0742587

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

1855 SHELBY OAKS DRIVE NORTH MEMPHIS, TN 38134-
10501 80TH AVE PLEASANT PRAIRIE,WI 53158-
100 ROUTE 206 N PEAPACK, NJ 07977-

Reg. No.
5003637

GREENSTONE LLC
ATTN: DENEEN FUMICH, REG AFFS
781 CHESTNUT RIDGE RD
MORGANTOWN, WV 26505-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 5/21/2021

Registration Number: 5003637 **Registered as:** Manufacturer and Wholesale

Name: GREENSTONE LLC

DBA:

Address: 1855 SHELBY OAKS DRIVE NORTH , MEMPHIS, TN 38134

Original Issue Date: 06/20/2008 **Expiration Date:** 01/31/2022

Current Issue Date: 12/16/2020

Disciplines: No

Additional Registered Addresses:
10501 80TH AVE, PLEASANT PRAIRIE, WI 53158
100 ROUTE 206 N, PEAPACK, NJ 07977

NEVADA STATE BOARD OF PHARMACY

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

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Greenstone LLC

Address: 100 Route 206 North

City: Peapack State: NJ Zip: 07977

I hereby authorize the New Jersey Department of Health to furnish to the Nevada State Board of Pharmacy the information requested below.

Signature of Applicant [signature] SIGN HERE

Refer to the attached on-line license verification from the NJ Department of Health

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? ☐ Yes ☐ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☐ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☐ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

POWER OF ATTORNEY

Greenstone LLC ("Greenstone"), acting through its authorized officer named below, hereby appoints Ms. Deneen Fumich, Greenstone's true and lawful attorney-in-fact for the limited purpose of executing and submitting state licensing applications and Puerto Rico product registrations.

The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

This Power of Attorney shall be effective immediately and remain in full force and effect until the earlier of:

- It is revoked or cancelled by Company; or
- the attorney-in-fact's is no longer an employee of the Company or of the Company affiliates.

IN WITNESS WHEREOF, the Company has caused this Power of Attorney to be executed as of this 21st day of April 2021.

Signature: _____

Kevin Macikowski, Assistant Secretary

Commonwealth of Pennsylvania
County of Washington

On this, the 21st day of April 2021, before me a notary public, the undersigned officer, personally appeared Kevin Macikowski, who is known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes stated therein.

In witness whereof, I hereunto set my hand and official stamp.

_____

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Katy Murson, Notary Public
Washington County
My Commission Expires Nov 16, 2023
Commission Number 1294676

D386D97A-6F1C-4683-B49B-C5D3BCD930CC --- 2021/04/21 05:59:54 -8:00 --- Remote Notary

docVerify

POA - DF_ 002.docx

DocVerify ID:	D386D97A-6F1C-4683-B49B-C5D3BCD930CC
Created:	April 21, 2021 05:59:54 -8:00
Pages:	2
Remote Notary:	Yes / State: PA

This document is a DocVerify VeriVaulted protected version of the document named above It was created by a notary or on the behalf of a notary, and it is also a DocVerify E-Sign document, which means this document was created for the purposes of Electronic Signatures and/or Electronic Notary Tampered or altered documents can be easily verified and validated with the DocVerify veriCheck system This remote online notarization involved the use of communication technology

Go to www.docverify.com at any time to verify or validate the authenticity and integrity of this or any other DocVerify VeriVaulted document

E-Signature Summary

E-Signature 1: Kevin Macikowski (KM)
April 21, 2021 06:21:22 -8:00 [1F9403EE1148] [173.75.21.216]
Kevin.Macikowski@viatris.com (Principal) (Personally Known)

E-Signature Notary: Katy Murson (KM)
April 21, 2021 06:21:22 -8:00 [27D39D678E6C] [138.207.135.253]
katy.murson@viatris.com
I, Katy Murson, did witness the participants named above electronically sign this document.

DocVerify documents cannot be altered or tampered with in any way once they are protected by the DocVerify VeriVault System Best viewed with Adobe Reader or Adobe Acrobat All visible electronic signatures contained in this document are symbolic representations of the persons signature, and not intended to be an accurate depiction of the persons actual signature as defined by various Acts and/or Laws

Acknowledgement

I, Deneen Fumich, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature. I hereby accept this appointment for the limited purposes set forth therein.

Deneen Fumich

West Virginia
County of Monongalia

On this, the 23rd day of April 2021, before me a notary public, the undersigned officer, personally appeared Deneen Fumich, known to me (or satisfactorily proven) to be the person whose above name is subscribed to the within instrument, and acknowledged that she executed the same for the purposed stated therein contained.

In witness whereof, I hereunto set my hand and official stamp.

Amy Marie Kidder
Notary Public

Official Seal
Notary Public, State Of West Virginia
Amy Marie Kidder
Mylan Pharmaceuticals Inc
781 Chestnut Ridge Road
Morgantown WV 26505
My commission expires March 13, 2023

D386D97A-6F1C-4683-B49B-C5D3BCD930CC --- 2021/04/21 05:58:54 -8:00 --- Remote Notary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREENSTONE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

2282326 8300

SR# 20212019781

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

Authentication: 203275406

Date: 05-24-21

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0303278	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	02-08-2021

PFIZER INC.
1855 SHELBY OAKS DR N
MEMPHIS, TN 381347444

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0303278	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	02-08-2021

PFIZER INC.
1855 SHELBY OAKS DR N
MEMPHIS, TN 381347444

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0511623	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	02-10-2021

PFIZER INC.
10501 80TH AVE
PLEASANT PRAIRIE, WI 531582905

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0511623	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	02-10-2021

PFIZER INC.
10501 80TH AVE
PLEASANT PRAIRIE, WI 531582905

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

VIATRIS™

Greenstone LLC
100 Route 206 North
Peapack, NJ 07977
Phone: 908-901-8783

Greenstone LLC is a limited liability company organized under the laws of the State of Delaware and is member managed with appointed officers as follows.

LLC Managers

John Miraglia * 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800	**Alan Weiner** 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800

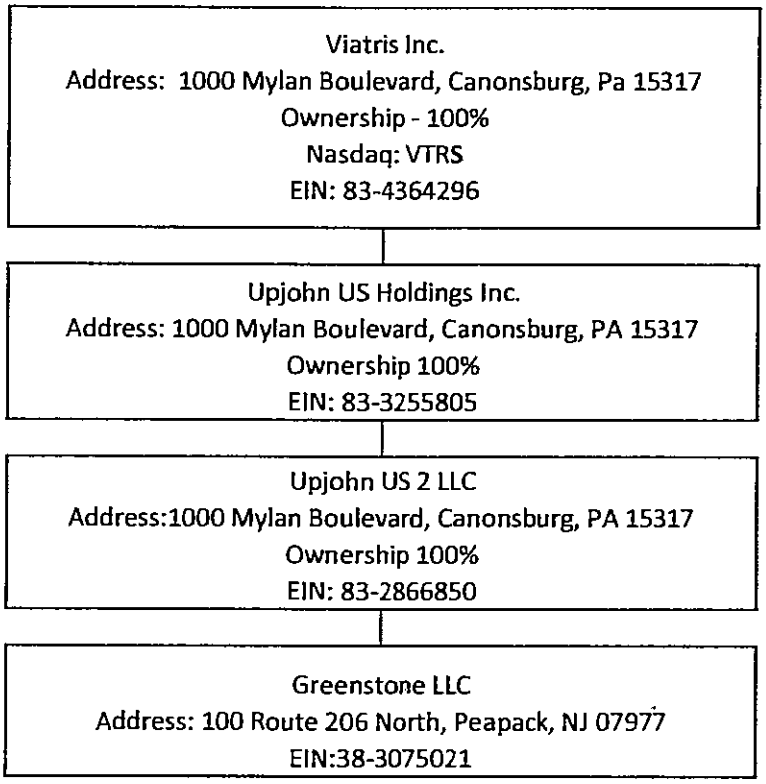
Appointed Officers

Treasurer **John Miraglia** * 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800	
Secretary **Thomas Salus** * 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800	

Employee List

Jerod Ford* - FM
Head of US Supply Chain
Office 908-901-8334
Cell [redacted]

GREENSTONE LLC ORG STRUCTURE



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019078826

Application/License No. _____

Greenstone LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Route 206 North, Peapack, NJ 07977 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 24, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 25th day of May, 2021.

APPLICANT/PRINCIPAL

COMPANY
Greenstone LLC

By: _____
Authorized Representative

SURETY

Liberty Mutual Insurance Company

By: _____
Surety Company's Representative

Karen L. Roider, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

n/a
Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Karen L. Roider

all of the city of St. Louis, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 25th day of May 2021

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

POWER OF ATTORNEY

Greenstone LLC ("Greenstone"), acting through its authorized officer named below, hereby appoints Ms. Deneen Fumich, Greenstone's true and lawful attorney-in-fact for the limited purpose of executing and submitting state licensing applications and Puerto Rico product registrations.

The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

This Power of Attorney shall be effective immediately and remain in full force and effect until the earlier of:

- It is revoked or cancelled by Company; or
- the attorney-in-fact's is no longer an employee of the Company or of the Company affiliates.

IN WITNESS WHEREOF, the Company has caused this Power of Attorney to be executed as of this 21st day of April 2021.

Signature: _____

Kevin Macikowski, Assistant Secretary

Commonwealth of Pennsylvania
County of Washington

On this, the 21st day of April 2021, before me a notary public, the undersigned officer, personally appeared Kevin Macikowski, who is known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes stated therein.

In witness whereof, I hereunto set my hand and official stamp.

_____
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Katy Murson, Notary Public
Washington County
My Commission Expires Nov 16, 2023
Commission Number 1294676

D386D97A-6F1C-4683-B49B-C5D3BCD930CC --- 2021/04/21 05:59:54 -8:00 --- Remote Notary

Acknowledgement

I, Deneen Fumich, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature. I hereby accept this appointment for the limited purposes set forth therein.

Deneen Fumich

West Virginia
County of Monongalia

On this, the 23rd day of April 2021, before me a notary public, the undersigned officer, personally appeared Deneen Fumich, known to me (or satisfactorily proven) to be the person whose above name is subscribed to the within instrument, and acknowledged that she executed the same for the purposed stated therein contained.

In witness whereof, I hereunto set my hand and official stamp.

Amy Marie Kidder
Notary Public

D386D97A-6F1C-4683-B49B-C5D3BCD930CC -- 2021/04/21 05:59:54 -8:00 -- Remote Notary

docVerify

POA - DF_ 002.docx

DocVerify ID:	D386D97A-6F1C-4683-B49B-C5D3BCD930CC
Created:	April 21, 2021 05:59:54 -8:00
Pages:	2
Remote Notary:	Yes / State: PA

This document is a DocVerify VeriVaulted protected version of the document named above. It was created by a notary or on the behalf of a notary, and it is also a DocVerify E-Sign document, which means this document was created for the purposes of Electronic Signatures and/or Electronic Notary. Tampered or altered documents can be easily verified and validated with the DocVerify veriCheck system. This remote online notarization involved the use of communication technology.

Go to www.docverify.com at any time to verify or validate the authenticity and integrity of this or any other DocVerify VeriVaulted document.

E-Signature Summary

E-Signature 1: Kevin Macikowski (KM)
April 21, 2021 06:21:22 -8:00 [1F9403EE1148] [173.75.21.216]
Kevin.Macikowski@viatris.com (Principal) (Personally Known)

E-Signature Notary: Katy Murson (KM)
April 21, 2021 06:21:22 -8:00 [27D39D678E6C] [138.207.135.253]
katy.murson@viatris.com
I, Katy Murson, did witness the participants named above electronically sign this document.

DocVerify documents cannot be altered or tampered with in any way once they are protected by the DocVerify VeriVault System. Best viewed with Adobe Reader or Adobe Acrobat. All visible electronic signatures contained in this document are symbolic representations of the person's signature, and not intended to be an accurate depiction of the persons actual signature as defined by various Acts and/or Laws.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019078826

Application/License No. _____

Greenstone LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Route 206 North, Peapack, NJ 07977 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 24, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 25th day of May, 2021.

APPLICANT/PRINCIPAL

COMPANY
Greenstone LLC

By: _____
Authorized Representative

SURETY

Liberty Mutual Insurance Company

By: _____
Surety Company's Representative

Karen L. Roider, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

n/a
Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Karen L. Roider

all of the city of St. Louis, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 25th day of May, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

POWER OF ATTORNEY

Greenstone LLC ("Greenstone"), acting through its authorized officer named below, hereby appoints Ms. Deneen Fumich, Greenstone's true and lawful attorney-in-fact for the limited purpose of executing and submitting state licensing applications and Puerto Rico product registrations.

The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

This Power of Attorney shall be effective immediately and remain in full force and effect until the earlier of:

- It is revoked or cancelled by Company; or
- the attorney-in-fact's is no longer an employee of the Company or of the Company affiliates.

IN WITNESS WHEREOF, the Company has caused this Power of Attorney to be executed as of this 21st day of April 2021.

Signature: _____

Kevin Macikowski, Assistant Secretary

Commonwealth of Pennsylvania
County of Washington

On this, the 21st day of April 2021, before me a notary public, the undersigned officer, personally appeared Kevin Macikowski, who is known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes stated therein.

In witness whereof, I hereunto set my hand and official stamp.

_____
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Katy Murson, Notary Public
Washington County
My Commission Expires Nov 16, 2023
Commission Number 1294676

D386D97A-6F1C-4883-B49B-C5D3BCD930CC — 2021.04.21 05:58:54 -8:00 — Remote Notary

Acknowledgement

I, Deneen Fumich, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature. I hereby accept this appointment for the limited purposes set forth therein.

Deneen Fumich

West Virginia
County of Monongalia

On this, the 23rd day of April 2021, before me a notary public, the undersigned officer, personally appeared Deneen Fumich, known to me (or satisfactorily proven) to be the person whose above name is subscribed to the within instrument, and acknowledged that she executed the same for the purposed stated therein contained.

In witness whereof, I hereunto set my hand and official stamp.

Amy Marie Kidder
Notary Public

Official Seal
Notary Public, State Of West Virginia
Amy Marie Kidder
Mylan Pharmaceuticals Inc
781 Chestnut Ridge Road
Morgantown WV 26505
My commission expires March 13, 2023

D385D97A-6F1C-4683-B49B-C5D3BCD930CC --- 2021/04/21 05:58:54 -8:00 --- Remote Notary

docVerify

POA - DF_ 002.docx

DocVerify ID:	D386D97A-6F1C-4683-B49B-C5D3BCD930CC
Created:	April 21, 2021 05:59:54 -8:00
Pages:	2
Remote Notary:	Yes / State: PA

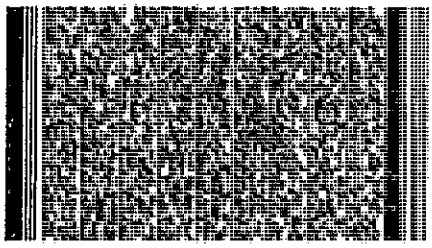
This document is a DocVerify VeriVaulted protected version of the document named above It was created by a notary or on the behalf of a notary, and it is also a DocVerify E-Sign document, which means this document was created for the purposes of Electronic Signatures and/or Electronic Notary Tampered or altered documents can be easily verified and validated with the DocVerify veriCheck system This remote online notarization involved the use of communication technology

Go to www.docverify.com at any time to verify or validate the authenticity and integrity of this or any other DocVerify VeriVaulted document

E-Signature Summary

E-Signature 1: Kevin Macikowski (KM)
April 21, 2021 06:21:22 -8:00 [1F9403EE1148] [173.75.21.216]
Kevin.Macikowski@viatris.com (Principal) (Personally Known)

E-Signature Notary: Katy Murson (KM)
April 21, 2021 06:21:22 -8:00 [27D39D678E6C] [138.207.135.253]
katy.murson@viatris.com
I, Katy Murson, did witness the participants named above electronically sign this document.



DocVerify documents cannot be altered or tampered with in any way once they are protected by the DocVerify VeriVault System Best viewed with Adobe Reader or Adobe Acrobat. All visible electronic signatures contained in this document are symbolic representations of the persons signature, and not intended to be an accurate depiction of the persons actual signature as defined by various Acts and/or Laws.

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Greenstone LLC

Physical Address 100 Route 206 North

City Peapack State NJ Zip 07977

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 908-901-8783 Website www.greenstonellc.com

Licensing Company Email Jerod.Ford@viatris.com

Section 2: Personal Information

First Jerod Middle Clark Last Ford

Alias(es, nicknames, name changes, etc.) N/A

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

Mailing Address [redacted] Mountainview Drive

City Andover State NJ Zip 07821

Telephone [redacted] Email Jerod.Ford@viatris.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name			From - To (MM/YY – MM/YY)
Newton High School			09/82-06/86
Address	**City**	**State**	**Zip**
55 Ryerson Avenue	Newton	NJ	07860
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Penn State University			09/86-12/90
Address	**City**	**State**	**Zip**
	University Park	PA	16801
Diploma/Degree obtained, if any			
BS - Business Logistics			

School Name			From - To (MM/YY – MM/YY)
Brenau University			01/95-05/97
Address	**City**	**State**	**Zip**
500 Washington St SE	Gainesville	GA	30501
Diploma/Degree obtained, if any			
Masters Business Administration			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2004-present	[redacted]Mountainview Drive	Andover	NJ	07821
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Greenstone LLC			
Business Address	**City**	**State**	**Zip**
100 Route 206 North	Peapack	NJ	07977
Phone	**Title**		**Number of Employed Hours**
908-901-8783	Head of Supply Chain - US		
Description of Duties			

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

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

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

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

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

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

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

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

Applicant's initials _____

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/15/2021
Date

Applicant's initials

I, Jerod Ford, **certify that as the designated representative for**

Greenstone LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jerod Ford

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/15/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jerod Ford

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/15/2021

Date

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

State of New Jersey, ss. County of Sussex

I, Jerod Ford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/15/2021

Date

Subscribed and Sworn to before me this 15 day of June 2021

Melissa Compton

Notary Public Signature

MELISSA COMPTON
Notary Public of New Jersey
Commission ID# 2454979
Commission Expires 05/19/2026

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

IMS Health & Quintiles are now
IQVIA™

June 29, 2021

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

Dear Ladies and Gentlemen:

Enclosed, you will find a Designated Representative application Greenstone LLC located at 100 Route 206 North, Peapack, NJ 07977

If you have any questions regarding this application or its attachments, please contact via email Nayif.salah@iqvia.com

Thank you for your time and assistance in this matter.

Sincerely,

Nayif Salah
State Services

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Greenstone LLC

Physical Address 100 Route 206 North

City Peapack State NJ Zip 07977

Mailing Address (if different from physical address) Viatris, c/o Marie Kidder, Reg Affs, 3711 Collins Ferry Road

City Morgantown State WV Zip 26505

Telephone 908-901-8783 Website www.viatris.com

Licensing Company Email marie.kidder@viatris.com

Section 2: Personal Information

First John Middle V. Last Miraglia

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

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

Mailing Address [redacted] Diamond Ct

City Pittsburgh State PA Zip 15241

Telephone [redacted] Email john.miraglia@viatris.com

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

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

Date of Service: From: N/A to: N/A

Military Occupation/Specialty

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

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

Applicant's initials JM

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

School Name		From - To (MM/YY – MM/YY)	
DARTMOUTH COLLEGE - TUCK SCHOOL OF BUSINESS		08/00 - 6/02	
Address	City	State	Zip
	HANOVER	NH	03755
Diploma/Degree obtained, if any: MBA			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MARYLAND		To May 1996	
Address	City	State	Zip
	COLLEGE PARK	MD	
Diploma/Degree obtained, if any: B.S. ACCOUNTING			

School Name		From - To (MM/YY – MM/YY)	
ROCKVILLE HIGH SCHOOL		To June 1992	
Address	City	State	Zip
	ROCKVILLE	MD	
Diploma/Degree obtained, if any: H.S. DIPLOMA			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/19 - Present	[redacted] DIAMOND CT	Pittsburgh	PA	1524
03/17 - 03/19	2645 RAILROAD ST APT 388	Pittsburgh	PA	15222
01/16 - 03/17	1421 DIAMOND CT	Pittsburgh	PA	15241
07/15 - 01/16	2510 Boyce Plaza Rd Apt 104	Pittsburgh	PA	15241
07/13 - 07/15	30 QUINN Rd	Briarcliff Manor	NY	10510
06/10 - 07/13	400 W 63rd St Apt 707	New York	NY	10069
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name: Viatris Inc (Formerly Mylan NV formerly Mylan Inc)			From - To (MM/YY – MM/YY): 03/10-Present
Business Address: 1000 Mylan Blvd	City: Canonsburg	State: PA	Zip: 15317
Phone	Title: Treasurer		
Description of Duties: Treasury Services (Finance)			

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

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

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

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

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # 6+8. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

SEE ATTACHED

Original Signature (electronic, copies or stamps not accepted)

7/6/21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Miraglia

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/6/21

Date

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

State of West Virginia, ss. County of Monongalia

I, John Miraglia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/6/21

Date

Subscribed and Sworn to before me this 6th day of July 2021.

Deneen Fumich

Notary Public Signature

DENEEN FUMICH
Notary Public Official Seal
State of West Virginia
My Comm. Expires Sep 8, 2023
Mylan Pharmaceuticals Inc.
781 Chestnut Ridge Road Morgantown WV 26505-4310

(Seal)

Applicant's initials

Mylan®
Pharmaceuticals

781 Chestnut Ridge Road
Morgantown, WV 26505 USA
Phone 304.599.2595
Web www.mylan.com

A an officers of Greenstone LLC, I am also an officer of Mylan Pharmaceuticals Inc. I was not personally involved but the below has been provided by Mylan Pharmaceuticals Inc. in response to Section 8, questions 6 and 8.

On February 5, 2009, Mylan Pharmaceuticals Inc. ("Mylan") entered into a Stipulation and Final Agency Order with the Colorado Board of Pharmacy whereby Mylan agreed to pay a fine of $5,000.00 plus a $750.00 surcharge in connection with Mylan's distribution of prescription drugs into the State of Colorado without a Colorado Out-of-State Wholesaler License. Mylan did not previously register as an Out-of-State Wholesaler in Colorado because Mylan believed, in good faith, that as an FDA-registered prescription drug manufacturer, Mylan was subject to the statutory exemption for manufacturers provided in Colorado's Wholesaler Licensing Requirement Statute, C.R.S.§ 12-22-802(1).

On January 15, 2009, Mylan submitted an Out-of-State Wholesaler application to the Colorado Board of Pharmacy, which was initially denied as a result of the activity described above. Upon execution of the Stipulation and Final Agency Order, the Colorado Board of Pharmacy granted Mylan's Out-of-State Wholesaler application and fully resolved the above referenced matter.

STATE OF COLORADO

STATE BOARD OF PHARMACY
Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
Phone (303) 894-7800
Fax (303) 894-7692
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies
D. Rico Munn
Executive Director

Division of Registrations
Rosemary McCool
Director

Bill Ritter, Jr.
Governor

February 12, 2009

Silver & DeBoskey
Attn: Victoria E. Lovato, Esq.
1801 York Street
Denver, CO 80206

Via hand-pick up on 2/12/09

RE: Mylan Pharmaceuticals, Inc., WHO #7482
Case #2009-2544

Dear Ms. Lovato:

The Stipulation and Final Agency Order you requested on the above licensee or registrant is attached. This Stipulation and Final Agency Order became effective on the date signed.

☒ The licensee successfully completed the terms of this Stipulation and Final Agency Order.

☐ The licensee has not yet completed the terms of the Stipulation and Final Agency Order as of this date. The licensee is considered to be in compliance with the document's terms until such time as any subsequent action would become final.

If you wish information in addition to what is contained in the Final Agency Order, you may request an appointment to review the licensee file or you may place specific questions in writing to the Board for its response.

FOR THE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst

enclosure

G:\Healthcare\Pharmacy\JOHNSON\Discipline Certification and Attachments\FY 2009\stip fao request letter.doc

STATE OF COLORADO

STATE BOARD OF PHARMACY
Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
Phone (303) 894-7800
Fax (303) 894-7692
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies
. D. Rico Munn
Executive Director

Division of Registrations
Rosemary McCool
Director

Bill Ritter, Jr.
Governor

February 12, 2009

Silver & DeBoskey
Attn: Victoria E. Lovato, Esq.
1801 York Street
Denver, CO 80206

Via hand pick-up on 2/12/09

RE: Mylan Pharmaceuticals, Inc., WHO 7482
Case #2009-2544

Certification

Dear Ms. Lovato:

As the official custodian of the records of the Colorado State Board of Pharmacy, I hereby certify that the attached are true copies of the original records on file with the State of Colorado.

FOR THE COLORADO BOARD OF PHARMACY

Wendy Anderson
Program Director

ATTACHMENTS

G:\Healthcare\Pharmacy\JOHNSON\Discipline Certification and Attachments\FY 2009\Certification of Records Affadavit.doc

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2009-2544

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF **MYLAN PHARMACEUTICALS, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Mylan Pharmaceuticals ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2009-2544 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. On December 1, 2008, Wholesaler Applicant distributed prescription drugs to into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.

4. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

* * *

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-22-803, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rulemaking by the board.

* * *

5. On January 15, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

6. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration;
$5,000.00 Fine and Terms

7. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

8. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of Five Thousand, Seven Hundred Fifty Dollars and No Cents ($5,750.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.

9. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

10. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Thomas Mark Ramsey — Dated: 02/05/09

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Thomas Mark Ramsey, in his/her capacity as an authorized agent of Mylan Pharmaceuticals Inc., before me in the County of Monongalia, State of West Virginia this 5th day of February, 2009.

Official Seal
Notary Public, State of West Virginia
Deneen Furnich
Mylan Pharmaceuticals Inc.
781 Chestnut Ridge Rd
Morgantown, WV 26505-4310
My commission expires September 8, 2018

Deneen M. Furnich
Notary Public

My commission expires: September 8, 2018

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 5th day of February, 2009.

State Board of Pharmacy

BY: _____
Wendy Anderson
Program Director

APPROVED AS TO FORM

Attorneys for Respondent:
Silver & DeBoskey

_____
Vicki Lovato, Esq.

1801 York Street
Denver, CO 80206
Telephone: (303) 399 – 3000
Fax: (303) 399 – 2650

*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of February 2009, addressed as follows:

Mylan Pharmaceuticals, Inc.
Attn: Designated Representative
2896 Manufacturers Road
Greensboro, NC 27406

Mylan Pharmaceuticals, Inc.
Marcie McClintic Coates, Esq.
Associate Regulatory Counsel
781 Chestnut Ridge Road
Morgantown, WV 26505

SILVER & DEBOSKEY
Attn: Vicki Lovato, Esq.
1801 York St.
Denver, CO 80206

Y

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Greenstone LLC

Physical Address 100 Route 206 North

City Peapack State NJ Zip 07977

Mailing Address (if different from physical address) Viatris, c/o Marie Kidder, Reg Affs, 3711 Collins Ferry Road

City Morgantown State WV Zip 26505

Telephone 908-901-8783 Website www.viatris.com

Licensing Company Email marie.kidder@viatris.com

Section 2: Personal Information

First Thomas Middle D. Last Salus

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

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

Mailing Address [redacted] Whispering Heights Lane

City Venetia State PA Zip 15367

Telephone [redacted] Email ~~tom.salus@viatris.com~~ thomas.salus@viatris.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials TDS

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

School Name		City	State	Zip	From - To (MM/YY – MM/YY)
Boston College Law School		Newton Centre	MA		08/91 - 08/94
Diploma/Degree obtained, if any: Juris Doctor					
Bucknell University		Lewisburg	PA		08/87 - 06/91
Diploma/Degree obtained, if any: BS in Business Administration					
Lower Dauphin High School		Hummelstown	PA		08/83 - 06/87
Diploma/Degree obtained, if any: HS Diploma					

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/84 - Present	[redacted] Whispering Hemlock Lane	Venetia	PA	15367
06/07 - 06/14	519 Bv Honwood Drive	Downingtown	PA	19335

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

Business Name: Mylan Inc.			From - To (MM/YY – MM/YY): 03/14 - Present
Business Address: 1000 Mylan Boulevard	City: Canonsburg	State: PA	Zip:
Phone:	Title: Deputy Global General Counsel		
Description of Duties: In-house Corporate Lawyer			

Business Name: VWR International			From - To (MM/YY – MM/YY): 12/07 – 03/14
Business Address:	City: Radnor	State: PA	Zip:
Phone:	Title: Vice President		
Description of Duties: Business Development and Corporate Lawyer			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 6+8. Provide all the following *where applicable*: See Attached

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

7/2/2021

Date

Applicant's initials TPS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Salus

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/2/2021

Date

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

State of West Virginia, ss. County of Monongalia

I, Thomas Salus, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/2/2021

Date

Subscribed and Sworn to before me this 2nd day of July, 2021

Deneen Fumich

Notary Public Signature

DENEEN FUMICH
Notary Public Official Seal
State of West Virginia
My Comm. Expires Sep 8, 2023
Mylan Pharmaceuticals Inc.
781 Chestnut Ridge Road Morgantown WV 26505-4310

(Seal)

Applicant's initials TDS

Mylan®
Pharmaceuticals

781 Chestnut Ridge Road
Morgantown, WV 26505 USA
Phone 304.599.2595
Web www.mylan.com

A an officers of Greenstone LLC, I am also an officer of Mylan Pharmaceuticals Inc. I was not personally involved but the below has been provided by Mylan Pharmaceuticals Inc. in response to Section 8, questions 6 and 8.

On February 5, 2009, Mylan Pharmaceuticals Inc. ("Mylan") entered into a Stipulation and Final Agency Order with the Colorado Board of Pharmacy whereby Mylan agreed to pay a fine of $5,000.00 plus a $750.00 surcharge in connection with Mylan's distribution of prescription drugs into the State of Colorado without a Colorado Out-of-State Wholesaler License. Mylan did not previously register as an Out-of-State Wholesaler in Colorado because Mylan believed, in good faith, that as an FDA-registered prescription drug manufacturer, Mylan was subject to the statutory exemption for manufacturers provided in Colorado's Wholesaler Licensing Requirement Statute, C.R.S.§ 12-22-802(1).

On January 15, 2009, Mylan submitted an Out-of-State Wholesaler application to the Colorado Board of Pharmacy, which was initially denied as a result of the activity described above. Upon execution of the Stipulation and Final Agency Order, the Colorado Board of Pharmacy granted Mylan's Out-of-State Wholesaler application and fully resolved the above referenced matter.

STATE OF COLORADO

STATE BOARD OF PHARMACY
Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
Phone (303) 894-7800
Fax (303) 894-7692
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies
D. Rico Munn
Executive Director

Division of Registrations
Rosemary McCool
Director

Bill Ritter, Jr.
Governor

February 12, 2009

Silver & DeBoskey
Attn: Victoria E. Lovato, Esq.
1801 York Street
Denver, CO 80206

Via hand-pick up on 2/12/09

RE: Mylan Pharmaceuticals, Inc., WHO #7482
Case #2009-2544

Dear Ms. Lovato:

The Stipulation and Final Agency Order you requested on the above licensee or registrant is attached. This Stipulation and Final Agency Order became effective on the date signed.

☒ The licensee successfully completed the terms of this Stipulation and Final Agency Order.

☐ The licensee has not yet completed the terms of the Stipulation and Final Agency Order as of this date. The licensee is considered to be in compliance with the document's terms until such time as any subsequent action would become final.

If you wish information in addition to what is contained in the Final Agency Order, you may request an appointment to review the licensee file or you may place specific questions in writing to the Board for its response.

FOR THE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst

enclosure

G:\Healthcare\Pharmacy\JOHNSON\Discipline Certification and Attachments\FY 2009\stip fao request letter.doc

STATE OF COLORADO

STATE BOARD OF PHARMACY
Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
Phone (303) 894-7800
Fax (303) 894-7692
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies
. D. Rico Munn
Executive Director

Division of Registrations
Rosemary McCool
Director

Bill Ritter, Jr.
Governor

February 12, 2009

Silver & DeBoskey
Attn: Victoria E. Lovato, Esq.
1801 York Street
Denver, CO 80206

Via hand pick-up on 2/12/09

RE: Mylan Pharmaceuticals, Inc., WHO 7482
Case #2009-2544

Certification

Dear Ms. Lovato:

As the official custodian of the records of the Colorado State Board of Pharmacy, I hereby certify that the attached are true copies of the original records on file with the State of Colorado.

FOR THE COLORADO BOARD OF PHARMACY

Wendy Anderson
Program Director

ATTACHMENTS

G:\Healthcare\Pharmacy\JOHNSON\Discipline Certification and Attachments\FY 2009\Certification of Records Affadavit.doc

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2009-2544

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF **MYLAN PHARMACEUTICALS, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Mylan Pharmaceuticals ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2009-2544 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. On December 1, 2008, Wholesaler Applicant distributed prescription drugs to into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.

4. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

* * *

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-22-803, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rulemaking by the board.

* * *

5. On January 15, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

6. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

Conditional Registration;
$5,000.00 Fine and Terms

7. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

8. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of Five Thousand, Seven Hundred Fifty Dollars and No Cents ($5,750.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.

9. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

10. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Thomas Mark Ramsey Dated: 02/05/09

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Thomas Mark Ramsey, in his/her capacity as an authorized agent of Mylan Pharmaceuticals Inc., before me in the County of Monongalia, State of West Virginia this 5th day of February, 2009.

Official Seal
Notary Public, State of West Virginia
Deneen Furnich
Mylan Pharmaceuticals Inc.
781 Chestnut Ridge Rd
Morgantown, WV 26505-4310
My commission expires September 8, 2018

Deneen M. Furnich
Notary Public

My commission expires: September 8, 2018

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 5th day of February, 2009.

State Board of Pharmacy

BY: _____
Wendy Anderson
Program Director

APPROVED AS TO FORM

Attorneys for Respondent:
Silver & DeBoskey

_____
Vicki Lovato, Esq.

1801 York Street
Denver, CO 80206
Telephone: (303) 399 – 3000
Fax: (303) 399 – 2650

*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 5th day of February 2009, addressed as follows:

Mylan Pharmaceuticals, Inc.
Attn: Designated Representative
2896 Manufacturers Road
Greensboro, NC 27406

Mylan Pharmaceuticals, Inc.
Marcie McClintic Coates, Esq.
Associate Regulatory Counsel
781 Chestnut Ridge Road
Morgantown, WV 26505

SILVER & DEBOSKEY
Attn: Vicki Lovato, Esq.
1801 York St.
Denver, CO 80206

Alabama Permit Reinstatement

Date Received
Office Use Only

Company Name: Greenstone, LLC	Permit Number: 195835

1. Complete the appropriate attached application with all required documents. Please read the directions carefully and be sure provide all documents requested.

2. Complete the attached Renewal Statement. This statement must be signed and notarized.

3. Submit all required information at one time in a packet with this form as your cover page.

4. **The fees listed on the application do not apply for this reinstatement. Below I have provided a breakdown of the total amount that should be submitted with this application.**

   Your permit expired **12/31/2020**

Year	Renewal Fee	Controlled Substance Fee	Late Fee
2021	$500	$0	$700*

***(if received at ALBOP office by 7/31/2021, if later add $100 for each additional month)**

Total fee to be submitted: $1,200

Once the reinstatement is reviewed and approved your permit will be issued with an expiration date of 12/31/2021.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K

☑ **Annual Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**
For the Fiscal Year Ended December 31, 2020

OR

☐ **Transition Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**
For the transition period from to .

Commission file number 001-39695

VIATRIS INC.

(Exact name of registrant as specified in its charter)

Delaware	**83-4364296**
(State or other jurisdiction of incorporation or organization)	*(I.R.S. Employer Identification No.)*

1000 Mylan Boulevard, Canonsburg, Pennsylvania, 15317
(Address of principal executive offices)(Zip Code)

(724) 514-1800
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class:	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered:**
Common Stock, par value $0.01 per share	VTRS	The NASDAQ Stock Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☑

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☑	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

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

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of June 26, 2020, the last business day of the registrant's most recently completed second fiscal quarter: No established public trading market for the registrant's common stock as of such date.

The number of shares of common stock outstanding, par value $0.01 per share, of the registrant as of February 22, 2021 was 1,207,082,624.

INCORPORATED BY REFERENCE

Document	**Part of Form 10-K into Which Document is Incorporated**
An amendment to this Form 10-K will he filed no later than 120 days after the close of registrant's fiscal year.	III

PART I

ITEM 1. Business

About Viatris

Viatris is a global healthcare company formed in November 2020 through the combination of Mylan and the Upjohn Business whose mission is to empower people worldwide to live healthier at every stage of life. By integrating the strengths of these two businesses, including our global workforce of approximately 45,000 employees and contractors, Viatris aims to deliver increased access to affordable, quality medicines for patients worldwide regardless of geography or circumstance. Viatris brings together industry leading commercial, R&D, regulatory, manufacturing, legal and medical expertise complemented by a strong commitment to quality and unparalleled geographic footprint to deliver high-quality medicines to patients in more than 165 countries and territories. Viatris' portfolio comprises more than 1,400 approved molecules across a wide range of key therapeutic areas, including globally recognized iconic and key brands, generic, complex generic and biosimilars. Viatris operates approximately 50 manufacturing sites worldwide that produce oral solid doses, injectables, complex dosage forms and APIs. Viatris is headquartered in the U.S., with global centers in Pittsburgh, Pennsylvania, Shanghai, China and Hyderabad, India.

On November 16, 2020, Viatris, formerly known as Upjohn, Mylan and Pfizer consummated the combination of Mylan with the Upjohn Business through a Reverse Morris Trust transaction. In accordance with the terms and conditions of the BCA and SDA, (1) Pfizer contributed the Upjohn Business to Viatris (the "Contribution"), so that the Upjohn Business was separated from the remainder of Pfizer's businesses (the "Separation"), (2) following the Separation, Pfizer distributed, on a pro rata basis (based on the number of shares of Pfizer common stock held by holders of Pfizer common stock as of the record date of November 13, 2020 (the "Record Date")), all of the shares of Viatris common stock held by Pfizer to Pfizer stockholders as of the Record Date (the "Distribution"), and (3) immediately following the Distribution, Viatris and Mylan engaged in a strategic business combination transaction (the "Combination" or the "Upjohn Combination"). In addition, pursuant to the SDA and immediately prior to the Distribution, Viatris made a cash payment to Pfizer equal to $12 billion as partial consideration for the Contribution. As a result of the Combination, Viatris holds the combined Upjohn Business and Mylan business. Upon completion of the Distribution and the Combination, holders of Pfizer's common stock as of the Record Date owned approximately 57% of the outstanding shares of Viatris common stock, and former Mylan shareholders owned approximately 43% of the outstanding shares of Viatris common stock, in each case on a fully diluted, as-converted and as-exercised basis. In connection with the Combination, on November 16, 2020, Mylan merged with and into Mylan II B.V., a company incorporated under the laws of the Netherlands and an indirect wholly owned subsidiary of Viatris, pursuant to and in accordance with the BCA. As a result of such merger, Mylan ceased to exist as a separate legal entity. In accordance with *ASC 805, Business Combinations*, Mylan is considered the accounting acquirer of the Upjohn Business and all historical financial information of the Company prior to November 16, 2020 represents Mylan's historical results and the Company's thereafter.

Prior to the Separation, the legacy Upjohn Business historically received support services from Pfizer. In connection with the Separation and Combination, Viatris entered into several agreements with Pfizer or its subsidiaries, including among others, transition services and the manufacturing and supply agreements, which in general provide for the performance of certain services or obligations by each of Pfizer and Viatris for the benefit of each other for initial transitional periods following the Combination. Following the transitional periods or upon Viatris' exit of the services prior to expiry of such periods, Viatris will need to absorb, replicate or outsource from other providers certain facilities, systems, infrastructure, and personnel to which it no longer has access under the transitional agreements. For additional information, see "Risk Factors – *Viatris could incur operational difficulties or losses if we are unable to obtain the same types and level of services and resources that historically have been provided to the legacy Upjohn Business by Pfizer, if Pfizer is unable to perform under the agreements entered into as part of the Combination or if we are required to make payments to Pfizer pursuant to indemnities agreed to as part of the Combination.*"

Unless otherwise indicated, industry data included in this Item 1 are sourced from IQVIA Holdings Inc. and are for the twelve months ended November 2020. Viatris product and other company data included in this Item 1 are from internal sources and are as of November 30, 2020 and do not reflect the impact of the global restructuring program.

Organization

Upjohn was incorporated in Delaware on February 14, 2019 as a wholly-owned subsidiary of Pfizer to operate the Upjohn Business. Effective as of November 16, 2020, Upjohn changed its name to "Viatris Inc." and became the parent entity of the combined Upjohn Business and Mylan business.

Exhibit 21

Subsidiaries as of December 31, 2020

Name	State or Country of Organization
Agila Australasia Pty Ltd	Australia
Alphapharm Pty. Ltd.	Australia
Mylan Australia Holding Pty Ltd	Australia
Mylan Australia Pty Limited	Australia
Mylan Health Pty. Ltd.	Australia
Upjohn Australia Pty Ltd	Australia
Arcana Arzneimittel GmbH	Austria
Mylan Österreich GmbH	Austria
MEDA Pharma N.V.	Belgium
Mylan BVBA	Belgium
Mylan EPD BVBA	Belgium
Pfizer Innovative Supply Point International BVBA	Belgium
Upjohn SRL	Belgium
Mylan Bermuda Ltd.	Bermuda
Mylan d.o.o.	Bosnia and Herzegovina
Mylan Brasil Distribuidora de Medicamentos Ltda	Brazil
Mylan Laboratórios Ltda	Brazil
Mylan EOOD	Bulgaria
BGP Pharma ULC	Canada
Meda Pharmaceuticals Ltd	Canada
Mylan Pharmaceuticals ULC	Canada
Upjohn Canada ULC	Canada
Medicine Meda Pharmaceutical Information Consultancy (Beijing) Co., Ltd.	China
Mylan Pharmaceutical Science and Technology (Shanghai) Co., Ltd.	China
Pfizer Pharmaceuticals Ltd.	China
Pfizer Upjohn Management Co., Ltd	China

Mylan Inc.	Pennsylvania
Synerx Pharma, LLC	Pennsylvania
Mylan Philippines Inc.	Philippines
PF OFG Philippines, Inc.	Philippines
Mylan EPD Sp. Z o.o.	Poland
Mylan Healthcare S.p. Z o.o.	Poland
BGP Products, Unipessoal, LDA	Portugal
Laboratorios Anova - Produtos Farmaceuticos, LDA	Portugal
Laboratorios Delta, S.A.	Portugal
Mylan EPD Lda.	Portugal
Mylan, Lda	Portugal
BGP Products S.r.l.	Romania
Mylan Pharma LLC	Russian Federation
Pfizer LLC	Russian Federation
Mylan Pharmaceuticals Pte. Ltd.	Singapore
Pfizer Asia Pacific Pte Ltd.	Singapore
Pfizer PFE Private Limited	Singapore
Pfizer PFE Singapore Pte. Ltd.	Singapore
BGP Products s.r.o.	Slovakia
Meda Pharma spol. s.r.o.	Slovakia
Mylan s.r.o.	Slovakia
Mylan Healthcare, farmacevtsko podjetje, d.o.o.	Slovenia
Meda Pharma South Africa (Pty) Limited	South Africa
Mylan (Proprietary) Limited	South Africa
Mylan Pharmaceuticals (Pty) Ltd.	South Africa
SCP Pharmaceuticals (Proprietary) Limited	South Africa
Xixia Pharmaceuticals (Proprietary) Limited	South Africa
Pfizer Upjohn Korea Limited	South Korea
Fundacion Mylan para la Salud	Spain
Laboratorios Parke Davis, S.L.U.	Spain

Viatris Pharmaceutical Co., Ltd.	China
Mylan Hrvatska d.o.o.	Croatia
Onco Laboratories Limited	Cyprus
MEDA Pharma s.r.o.	Czech Republic
MYLAN HEALTHCARE CZ s.r.o.	Czech Republic
Mylan Pharmaceuticals s.r.o.	Czech Republic
Acton Pharmaceuticals, Inc.	Delaware
Alaven Pharmaceutical LLC	Delaware
ALVP Holdings, LLC	Delaware
Delcor Asset Corporation	Delaware
Denco Asset, LLC	Delaware
Deogun Manufacturing, LLC	Delaware
Dey Limited Partner LLC	Delaware
Dey, Inc.	Delaware
EMD, Inc.	Delaware
Ezio Pharma, Inc.	Delaware
Franklin Pharmaceutical LLC	Delaware
G.D. Searle LLC	Delaware
Greenstone LLC	Delaware
Madaus Inc.	Delaware
Marquis Industrial Company, LLC	Delaware
Meda Pharmaceuticals Inc.	Delaware
Mylan API Inc.	Delaware
Mylan API US LLC	Delaware
Mylan Consumer Healthcare, Inc.	Delaware
Mylan D.T. (U.S.) Holdings, Inc.	Delaware
Mylan D.T. DPT Partner Sub, LLC	Delaware
Mylan D.T., Inc.	Delaware
Mylan Holdings Inc.	Delaware
Mylan Holdings I LLC	Delaware

Mylan Holdings II LLC	Delaware
Mylan Institutional LLC	Delaware
Mylan Investment Holdings 4 LLC	Delaware
Mylan Investment Holdings 5 LLC	Delaware
Mylan Investment Holdings 6 LLC	Delaware
Mylan LLC	Delaware
Mylan Securitization LLC	Delaware
Mylan Special Investments LLC	Delaware
Mylan Special Investments II, LLC	Delaware
Mylan Special Investments III, LLC	Delaware
Mylan Special Investments IV, LLC	Delaware
Mylan Special Investments V, LLC	Delaware
Mylan Special Investments VI, LLC	Delaware
Mylan Specialty L.P.	Delaware
Nimes Inc.	Delaware
PFE Wyeth Holdings LLC	Delaware
Pfizer Enterprises LLC	Delaware
Pfizer PFE US Holdings 4 LLC	Delaware
Pfizer PFE US Holdings 5 LLC	Delaware
Pfizer Pharmaceuticals LLC	Delaware
Powder Street, LLC	Delaware
Prestium Pharma, Inc.	Delaware
Somerset Pharmaceuticals, Inc.	Delaware
Upjohn US 1 LLC	Delaware
Upjohn US 2 LLC	Delaware
Upjohn US Employment Inc.	Delaware
Upjohn US Holdings Inc.	Delaware
Upjohn Worldwide Holdings Inc.	Delaware
Utah Acquisition Holdco Inc.	Delaware
Utah Acquisition Sub Inc.	Delaware

Wallace Pharmaceuticals Inc.	Delaware
MEDA A/S	Denmark
Mylan ApS	Denmark
Mylan Denmark ApS	Denmark
Pfizer Africa & Middle East for Pharmaceuticals, Veterinarian Products & Chemicals S.A.E.	Egypt
Pfizer Egypt S.A.E.	Egypt
Pfizer Middle East for Pharmaceuticals, Animal Health & Chemicals S.A.E.	Egypt
Agila Specialties Investments Limited	England & Wales
Generics (U.K.) Limited	England & Wales
Mylan Holdings Acquisition Limited	England & Wales
Mylan Holdings Acquisition 2 Limited	England & Wales
Mylan Holdings Ltd.	England & Wales
Mylan Pharma UK Limited	England & Wales
Mylan Products Limited	England & Wales
Mylan UK Healthcare Limited	England & Wales
Upjohn UK 2 Ltd.	England & Wales
Upjohn UK Limited	England & Wales
Meda Oy	Finland
Mylan Finland Oy	Finland
Mylan Oy	Finland
Laboratoires Madaus S.A.S.	France
Meda Holding S.A.S.	France
Meda Manufacturing S.A.S.	France
Meda Pharma S.A.S.	France
Mylan EMEA S.A.S.	France
Mylan Generics France Holding S.A.S.	France
Mylan Laboratories S.A.S.	France
Mylan Medical S.A.S.	France
Mylan S.A.S.	France
Pfizer PFE France	France

4K

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

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

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

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Next Science

Physical Address: 10550 Deerwood Park Blvd #300

City: Jacksonville State: Florida Zip: 32256

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 855-564-2762 Website: www.nextscience.com

Name of Designated Representative (DR): Jon Swanson

Licensing Company Email: regulatoryaffairs@nextscience.con DR Email: regulatoryaffairs@nextscience.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - Next Science distributes its own products
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A - Next Science distributes its own products
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A - Next Science distributes its own products
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A - Next Science distributes its own products
Address: N/A City: N/A State: N/A Zip: N/A

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Date of SEC Registration: N/A	SEC Registration Number: N/A	Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Next Science Limited
Corporation Name: Microbial Defense Holding Systems, Inc.
Mailing Address: 10550 Deerwood Park Blvd #300
City: Jacksonville State: Florida Zip: 32256
Telephone: 855-564-2762 Email: jswanson@nextscience.com
Contact Person Name: Jon Swanson

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A Surety bond form exempts Next Science based on ownership.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

5/18/2021 JON E. SWANSON

Print Name of Authorized Person Submitting Application

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

5/18/2021

Date

Board Use Only	Date Received: _____	Amount: 500 (CC)	✓ Processed 9/29/21

State of Florida
Department of State

I certify from the records of this office that NEXT SCIENCE, LLC is a limited liability company organized under the laws of the State of Florida, filed on October 6, 2008, effective October 5, 2008.

The document number of this limited liability company is L08000094240.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on January 17, 2021, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-second day of September, 2021

Secretary of State

Tracking Number: 0048928562CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
NEXT SCIENCE LLC
10550 DEERWOOD PARK BLVD STE 300
Jacksonville , FL 32256
Registration Number: 3012271775
FEI Number*: 3012271775
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
Next Science LLC[6]
10550 Deerwood Park Blvd Suite #300
Jacksonville, FL US 32256
Owner/Operator Number: 10051275[7]

Official Correspondent:
Susan Johnson
10550 Deerwood Park Blvd Suite #300
Jacksonville, FL 32256
Phone: 1-855-5642762

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

---

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051275&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051275&OwnerOperatc

Page Last Updated: 02/22/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of **Health & Human Services**

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051275&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10051275&OwnerOperatc

MEMORANDUM

DATE: May 6, 2021

TO: Nevada – Next Science Limited Officers and Directors

FROM: Alicia Bersey, Regulatory Affairs Associate

The following table lists all Next Science Limited Officers and Directors.

Judith Mitchell	Managing Director
Matthew Myntti, PhD	Chief Technology Officer
Dustin Haines	Chief Commercial Officer
Jon Swanson	Chief Operating Officer
Jacqueline Butler	Chief Financial Officer
Daniel Canon	VP. Operations
Susan Johnson	VP. Quality Assurance
Deon Strydom	VP. Marketing & Partnerships
Jason Breyo	VP. Surgical Sales
Chair	Professor Mark Compton AM
Non-Executive Director	Aileen Stockburger
Non-Executive Director	Bruce Hancox
Non-Executive Director	Dan Spira

MEMORANDUM

DATE: May 6, 2021

TO: Nevada – Next Science Limited Top 4 Shareholders

FROM: Alicia Bersey, Regulatory Affairs Associate

The following table lists the top 4 shareholders of Next Science Limited Officers and their percent of ownership.

Name	% of Issued Capital
Aukland Trust Company Ltd ATF Secord Pacific Master Superannuation Fund	28.85%
Walker Group Holdings Pty Limited	11.18%
Matthew Myntti	10.64%
HSBC Custody Nominees (Australia) Limited – A/C 2	3.24%

NEXT SCIENCE
LIST OF ALL EMPLOYEES
as of 05/03/2021

1 BAXTER, Joanne
2 BERSEY, Alicia
3 BOUNDS, Kayla
4 BREYO, Jason
5 CANON, Daniel
6 CORWINDELLWO, Madison
7 DAILEY, Ed
8 DILELLO, Sarah
9 FERGUS, Ivan
10 FOGELMAN, Les
11 GRAMBERGS, Richard
12 GUIDRY, Kate
13 HAINES, Dustin
14 HAWKLAND, Taylor
15 HUDGINS, Jeff
16 HUNTER, Topher
17 HUTSELL, Amanda
18 JOHNSON, Susan
19 KELLY, Brian
20 LAFORGIA, Chris
21 LANDRY, Joseph
22 LAZARO-BEYER, Marla
23 LEE, Jeanne
24 MCDERMOTT, Jessica
25 MCNEELY, George
26 MORELLO, Mike
27 MYNTTI, Ph.D., Matt
28 NARAIN, Courtney
29 OGIEGO, John
30 PALOMO, Janel
31 PORRAL, Dianne
32 PROCTOR, Diana
33 RODRIGUEZ, Sheila
34 SARAJLIC, Damir
35 SCHICK, Debbie
36 SCOTT, Falen
37 SHERMAN, Ph.D., Ethan
38 SKZYDLEWSKI, Jackie
39 STRYDOM, Deon
40 SWANSON, Jon
41 TETLA, Alicia

42 VANKIRK, Jessica
43 VAUGHN, Elena
44 VICKERS, Jareisha
45 VIRTANEN, Ari
46 WIMBERLEY, Steve

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NEXT SCIENCE LLC

Physical Address 10550 DEERWOOD PARK BLVD SUITE 300

City JACKSONVILLE State FL Zip 32256

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First JON Middle ERIK Last SWANSON

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

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

Mailing Address [redacted] HARBOR CREEK PL

City JACKSONVILLE State FL Zip 32224

Telephone [redacted] Email jswanson@nextscience.com

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

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

Date of Service: From: 7/6/1984 to: 4/30/1998

Military Occupation/Specialty Commander/O-5

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

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

Applicant's initials JS

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

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF FLORIDA		06/06 - 06/08	
Address	City	State	Zip
	Gainesville	FL	32611
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
US Naval Academy		07/84 - 05/88	
Address	City	State	Zip
	Annapolis	MD	?
Diploma/Degree obtained, if any			
Bachelors of Science in Math			

School Name		From - To (MM/YY – MM/YY)	
THORNRIDGE HIGH SCHOOL		09/80 - 06/84	
Address	City	State	Zip
	DALTON	IL	
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/05 - Present	[redacted] Harbor Creek Pl	Jacksonville	FL	32224
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JH

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
NEXT SCIENCE LLC			06/18 - 10/21
Business Address	**City**	**State**	**Zip**
10550 DEERWOOD PARK BLVD SUITE 300	JACKSONVILLE	FL	32256
Phone	**Title**		**Number of Employed Hours**
(800) 564-2762	Chief Operations Officer		7050
Description of Duties			
Oversees production, distribution, product development and quality of all medical products produced by Next Science.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, JON ERIK SWANSON, **certify that as the designated representative for**

NEXT SCIENCE LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

JON E SWANSON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

OCTOBER 25 2021

Date

Applicant's initials JW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JON SWANSON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

OCTOBER 25, 2021

Date

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

State of FLORIDA, ss. County of DUVAL

I, JON E SWANSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

OCTOBER 28, 2021

Date

Subscribed and Sworn to before me this 28 day of 2021.

Notary Public Signature

JOANNE L. BAXTER
MY COMMISSION # GG 219464
EXPIRES: June 1, 2022
Bonded Thru Notary Public Underwriters

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 02BSBIS6440

Application/License No. _____

NEXT SCIENCE LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10550 Deerwood Park Boulevard, Ste 300, Jacksonville, FL 32256 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 200 Colonial Center Parkway 5th Flr Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 8, 2021 (Effective Date).

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

02BSBIS6440

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 26th day of August, 2021.

APPLICANT/PRINCIPAL

NEXT SCIENCE LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Shari Ruff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: NUTMEG INSURANCE AGENCY INC/PHS
Agency Code: 02-025657

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Shari Ruff
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 02BSBIS6440
Naming NEXT SCIENCE LLC as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of August 26, 2021.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

Hartford Fire Insurance Company

THE HARTFORD

Date: September 8, 2021

Agency Name: NUTMEG INSURANCE AGENCY INC/PHS
Agency Code: 02 025657

NEXT SCIENCE LLC
10550 Deerwood Park Boulevard
Ste 300
Jacksonville, FL 32256

Attn:

Insured / Principal: NEXT SCIENCE LLC

Policy/Bond #: 02BSBIS6440
Account Name/Number:
Policy Term: September 8, 2021 - September 8, 2024
Type of Policy: Surety - License & Permit
Billing Term: Three Years
Transaction Type: New Bond
Transaction Effective Date: September 8, 2021
Bond Limit: $25,000

Premium: $ 650

As a convenience, our customer service team is available to serve you. If you require any assistance with your policy including certificates of insurance coverages, or billing, please contact us at the Select Customer Service Center at The Hartford.

Our Business Insurance Professionals want to help and it's easy.

Simply, call toll free **866-467-8730** any weekday from 8 AM EST – 8 PM EST to talk to our customer service team.

This record is a billing record advice only. You will be billed directly by The Hartford within 15 days of the effective date of the bond.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

Surety Bond Instructions

Please use the blank $25,000.00 Surety Bond form below **if the Company is** a Non-Publicly Traded Corporation, Partnership or Sole-Owner based on the following conditions:

- Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors (VAWD) program;
- A manufacturer of prescription drugs; or
- A facility that distributes prescription drugs manufactured by a single manufacturer.

For all other Non-Publicly Traded Corporations, Partnerships or Sole-Owner wholesalers please use the blank $100,000.00 Surety Bond.

*An applicant that is a **Publicly-Traded** corporation is not required to file a bond or other security pursuant to NRS 639.515.

Alicia Bersey

From: Burnett, Rebecca <Rebecca.Burnett@myfloridalicense.com>
Sent: Wednesday, February 24, 2021 9:34 AM
To: Alicia Bersey
Subject: RE: ContactCRM:Registration Inquiry

WARNING: This email originated from outside of Next Science. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning,

If the device does not contain a prescription drug, a permit is not required from our office to distribute the device.

Rebecca

-----Original Message-----
From: Alicia Bersey [mailto:abersey@nextscience.org]
Sent: Friday, February 19, 2021 3:43 PM
To: Burnett, Rebecca
Subject: RE: ContactCRM:Registration Inquiry

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Rebecca,

As a follow-up question, what types of registrations/permits does a medical device manufacturer require with the state of Florida? We do not manufacture in Florida, but operate from within the state.

Thank you,
Alicia Bersey

-----Original Message-----
From: Burnett, Rebecca <Rebecca.Burnett@myfloridalicense.com>
Sent: Friday, February 19, 2021 10:53 AM
To: Alicia Bersey <abersey@nextscience.org>
Subject: RE: ContactCRM:Registration Inquiry

WARNING: This email originated from outside of Next Science. Do not click links or open attachments unless you recognize the sender and know the content is safe.

A permit is not required from our office to distribute a device that does not contain a prescription drug.

-----Original Message-----
From: Alicia Bersey [mailto:abersey@nextscience.org]
Sent: Friday, February 19, 2021 10:50 AM
To: Burnett, Rebecca
Subject: RE: ContactCRM:Registration Inquiry

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Rebecca,

The device does not include a prescription drug, although the device overall does require a prescription for use. We are not the manufacturer of the raw materials used in our final, finished devices.

Thank you,
Alicia Bersey

-----Original Message-----
From: Burnett, Rebecca <Rebecca.Burnett@myfloridalicense.com>
Sent: Friday, February 19, 2021 10:46 AM
To: Alicia Bersey <abersey@nextscience.org>
Subject: RE: ContactCRM:Registration Inquiry

WARNING: This email originated from outside of Next Science. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning Ms. Bersey,

Thank you for contacting our office. Does the device include a prescription drug? If so, are you considered the manufacturer of the prescription drug?

Rebecca

-----Original Message-----
From: abersey@nextscience.com [mailto:abersey@nextscience.com]
Sent: Thursday, February 18, 2021 2:31 PM
To: DDC TierN
Subject: ContactCRM:Registration Inquiry

Contact Information
First Name :Alicia
Last Name :Bersey
Phone Number :
Email :abersey@nextscience.com
Is Contact Email :Yes

Case Information
Case Number :
Board Type :DDC - Drugs, Devices and Cosmetics
License Number :
File Number :
Application Number:

Hello,

My name is Alicia Bersey; I work in regulatory affairs for a medical device company located in Florida. We utilize contract manufacturers outside the state of Florida but would like to sell within the state. I am inquiring about what permits/licenses we would need to sell combination medical devices (device led) in Florida.

Thank you for your assistance.

Best regards,
Alicia Bersey
----------END----------

NEXT SCIENCE®

NEXT SCIENCE – 2020 ANNUAL REPORT

Sydney, Australia, Thursday, 1 April 2021: Next Science Limited (ASX:NXS) is pleased to release its 2020 Annual Report today.

The 2020 Annual Report is attached and is also available on Next Science's website at: https://investors.nextscience.com/investor-centre/?page=half-year-and-full-year-reports

Approved and authorised by the Managing Director.

Further information:

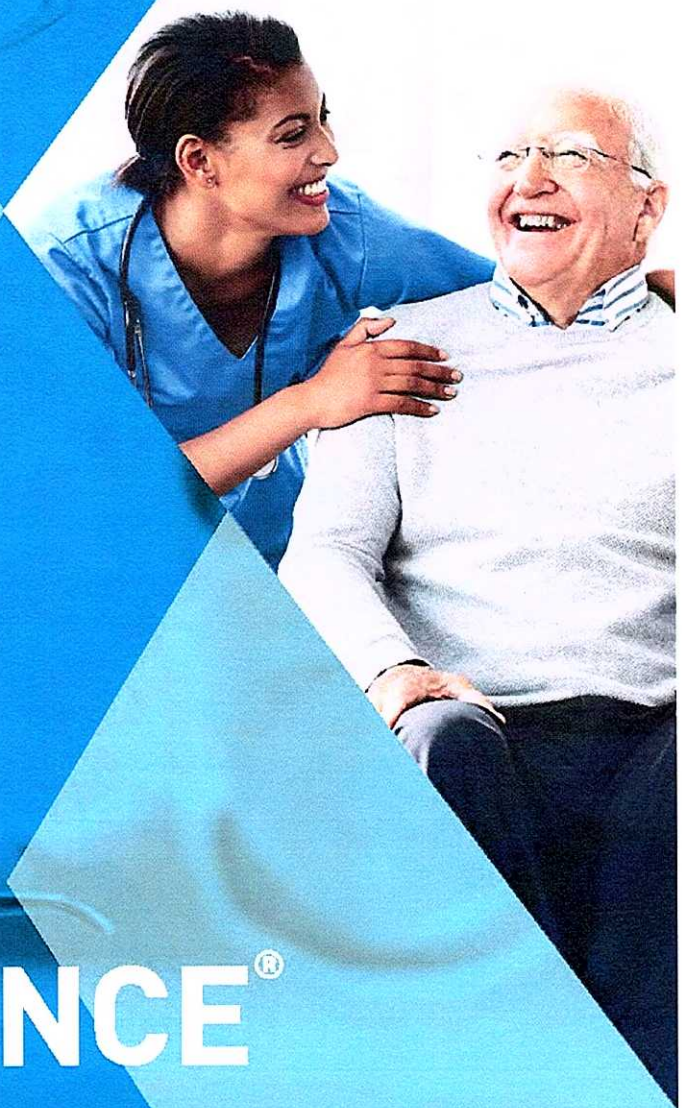
Judith Mitchell
Managing Director, Next Science Limited
Phone: +61 2 8607 5124
Email: investorqueries@nextscience.com

Michael Brown
Pegasus Advisory
Phone: +61 400 248 080
Email: mbrown@pegasusadvisory.com.au

About Next Science

Next Science is a medical technology company headquartered in Sydney, Australia, with a research and development centre in Florida, USA. Established in 2012, the Company's primary focus is on the development and commercialisation of its proprietary XbioTM technology to reduce the impact of biofilm based infections in human health. Xbio is a unique, non-toxic technology with proven efficacy in eradicating both biofilm based and free-floating bacteria. Next Science owns 100% of the patent protected intellectual property relating to its Xbio technology. Website: www.nextscience.com.

For personal use only



NEXT SCIENCE®

2020 // ANNUAL REPORT

NEXT SCIENCE LIMITED ACN 622 382 549

#NextScienceHeals

NEXT SCIENCE®

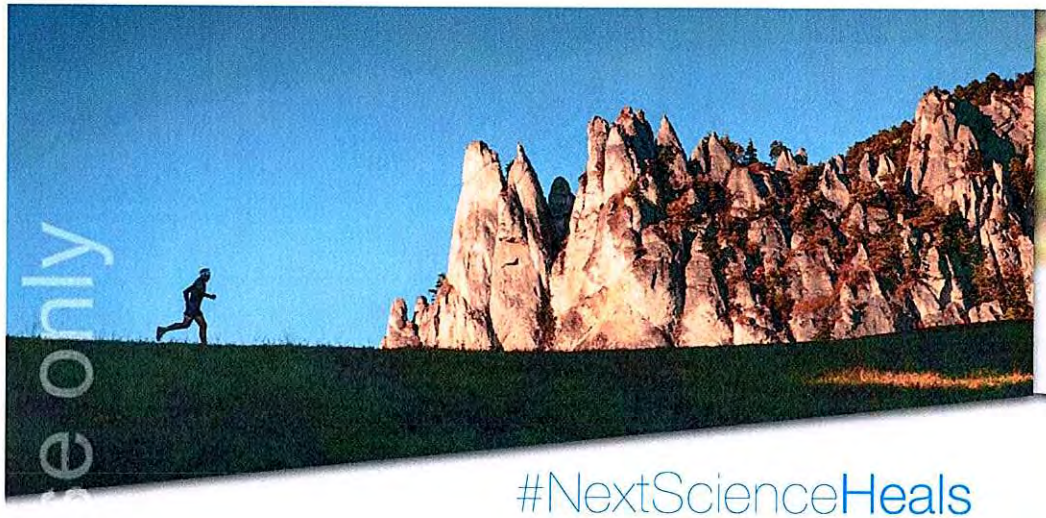
TABLE OF CONTENTS

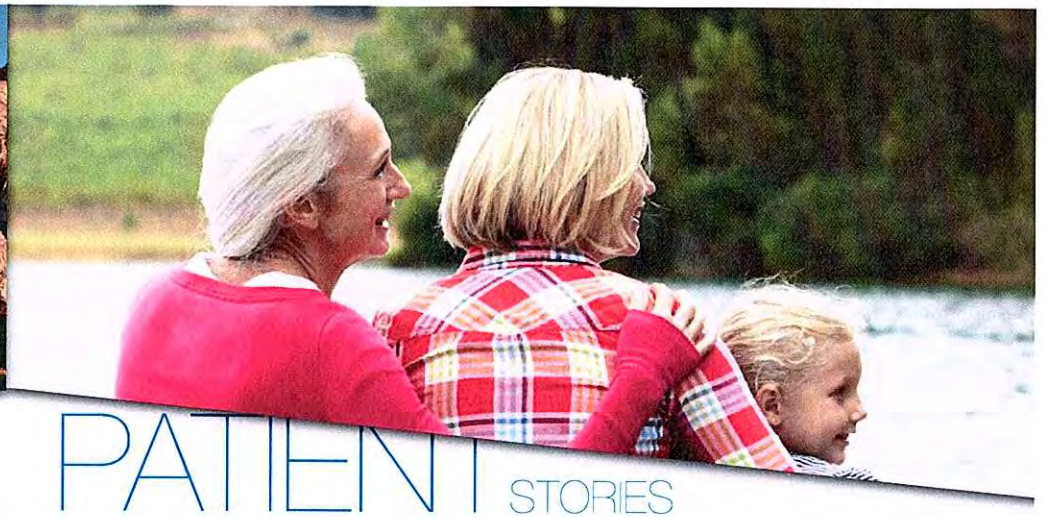
1.	Our Purpose	1
2.	Patient Stories	3
3.	Case Studies	5
4.	Physician and Nurse Testimonials	7
5.	New in 2021	9
6.	Community Involvement	11
7.	Chairman's Letter	13
8.	Managing Director's Report	15
9.	Directors' Report	17
10.	Lead Auditor's Independence Declaration	41
11.	Consolidated Statement of Profit or Loss and Other Comprehensive Income	43
12.	Consolidated Statement of Financial Position	44
13.	Consolidated Statement of Changes in Equity	45
14.	Consolidated Statement of Cash Flows	47
15.	Notes to Financial Statements	48
16.	Directors' Declaration	88
17.	Independent Auditor's Report	89
18.	Investor Information	95
19.	Corporate Directory	100

OUR PURPOSE

NEXT SCIENCE®

Our primary purpose at Next Science is to heal patients and save lives by addressing the impacts of biofilms on human health, and to commercialise our XBIO technology platform for shareholders. We have a unique opportunity to change the trajectory of the war on infection by providing solutions that eliminate biofilms, and their incumbent bacteria, fungi and viruses.





#NextScienceHeals PATIENT STORIES

JAMES

Vehicle Crash // **Knee Surgery**

THE ROAD TO RECOVERY

In July 2019, James, a 52-year-old runner and cycling enthusiast was involved in a multi-trauma motorcycle accident and suffered a compound tibial fracture. James had surgery on his leg and the fracture was treated by placement of a tibial nail and an additional plate. However, rather than healing properly, the wound oozed and bled for two months post-surgery.

James then underwent a second surgery, only to have the wound reopen again for another three months. Finally, James was diagnosed with a non-union, meaning the fracture did not heal and James would require further surgery using a graft of his own bones to try and fix the fracture. The non-union was a result of an underlying infection which stopped the bone from healing.

"I was terrified I would lose my life or my leg to the infection, so I did my own research and discovered Next Science's BACTISURE™ and SURGX® microbial gel."

In May 2020, James received his third surgery to replace all implants. Next Science's BACTISURE™ was used to wash out the surgery site and Intramedullary canal and SURGX® was used under the dressing to prevent bacteria from entering the skin. By August 2020, James was back to cycling and is slowly building up strength to start running his favourite marathons again.

*After experiencing firsthand the healing power of our BACTISURE™ and SURGX® Technology, James became a shareholder in Next Science.

MARY

Debilitating Stroke // **Unresponsive Pressure Ulcer**

HOPE AND HEALING

A 67-year-old woman suffered a debilitating stroke which left her hospitalized for many months undergoing treatment. During her hospital stay, she developed a pressure ulcer that would not respond to treatment. After being placed in four different treatment facilities, and exhausting all other healthcare options, the patient was sent home to be with her daughter on end-of-life care (hospice).

As the home healthcare worker assigned to this patient, Nurse Karlene went through the patient's history records and did a thorough assessment of her wound. She discovered that the patient had been living with this wound for more than two years and the wound did not respond to any of the previous antibacterial ointments that she was prescribed. Karlene, who had recently heard about Next Science's BLASTX® decided to give it a try as a last-ditch attempt to bring this patient overdue relief.

"BLASTX® was our last hope to heal this patient's stage 3 pressure ulcer. I was able to get the MD onboard for orders to implement treatment with BLASTX®. I am amazed how quickly BLASTX® healed this 2-year-old chronic wound," said Karlene.

In just 28 days, the patient saw an 86% wound reduction and went on to heal completely over time. But most importantly, her daughter no longer has to fear the idea of losing her mother at such a young age.

#NextScienceHeals

CASE STUDY

SURGX®
Sterile Antimicrobial Gel

CASE STUDY

Podiatry

How SURGX® treatment helped prevent an amputation

A 51-year-old woman requested a second opinion when her physician recommended amputating her left lower extremity due to her toe appearing non-viable. She had an unresolving left malleolus venous statis ulcer and a left hallux wound with underlying osteomyelitis. Additionally, she faced major barriers to healing, including poor blood flow collateral to previous surgical attempts to reduce varicosities and recalcitrant bone infection in her left foot.

She was referred to Dr Anthony Iorio, DPM, MPH, Director of the Surgical Department at Metropolitan Hospital, Manhattan, NY, who ultimately helped to restore the healing trajectory and helped her avoid amputation with an enhanced treatment approach that included SURGX®. SURGX® is uniquely effective against biofilm as well as polymicrobial bacterial bioburden (Miller, 2015; Thomas, 2011). The presence of biofilm is considered ubiquitous in all diabetic ulcers and hard-to-heal chronic wounds (Atkin, 2019).

On 14 September 2020, the patient received a bone biopsy, left hallux resection with application of bone allograft and OSTEOSET®. SURGX® was applied to both dorsal and plantar wounds. Within 8 days after surgery, the patient saw a 33% reduction of hallux wound and a complete closure in 38 days. In less than two months, the venous statis ulcer healed completely. Developed for use in operative incision management, Dr Iorio's use of SURGX® in the post-operative environment demonstrates the value of SURGX® for any phase of surgical intervention.

CLOSURE BEFORE

CLOSURE AFTER

TREATMENT TIMELINE

14 May 20 Initial wound clinic visit
- MRI confirmed underlying osteomyelitis and venous stasis ulcer to left malleolus.
- Amputation recommended because of non-healing hallux wound.

11 June 20 Patient transferred care to wound clinic
- Patient started topical oxygen therapy with concomitant allograft to toe wound.

16 July 20 Follow-up wound clinic treatment
- Continued topical oxygen to left hallux and allograft to venous stasis ulcer.

27 August 20 Treatment scheduled
- Patient scheduled for left 1st MPJ Keller arthroplasty (bunionectomy) with application of antibiotic coated bone substitute.

14 September 20 Surgery performed
- Bone biopsy, left hallux resection with application of bone allograft (PBA) and OSTEOSET® (a synthetic bone graft substitute made of calcium sulfate).
- SURGX® applied to both dorsal and plantar wounds.

17 September 20 First post-operative visit
- Continued weekly application of SURGX® to surgical site and left venous stasis ulcer.

08 October 20 Second post-op visit
- Improvement to hallux wound.

15 October 20 Third post-op visit
- Continued using SURGX®; 33% reduction of hallux wound in 8 days.

22 October 20 Fourth post-op visit
- Hallux wound closed in 38 days.

05 November 20 Final post-op visit
- Venous stasis ulcer healed.

REFERENCES

Atkin L, Bućko Z, Conde Montero E, Cutting K, Moffatt C, Probst A, Romanelli M, Schultz GS, Tettelbach W. (2019). Implementing TIMERS: the race against hard-to-heal wounds. J Wound Care 28(3 Suppl 3): S1-S49. https://www.magonlinelibrary.com/doi/pdf/10.12968/jowc.2019.28.Sup3a.S1

Miller, K. T. H. (2014). Next Science wound gel technology, a novel agent that inhibits biofilm development by gram-positive and gram-negative wound pathogens. Antimicrobial Agents and Chemotherapy June 58(6), 3060-3072. https://www.ncbi.nlm.nih.gov/pubmed/24637684

Thomas N, Brook I (2011). Animal bite-associated infections. Expert Rev Anti Infect Ther 9(2): 215-226. https://www.medscape.com/viewarticle/739023_4

#NextScienceHeals

PHYSICIAN AND NURSE TESTIMONIALS

"I was so excited to heal this chronic wound! I was able to get the MD onboard for orders to implement treatment with BLASTX®. She too was extremely pleased that the wound healed, and we were able to meet our goals"

Karlene Wood
RN, WCC, CWS

BLASTX® DISCOVER THE X FACTOR

"Since beginning SURGX®, I have had no incisional complications, any incision site treated with SURGX® after development of a post-operative infection responded rapidly with less drainage/inflammation."

Dr Jon Minter
Orthopedic Specialist

SURGX® Sterile Antimicrobial Gel

"This patient had been taken to surgery 2 different times to have surgical debridement. Once the BLASTX® was started, the tissue grew and the biofilm did not, and she closed quickly"

Janis Harrison
RN, BSN, CWOCN

BLASTX® DISCOVER THE X FACTOR

"On the cases I have used SURGX® directly after closure, I have had 0% surgical site infections; no split sutures on breast and/or abdominal incisions, and 0% complications rate."

Dr Mark Crispin
Board Certified
Plastic Surgeon

SURGX® Sterile Antimicrobial Gel

"Out of 15 cases where SURGX® was applied immediately post-op, I have had 0% surgical site infections."

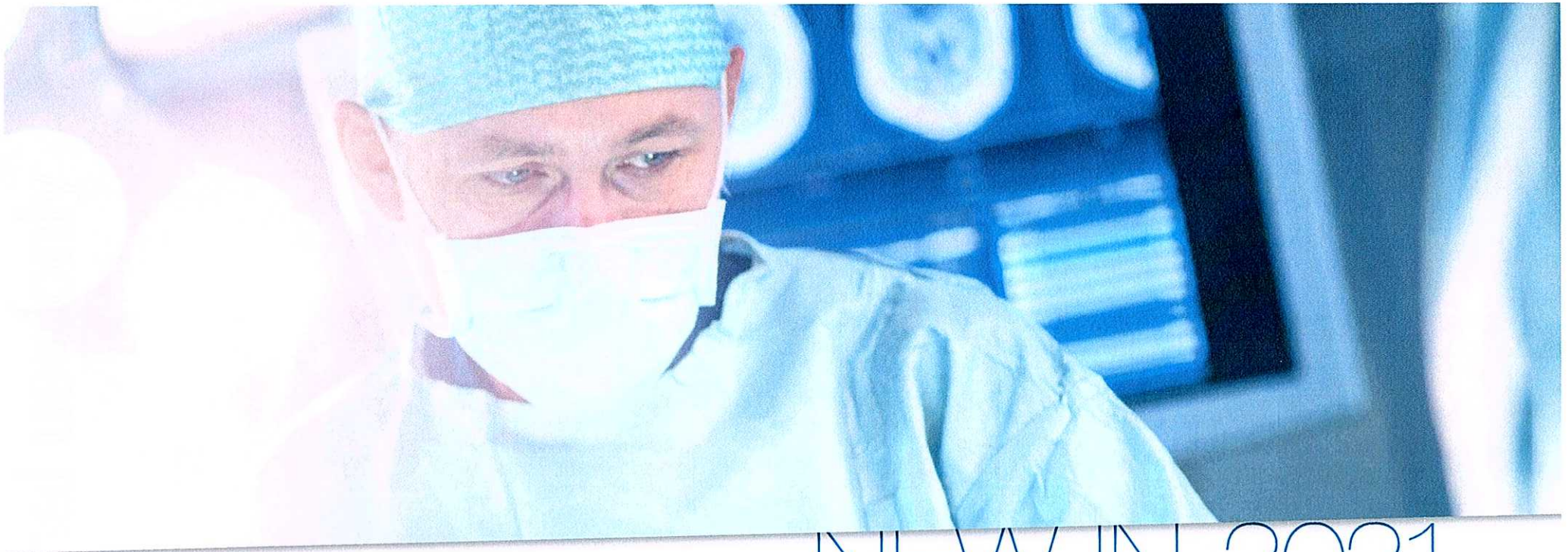
Dr David Strom
Board Certified
Orthopedic Surgeon

SURGX® Sterile Antimicrobial Gel

"In my experience any incision site treated with SURGX® has not developed the typical surgical infection complications"

Dr Matthew Regulski
Podiatric Surgery
Specialist

SURGX® Sterile Antimicrobial Gel



#NextScienceHeals

NEW IN 2021

XPERIENCE™

No Rinse Antimicrobial Solution

Once FDA cleared, XPERIENCE™ will be the only no rinse antimicrobial solution that helps prevent surgical site and post-operative infections. This non-toxic technology breaks the metallic bonds that holds biofilm together—destroying enveloped bacteria and defending against recolonization.

LEARN MORE AT: nextscience.com/xperience

Surgical Need for XPERIENCE™:

3.3 Billion COST OF SURGICAL SITE INFECTIONS ANNUALLY

1.5 Million SURGICAL SITE INFECTIONS IN THE US PER YEAR

3% MORTALITY RATE DUE TO SURGICAL SITE INFECTIONS

The key to winning the battle against infection

COMMUNITY INVOLVEMENT

At Next Science, we believe it is our responsibility to address the triple aim of healthcare: improving patient outcomes, improving population health and reducing healthcare costs. We achieve this by leveraging our innovative XBIO Technology to address a significant problem impacting both patients and healthcare – infection.

Infections are a key driver of morbidity, mortality and increased healthcare spending.[1] In the US alone, 17 million patients suffer from biofilm-related infections and the overall direct costs are an estimated $94 Billion.[2] Alongside infection rates and healthcare spending, antimicrobial resistance is also on the rise, but we are making strides in changing this trajectory.

150,000 PATIENTS HEALED FROM CHRONIC WOUNDS OR PREVENTED SURGICAL INFECTIONS

1,623 HOSPITALS AND AMBULATORY SURGICAL CENTRES IN THE US USING XBIO PRODUCTS

Next Science's purpose to heal patients and save lives has never been more apparent – and needed – as our world continues its collective fight against the coronavirus.

#NextScienceHeals

During the early days of the COVID-19 pandemic, we recognized that we could make a difference. We moved quickly to set up a donation program to serve patients who were unable to get to wound care clinics that were temporarily shut down. We also worked directly with healthcare providers, like Hampton Ridge Healthcare and Rehabilitation, a nursing and rehabilitative care facility in Toms River, New Jersey, where we donated $300,000 worth of BLASTX®. This enabled caregivers to better treat patients suffering from chronic wounds.

We also supported our local community in Jacksonville, Florida, by donating another $300,000 worth of BLASTX® to the Save A Leg, Save A Life Foundation (SALSAL), a non-profit organization whose mission is to reduce lower extremity amputations and improve wound healing outcomes through evidence-based methodology and community outreach. SALSAL in turn gave BLASTX® to Volunteers in Medicine, a free healthcare clinic that provides outpatient primary and specialty medical services to Northeast Florida's working, low-income, uninsured adults.

Each day we make progress on improving our products and expanding our community outreach with organizations whose mission aligns with our purpose. The work that our non-profit, research and philanthropic partners perform is not easy, which is why it is essential that Next Science continue to support organizations who are making a difference in improving health outcomes for the people in their communities.

1. SenCK, Gordillo GM, Roy S, Kirsner R, Lambert L, Hunt TK, Gottrup F, Gurtner GC, Longaker MT. Human skin wounds: a major and snowballing threat to public health and the economy. Wound Repair Regen. 2009 Nov-Dec;17(6):763-71.
2. Dorion, H. & Gruber, B. (2018). Pathogenesis of surgical site infection (SSI) – The 3rd Edition: Prevention & Management. Retrieved from, http://laparoscopy.blogs.com/prevention_management_3/2010/07/pathogenesisofsurgicalsiteinfectionssi.html

Dear Shareholders

In this 2020 Annual Report the company has provided an operational overview and audited financial results for our shareholders. The board and executive team remain incredibly excited by our purpose that underpins the opportunity that our strong and differentiated technology platform has for healing people and saving lives. We remain dedicated to making our suite of patented products available to doctors and patients all around the world.

Despite being a year of challenge and constraints on the development of our commercial revenue, especially for our key distribution partners, 2020 for Next Science was also a year of focused product development, regulatory achievements and preparation for our significant commercial product launch of XPERIENCE™ in mid-2021.

Our financial performance is a story in two parts. Like many peer group healthcare companies in the US, we had significantly reduced year-over-year (YOY) revenue in Q1, Q2 and Q3 due to the Covid-19 pandemic. As those restrictions were relaxed, however, we had a very strong rebound of revenue in Q4 through a strong 75% YOY growth for the quarter, well above the full-year revenue growth. We have been pleased to see the Q4 revenue run rate continue into the first half of 2021.

Against the backdrop of this extraordinary year of constraints, our Managing Director and our R&D team based in Jacksonville, Florida, maintained throughout 2020 a busy and productive workflow focused on our product development and regulatory approval priorities. We were pleased to finish the year with our highest potential product opportunity to date, XPERIENCE™, now in front of the US Food and Drug Administration (FDA) for approval. The H1 2021 approval timeline for XPERIENCE™ remains on track pending the anticipated clearance by the FDA. The planned launch of this unique "no rinse antimicrobial solution" provides a milestone opportunity for Next Science, marking what the board believes could be a significant pivot toward commercial revenues alongside a high-potential funnel of product research and development for our medium- and long-term journey.

As a board we understand that launching a high-potential product needs to be founded on leadership talent and bench strength. We invested heavily throughout 2020 in building our leadership bench strength and capability in the US. We recruited sales, marketing and commercial leadership. We invested in a senior HR capability to support our expanded organisation. We appointed additional clinical and research team members, restructured regulatory and built up our Clinical and Medical Advisory Boards so that we are well positioned to take XPERIENCE™ to market. Our commercial progress rests on expanding amongst the clinical community, the education, knowledge and advocacy of our patented XBIO Technology and demonstrating the impact that it offers the broader health system to significantly

7. CHAIRMAN'S LETTER

improve the standard of care for patients by eliminating surgical infection and the associated improvement on wound healing. The Board has appreciated the leadership shown by our senior executives Dr Matt Myntti and Dustin Haines in engaging with our expanded advisory boards throughout 2020.

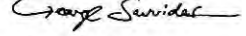
A further achievement in the year was strengthening the Next Science balance sheet to support the future commercialisation of our products through a successful capital raising and a shareholder SPP offer. Both investor opportunities were over subscribed with the new funds fully banked by November 2020.

As we exited 2020 we undertook a recalibration of our distribution strategy for BLASTX® our antimicrobial wound gel. We decided to in-source our wound care market presence in the US. This, along with our surgical sales team, will expand our addressable market and provide Next Science with greater control of our product revenues over the coming years.

2020 year was quite a busy year for the Board due to the elevated risk issues relating to the Covid-19 pandemic and the preparation required to support the capital raising in the second half. This resulted in 20 board meetings during the year. I wish to thank each board member for their diligent contribution to the governance of Next Science. A special thank you to our US based board member Aileen Stockburger who has made an extraordinary effort to travel on a regular basis to our operations centre in Jacksonville to represent the board and retain a personal point of connection with our US team. As we move into 2021, we look forward to replacing video conference calls with face-to-face meetings along with the opportunity to directly engage our teams in the US.

Finally, I wish to congratulate our Managing Director Judith Mitchell for her tireless work in leading the organisation and building and expanding our executive team. I also extend on behalf of the board our appreciation for the tireless work of all our employees in the US and Australia. They have been able to maintain their focus and successfully move more of our product development portfolio through regulatory approvals in readiness for commercialisation.

Next Science enters 2021 with anticipation and excitement. The Next Science board and executive team are dedicated to expanding the market presence of our suite of patented products, that support our purpose of healing people and saving lives. We look forward to updating you on these plans at the forthcoming AGM on May 5th, 2021.



George Savvides
Chairman

NEXT SCIENCE®
A Different Approach, Superior Results

443

2020 was a challenging but fruitful year for Next Science with significant progress made on further extending Next Science's proprietary XBIO technology into new product platforms with large market potential and increasing the clinical evidence base for our existing products. The organisation also invested in new US commercial leadership. We extended our capabilities to enable strong in-market execution to support key new product launches in 2021 and our existing product portfolio priorities.

COVID-19 impacted the uptake of several of Next Science's key platforms in 2020 with reduced access to health care professionals and the hospital channel. Throughout this period, the very strong support for Next Science's unique technologies and its ability to solve many of the challenging areas in surgical wound management and infection control and biofilm remained unchanged. Encouragingly, we are seeing positive signs of recovery. We look forward to 2021 being a year of more open access to our customers and sales channels to support further revenue growth. As we look across the Next Science business in 2020, we can examine our activities in three streams.

Partner Distributed Products – BACTISURE™ Wound Lavage and BLASTX® Antimicrobial Wound Gel

While revenue decreased 15% on prior year, the partnership programs were two different situations. Sales of BACTISURE™, through Zimmer Biomet, although impacted by COVID-19 particularly in Q2 and Q3, bounced back in Q4 and grew year over the year. We have strong forward orders through the first half of 2021.

Conversely, outpatient wound clinics (which are the sites of care that 3M KCI targeted with BLASTX®) were not considered an essential service and were closed for many months of 2020 due to COVID-19. Additionally, our partner 3M KCI sequestered its US Advanced Wound Care sales force at home from mid March until part way through December. The end result being a decline in sales for BLASTX®. In November we advised the market that 3M KCI and Next Science have agreed that the distribution of BLASTX® will return to Next Science. I am pleased to report this transition was finished by 1 April 2021 and the sales and marketing of BLASTX® is now being carried out by Next Science. By taking direct control of BLASTX® distribution we can target an expanded market opportunity and have greater ability to meet clients' specific needs.

New Product Development – XPERIENCE™ No Rinse Antimicrobial Solution

Our product development efforts were focused on our XPERIENCE™ No Rinse Antimicrobial Solution. The recommendation for use is as the last rinse in surgery prior to the closure of the surgical site. The product shows extensive effectiveness against a broad range of gram positive and gram negative bacteria, viruses and fungus like golden staph, e-coli, candida and coronavirus. At the same time, it combines the unique advantages of being active for 5 hours, non toxic and requires no change to current surgical protocol. It can be used as a replacement for the last rinse which is currently usually saline. We anticipate securing FDA clearance in H1 2021. The product is submitted for FDA clearance as a 510(k) Medical Device. We have completed extensive testing in the lab, in humans and in animals as per the FDA's request and now await their final review. Subject to FDA clearance, we expect to launch this product by the end of the first half of 2021. Successful commercial launch of XPERIENCE™ is the number one priority for the Company in 2021.

8. MANAGING DIRECTOR'S REPORT

Build up of the commercial organisation to support XPERIENCE™ No Rinse Antimicrobial Solution

To support this launch and ensure a strong marketing and sales program and that the necessary working capital was available for inventory build-up and related cash requirements, we successfully completed a $A15M capital raise in October that was a combination of institutional placements and a Shareholder Purchase Plan. We appreciate the support for our growth strategy from existing shareholders and we welcome new investors to the Company.

XPERIENCE™ No Rinse Antimicrobial Solution will be marketed and distributed by Next Science directly. Accordingly, we have built up the commercial infrastructure to support a direct to market operation including recruiting a Chief Commercial Officer (Mr Dustin Haines) based in Jacksonville, Florida, developed all of the marketing materials, marketing websites and ordering portals to support the product and built up and trained our surgical sales network – a combination of employees and contracted staff. We are confident in our ability to launch XPERIENCE™ despite impacted hospital processes and restrictions from COVID-19, as the sales network already has daily access to surgeons and other key health care professionals who will be key decision makers in new product adoption.

Outlook

We have a confident outlook for 2021. BACTISURE™ continues to grow market support – the product launched in Australia in Q4 of 2020 and has already launched in Europe in 2021.

Additionally, BLASTX® is now being distributed directly by Next Science with strategies for all four sites of care in Wound Care in the US (acute care, outpatient wound care, home health and long-term acute care). We will also take advantage of the CE Mark we received in December and we will make the product available through specialist distribution partners in Europe.

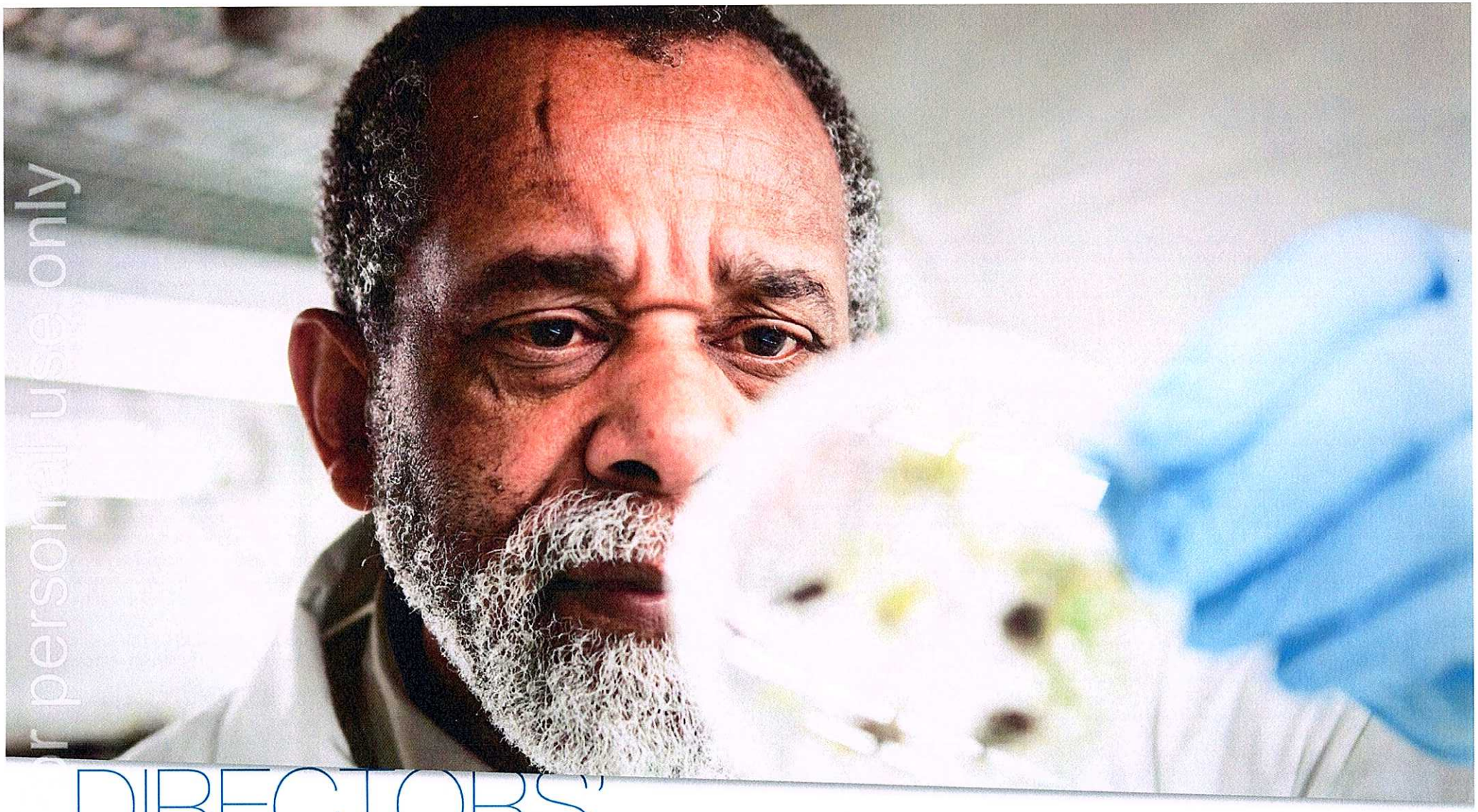
As we move to the second half of 2021, the focus of the business will primarily be on the execution of a successful XPERIENCE™ launch. Our first target market segment is the 5.4 million orthopaedic surgeries that take place annually in the US market. We will then tackle additional indications, specialty by specialty, as we grow our clinical evidence and market presence.

Despite COVID-19 restrictions, we increased the number of hospitals using XBIO products and increased our patient treatment base to over 150,000 people. With XPERIENCE™ and the return of BLASTX®, we expect that number will grow significantly across the year.

My sincere thanks to our customers, our research partners, our business partners, our employees and our board of directors. 2020 showed the value of resilience for all of us and we emerge a stronger, smarter and more motivated group, knowing the benefits our technologies can bring to healthcare and the difference we can make in people's lives. #NextScienceHeals

Judith Mitchell
Managing Director

444



For personal use only

DIRECTORS' REPORT

#NextScienceHeals

The Directors present their report together with the consolidated financial statements of the Group comprising of Next Science Limited (the "Company"), and the entities it controlled at the end of, or during, the year ended 31 December 2020. All amounts are presented in US dollars (USD) unless otherwise stated.

Directors

The Directors of the Company at any time during or since the end of the financial year are:

George Savvides (Chair)

Judith Mitchell

Bruce Hancox

Daniel Spira

Mark Compton

Aileen Stockburger

Dividends

No dividends were paid or declared since the commencement of the year and the directors do not recommend the declaration of a dividend.

Operating and financial review

Principal activities

The principal activities of the Group during the course of the year were the research, development and commercialisation of technologies which solve issues in human health caused by biofilms. The company is headquartered in Sydney, Australia and has a research and development centre and sales and marketing functions located in Florida, USA.

Significant changes in the state of affairs and COVID-19 impact

Revenues in the year to 31 December 2020 were impacted by the COVID-19 shutdown in the USA of elective medical procedures and closure of outpatient wound care clinics. Revenue recovered in the fourth quarter of 2020 and this run rate is expected to continue through the first half of 2021 based on the sales of existing products (excluding any additions from new product launches).

During the pandemic, Next Science set up a donations program to service patients who were unable to get to wound care clinics during the COVID-19 shut down. Over the longer term, Next Science expects the increase in awareness around the spread of viruses, infection and the role of biofilm to drive increased demand for its products.

In January 2020, Next Science's XPERIENCE™ No Rinse Antimicrobial Solution was submitted for regulatory approval to the FDA. Following the FDA's initial review and requested additional information, the dossier was resubmitted to the FDA in December 2020.

In March 2020, Next Science launched its Acne cream via online skincare direct marketer, tbh Skincare (www.tbhskincare.com) to consumers mainly based in Australia.

In April 2020, Next Science received CE Mark for BACTISURE™, authorising future sales in Europe through Next Science's distribution partner, Zimmer Biomet. Next Science also received notification from the US Environmental Protection Agency (EPA) that its Hospital Cleaner Surface Disinfectant had been accepted for registration with clearance for inclusion on the product labelling of a claim for effectiveness against biofilm. Commercial discussions regarding the licensing of this product are ongoing, although lower in priority to our human health product commercialisations.

In June 2020, Next Science received TGA approval for its BACTISURE™ product authorising future sales in Australia through Next Science's distribution partner, Zimmer Biomet.

On 24 September 2020, Next Science raised A$7,999,999 via a Placement at A$1.20 per share.

On 19 October 2020, Next Science raised A$5,000,000 via a Share Purchase Plan at A$1.18 per share.

On 18 November 2020, Next Science launched its Acne cleanser via online skincare direct marketer, tbh Skincare (www.tbhskincare.com) to consumers based in Australia, New Zealand, the UK and parts of Europe.

On 19 November 2020, Next Science raised A$2,000,000 via a Placement at A$1.20 per share, following shareholder approval at a general meeting held on 18 November 2020.

On 23 November 2020, Next Science announced to the ASX that the distribution agreement with 3M for BLASTX®, would not be renewed at the end of 2021. Discussions are progressing smoothly, and Next Science anticipates the transition will be complete prior to the end of the first half 2021. As a result of this, there has been a change in the time frame for recognition of the milestone payments received from 3M. The payments which previously would have been recognised as revenue over the period until the end of the contract period of 31 Dec 2021, will now be recognised as revenue over a shorter time period ending 1H 2021, when it is anticipated that the full transition of BLASTX® back to Next Science will be complete.

In the opinion of the Directors, other than the events previously stated, there were no further significant changes in the state of affairs of the Group that occurred during the financial year.

SHAREHOLDER RETURNS

	2020	2019
Revenue	**$3,440,975**	$4,060,800
Loss attributable to owners of the company	**($11,912,004)**	($14,351,828)
Basic earnings per share (EPS) (cents)	**($6.36)**	($8.65)
Share price as at 31 Dec (A$)	**AUD$1.25**	AUD$1.88
Return on capital employed	**(59.7%)**	(59.6%)

Operating and financial review (cont.)

Review of operations

The loss for the Group for the financial year to 31 December 2020 after providing for income tax amounted to $11,912,004 (2019: $14,351,828).

Revenue decreased by 15% for the period, decreasing from $4,060,800 in the prior corresponding period to $3,440,975, primarily due to the impact of the COVID-19 pandemic.

Gross profit was $2,916,841 compared to $3,510,320 in the prior corresponding period. Gross margin as a percent of sales was 85% compared with 86% in the prior corresponding period.

Selling and distribution expenses were $5,670,684, a decrease of $615,216 compared with $6,285,900 in the prior corresponding period. In the prior year, $48,147 of the expenses related to IPO investor relations activity. The decrease in spend in 2020 mainly relates to a reduction in travel expenditure due to Covid travel restrictions as well as a reduction in headcount. Such reductions have been partially offset by increased partner marketing spend and increased donations and sampling efforts.

Administration expenses were $3,343,044, a decrease of $1,027,317 compared with $4,370,361 in the prior corresponding period. $129,310 of the reduction in the current period is related to reduced travel expenses in 2020 resulting from COVID-19. Prior period administration expenses included $312,106 related directly to IPO associated expenses and increases in compliance costs associated with becoming a listed entity and $273,798 of brokerage costs related to the issue of converting notes.

Research and development expenses were $6,434,414 an increase of $1,106,839 compared with $5,327,575 in the prior corresponding period, reflecting an increase in product development activity including associated product validation costs, regulatory spend and two additional staff appointments in the research and development department.

Finance expenses of $2,129,424 in the prior period are mainly attributable to interest expense recognised in the profit and loss on the converting notes, for the period prior to their conversion to ordinary shares on 8 April 2019.

Cash and cash equivalents at 31 December 2020 amounted to $8,100,416 compared to $6,556,808 at 31 December 2019. Term deposits at 31 December 2020 amounted to $7,238,986 compared to $10,353,797 at 31 December 2019.

Likely developments and expected results of operations

Further information about likely developments in the operations of the Group and the expected results of those operations in future financial years has not been included in this report because disclosure of the information would be likely to result in unreasonable prejudice to the Group.

Matters subsequent to the end of the financial year

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the directors of the Group, to affect significantly the operations of the Group, the results of those operations, or the state of affairs of the Group, in future financial years.

Environmental regulation

The Group's operations are not subject to significant environment regulations under either Commonwealth or State legislation. The Board believes that the Group has adequate systems in place for the management of its environmental requirements.

Government regulation

The Group is subject to varying degrees of governmental regulation in the countries in which operations are conducted, and the general trend is toward increasingly stringent regulation. In the US, the drug, device, diagnostics and cosmetic industries have long been subject to regulation by various federal and state agencies, primarily as to product safety, efficacy, manufacturing, advertising, labelling and safety reporting. The exercise of broad regulatory powers by the US Food and Drug Administration (the "FDA") results in increases in the amounts of testing and documentation required for FDA clearance of new drugs and devices and a corresponding increase in the expense of product introduction. Similar trends are also evident in major markets outside of the US.

The Group relies on global supply chains, and production and distribution processes that are complex and are subject to increasing regulatory requirements and lengthy regulatory approval processes that may affect sourcing, supply and pricing of materials used in the Group's products.

Information on Directors

NAME:	GEORGE SAVVIDES AM
Title:	Chair and Independent Non-Executive Director
Special Responsibilities:	Member of the Audit and Risk Committee and Member of the People, Culture and Remuneration Committee
Qualifications:	Bachelor of Engineering (Honours), University of New South Wales and MBA, University of Technology, Sydney. Fellow of the Australian Institute of Company Directors.
Experience and expertise:	George has 30 years of experience in the Australian & New Zealand healthcare sector. He was CEO of two successful IPO listings on the ASX, being Sigma in 1999 and Medibank Private in 2014. He served as Medibank CEO for 14 years. George served as Chairman of Kings Consolidated Group Pty Ltd (2016 to 2018) and Macquarie University Hospital (2016 to 2018) and retired as Chairman of World Vision Australia after 18 years of service in February 2018. He was a board member of the International Federation of Health Plans for 10 years including a period as Deputy President, retiring in 2016.
Other current directorships:	He currently serves as Non-Executive Chairman of the public broadcaster, SBS having been appointed a Non-Executive Director in 2017 and Chairman in 2020. He is also a Non-Executive Director of IAG (since 2019) and NZX listed Ryman Healthcare, a large residential aged care provider in New Zealand (since 2013).
Former listed directorships (last 3 years):	None

Information on Directors (cont.)

NAME:	JUDITH MITCHELL
Title:	Managing Director and Chief Executive Officer
Special Responsibilities:	None
Qualifications:	MBA, University of Hull Graduate of the Australian Institute of Company Directors
Experience and expertise:	Prior to joining Next Science in 2017, Judith served as President of DePuy Synthes Asia Pacific, the Orthopaedics Division of Johnson & Johnson, before which Judith was President of Asia Pacific for Synthes GmbH, the world leaders in orthopaedic trauma care. Judith commenced her medical technology career at GE Medical Systems, where over 14 years, she held positions in sales, marketing and management. She also held a variety of positions at Cochlear Limited in Product Development, Global Marketing and Education.
Other current directorships:	None
Former listed directorships (last 3 years):	None

NAME:	BRUCE HANCOX
Title:	Non-Executive Director
Special Responsibilities:	Chair, Audit and Risk Committee
Qualifications:	Bachelor of Commerce, Canterbury University New Zealand
Experience and expertise:	Bruce has over 35 years of corporate experience across a broad spectrum of commerce, including 16 years with Brierley Investments Limited in New Zealand. He held a number of senior roles at Brierley Investments as general manager and Chairman and served on the board of a number of their subsidiaries in New Zealand, Australia and the US. Bruce has been a financial advisor to interests of Mr Langley Walker since 2008. He serves as a director of investments and wealth management at Walker Corporation Pty Ltd and works with the Walker group of companies to pursue investment opportunities outside the property market.
Other current directorships:	Director of Walker Group Holdings Pty Limited.
Former listed directorships (last 3 years):	Carbonxt Group Limited (ASX:CG1) and BTC Health Limited (ASX: BTC)

NAME:	DANIEL SPIRA
Title:	Independent Non-Executive Director
Special Responsibilities:	Chair, People, Culture and Remuneration Committee
Qualifications:	Bachelor of Commerce, University of New South Wales
Experience and expertise:	Daniel is the CEO of iNova Pharmaceuticals (since 2017) which is a leading multinational consumer healthcare and pharmaceutical company with operations across Asia Pacific and Africa. Previously he was at Bausch Health (2011-2015) as Vice President and GM-North America (with responsibility for a portfolio of businesses spanning Vision Care, Dermatology and Aesthetic Devices) and was also Managing Director, Pacific region. Prior to that, Daniel spent over 15 years at Johnson & Johnson Inc in various roles including Vice President, Country Manager, Chief Marketing Officer and other sales and marketing roles across the Asia Pacific, Europe/Middle East and North American regions.
Other current directorships:	None
Former listed directorships (last 3 years):	None

NAME:	AILEEN STOCKBURGER
Title:	Independent Non-Executive Director
Special Responsibilities:	Member, Audit and Risk Committee
Qualifications:	Bachelor of Science and MBA, The Wharton School, University of Pennsylvania Graduate of the Australian Institute of Company Directors, Certified Public Accountant (CPA – USA)
Experience and expertise:	Prior to joining Next Science, Aileen was the Worldwide Vice President of Business Development for the DePuy Synthes Group of Johnson & Johnson, where she oversaw the group's merger and acquisition activities, including deal structuring, negotiations, contract design and review, and deal terms. She led Johnson & Johnson's efforts to acquire Synthes for approximately $21 billion, Johnson & Johnson's largest medical device acquisition. She also led the efforts to divest the DePuy Trauma business and acquire Micrus Endovascular. Aileen was also involved in numerous other M&A transactions including Pfizer Consumer Healthcare (US$16.5 billion), Aveeno, BabyCenter, OraPharma, DePuy, DePuy Miket, Kodak Clinical Diagnostics and Neutrogena.
Other current directorships:	Non-Executive Director, Microbot Medical Inc. (NASDAQ: MBOT)
Former listed directorships (last 3 years):	None

448

Information on Directors (cont.)

NAME:	MARK COMPTON AM
Title:	Independent Non-Executive Director
Special Responsibilities:	Member, People, Culture and Remuneration Committee
Qualifications:	Bachelor of Science (Pharmacology, Physiology and Biochemistry) and an MBA, University of New South Wales. Fellow of the Australian Institute of Company Directors, the Australasian College of Health Services Management and The Australian Institute of Management and the Royal Society (New South Wales).
Experience and expertise:	Mark is Lord Prior of the International Order of St John and Chairman of the Board of Trustees of St John International. Mark is Chairman of Sonic Healthcare Limited, a global medical diagnostics and healthcare organisation which is a Top 50 ASX listed entity. He is also Chairman of St Luke's Care Limited, a not-for-profit health and aged care organisation and Chairman of Integrated Clinical Oncology Network Pty Ltd trading as Icon Cancer Centre. Mark has held various CEO and managing director roles, including at St Luke's Care Limited, Immune System Therapeutics Limited, Royal Flying Doctor Service of Australia, SciGen Limited and Alpha Healthcare Limited. He is an Adjunct Professor at Macquarie University in healthcare leadership and management (since 2012).
Other current directorships:	Chairman and Non-Executive Director of Sonic Healthcare Limited (ASX: SHL). Chairman of the Board of Trustees of St John International, Chairman of St Luke's Care Limited and Integrated Clinical Oncology Network Pty Ltd trading as Icon Cancer Centre.
Former listed directorships (last 3 years):	None

Company Secretary

Gillian Nairn, BA/LLB, LLM, FGIA, has held the role of Company Secretary since 21 June 2018. Gillian is an experienced corporate governance professional with more than 20 years legal and governance experience gained in private practice and in various company secretarial roles, predominantly with listed entities, in a variety of sectors including manufacturing, oil and gas, professional services and education.

Meetings of directors

The number of meetings held and attended by each of the Directors of the Company during the year ended 31 December 2020 were as follows:

NAME OF DIRECTOR	BOARD MEETINGS		PEOPLE, CULTURE & REMUNERATION COMMITTEE		AUDIT AND RISK COMMITTEE		TRANSACTION COMMITTEE	
	A	B	A	B	A	B	A	B
George Savvides	20	20	3	3	7	7	3	3
Judith Mitchell	20	20	–	–	–	–	–	–
Bruce Hancox	20	19	–	–	7	7	3	3
Daniel Spira	20	20	3	3	–	–	–	–
Mark Compton	20	20	3	3	–	–	3	3
Aileen Stockburger	20	20	–	–	7	7	–	–

A – Number of meetings held when Director was eligible to attend during the year
B – Number of meetings attended during the time the Director held office during the year

Directors' interests

The relevant interest of each Director in shares and options over such instruments issued by the Group, as notified by the directors to the ASX in accordance with section 205G(1) of the Corporations Act 2001 at the date of this report is as follows:

NAME OF DIRECTOR	FULLY PAID ORDINARY SHARES	SHARE OPTIONS
	Number	Number
George Savvides	649,876	650,000
Judith Mitchell	5,000,000	2,340,000
Bruce Hancox	530,000	520,000
Daniel Spira	49,266	1,300,000
Mark Compton	137,438	520,000
Aileen Stockburger	44,837	520,000
Total	**6,411,417**	**5,850,000**

Shares under option

At the date of this report, and following the share split, there are 8,092,500 options over ordinary shares on issue (2019: 9,249,500 options), representing 4.17% (2019: 5.1%) of the Company's undiluted total share capital, granted to employees and directors under an equity incentive plan.

449

Indemnity and insurance of officers

The Group has indemnified the directors and executives of the Group for costs incurred, in their capacity as a director or executive, for which they may be held personally liable, except where there is a lack of good faith.

During the financial year, the Group has paid a premium in respect of a contract to insure the directors and executives of the Company against a liability to the extent permitted by the Corporations Act 2001. The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

Indemnity and insurance of auditor

The Company and the Group have not, during or since the end of the financial year, indemnified or agreed to indemnify the auditor of the Company or any related entity against a liability incurred by the auditor.

During the financial year, the Company has not paid a premium in respect of a contract to insure the auditor of the Company or any related entity.

Proceedings on behalf of the company

No person has applied to a court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the Company, or to intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or part of those proceedings.

Non-audit services

Details of the amounts paid or payable to the auditor for non-audit services provided during the financial year by the auditor are outlined in note 31 to the financial statements.

The Directors are satisfied that the provision of non-audit services by the auditor during the financial year is compatible with the general standard of independence for auditors imposed by the Corporations Act 2001.

The Directors are of the opinion that the services as disclosed in note 31 to the financial statements do not compromise the external auditor's independence requirements under the Corporations Act 2001 for the following reasons:

- All non-audit services have been reviewed and approved to ensure that they do not impact the integrity and objectivity of the auditor; and
- None of the services undermine the general principles relating to auditor independence as set out in APES 110 Code of Ethics for Professional Accountants issued by the Accounting Professional and Ethical Standards Board, including reviewing or auditing the auditor's own work, acting in a management or decision-making capacity for the Company, acting as advocate for the Company or jointly sharing economic risks and rewards.

Officers of the Company who are former partners of KPMG

No officer of the Company was an audit partner of KPMG, being the auditors during the financial year, at a time when the audit firm undertook an audit of the Company.

Auditor's independence declaration

The auditor's independence declaration is set out on page 42 and forms part of the Directors' Report for the financial year ended 31 December 2020.

Auditor

KPMG continues in office in accordance with section 327 of the Corporations Act 2001.

Remuneration Report (audited)

This Remuneration Report forms part of the Directors' Report for the year ended 31 December 2020. This Report outlines the details of the remuneration arrangements for the key management personnel of the Group, including remuneration strategy, framework and practices, in accordance with the requirements of the Corporations Act 2001 and its Regulations.

For the purposes of this Report, key management personnel (KMP) are defined as those persons having authority and responsibility for planning, directing and controlling the activities of the Group, directly or indirectly, including any Director of the Company (non-executive or executive).

The information in this Remuneration Report is set out under the following headings:

- Key management personnel (KMP)
- Remuneration governance
- Service agreements and remuneration policy
- Non-Executive Directors' remuneration
- Employee incentive arrangements and link between performance and reward
- Share option plan
- KMP Remuneration
- KMP equity holdings

Key management personnel (KMP)

The KMP of the Group during the financial year and the positions held are summarised below:

Non-Executive Directors

George Savvides
Bruce Hancox
Daniel Spira
Mark Compton
Aileen Stockburger

Managing Director

Judith Mitchell

Other KMP

Jacqueline Butler	*Chief Financial Officer*
Matthew Myntti	*Chief Technology Officer*
Jon Swanson	*Chief Operating Officer*
Dustin Haines	*Chief Commercial Officer*

450

Remuneration governance

The Board established a Remuneration and Nomination Committee (**Committee**) in August 2018 to assist the Board in fulfilling its responsibilities to shareholders and other stakeholders in respect of remuneration policies and practices, succession planning, diversity policies and practices, performance evaluation processes and board composition including mix of skills.

During the financial year, on the recommendation of the Committee and in recognition of the close connection between culture, governance and remuneration highlighted by various stakeholders including the ASX Corporate Governance Council and Australian Securities and Investments Commission (ASIC), the Board:

i. extended the scope of the Committee's role to reviewing and overseeing Next Science's key people and organisational culture strategies, talent and succession and their alignment with Next Science's values, mission and strategy; and

ii. changed the name of the Committee to 'People, Culture and Remuneration Committee'.

The People, Culture and Remuneration Committee currently comprises of:

Daniel Spira (Chair)

George Savvides

Mark Compton

The role and responsibilities, composition, structure and membership requirements of the People, Culture and Remuneration Committee are documented in the People, Culture and Remuneration Committee Charter available at www.nextscience.com/corp-governance.

The People, Culture and Remuneration Charter provides that the Committee should comprise of at least three members, all of whom are Non-Executive Directors and a majority of whom are independent Directors.

The Chair of the Committee should be an independent Director who is not Chair of the Board.

The Charter requires the Committee to meet at least twice each year.

All of the current members of the People, Culture and Remuneration Committee have been assessed by the Board as being independent Non-Executive Directors and the Chair of the Committee is not Chair of the Board.

Service agreements and remuneration policy

Executives are employed under executive employment agreements with the Group.

In determining remuneration, the Group considers:

- industry based remuneration benchmaking (Australia and USA);
- market developments affecting remuneration practices;
- the remuneration expectations of an executive whom the Company wants to employ;
- future outlook for the Group and market generally;
- the Company's performance over a performance period; and
- the link between remuneration and the successful implementation of the Company's strategy and achievement of strategic objectives.

Executive incentives comprise fixed and variable elements linked to Company and individual performance as detailed in this Report.

Employment Agreements

NAME:	JUDITH MITCHELL
Title:	Managing Director
Details:	Ongoing service agreement inclusive of superannuation and to be reviewed annually by the Company. The Company may terminate the service agreement: i. by giving a 3-month termination notice; or ii. without notice, in the event of serious misconduct or for any other reason that enables summary dismissal at law. Judith is entitled to participate in the Company's short-term and long-term incentive plans.

NAME:	JACQUELINE BUTLER
Title:	Chief Financial Officer (CFO)
Details:	Ongoing service agreement inclusive of superannuation and to be reviewed annually by the Company. The Company may terminate the service agreement: i. by giving a 3-month termination notice; or ii. without notice, in the event of serious misconduct or for any other reason that enables summary dismissal at law. Jacqueline is entitled to participate in the Company's short-term and long-term incentive plans.

NAME:	DR. MATTHEW MYNTTI
Title:	Chief Technology Officer (CTO)
Details:	Ongoing employment agreement to be reviewed annually by the Company. The Company may terminate the employment agreement: i. by giving 90 days written notice; or ii. without notice, in the event of serious misconduct or for any other reason that enables summary dismissal at law. Matthew is entitled to participate in the Company's short-term and long-term incentive plans.

451

Employment Agreements (cont.)

NAME:	JON SWANSON
Title:	Chief Operating Officer (COO)
Details:	Ongoing employment agreement to be reviewed annually by the Company. The Company may terminate the employment agreement: i. by giving 90 days written notice; or ii. without notice, in the event of serious misconduct or for any other reason that enables summary dismissal at law. Jon is entitled to participate in the Company's short-term and long-term incentive plans.

NAME:	DUSTIN HAINES
Title:	Chief Commercial Officer (CCO)
Details:	Ongoing employment agreement to be reviewed annually by the Company. The Company may terminate the employment agreement: i. by giving 90 days written notice; or ii. without notice, in the event of serious misconduct or for any other reason that enables summary dismissal at law. Dustin is entitled to participate in the Company's short-term and long-term incentive plans.

NAME:	BYRON DARROCH
Title:	Executive Vice President Partnerships
Details:	Employment agreement ceased on 31 August 2019.

Non-Executive Directors' Remuneration

Each of the Non-Executive Directors have entered into appointment letters with Next Science confirming the terms of their appointment and their roles and responsibilities.

Under the Constitution, the Board decides the amount paid to each Non-Executive Director as remuneration for their services as a Director. However, under the ASX Listing Rules, the amount of fees paid to all Directors for their services (excluding, the salary of any Executive Director) must not exceed in aggregate in any financial year the amount fixed by the Company's shareholders in general meeting. This amount has been fixed initially in the Company's Constitution at A$750,000 per annum and may only be varied by ordinary resolution in general meeting.

The annual fee for Non-Executive Directors is AUD$90,000 per annum (inclusive of superannuation) and for the Chair is AUD$250,000 per annum (inclusive of superannuation). The Chair's fees reflect the additional responsibilities of the role particularly leading up to, and in the short-term after, admission to ASX. An additional fee of AUD$10,000 per annum is paid for performing the role of Chair of the Audit and Risk Committee and People, Culture and Remuneration Committee.

Employee incentive arrangements and link between performance and reward

Short-Term Incentive (STI) Plan for Executives

The Managing Director, CFO, CTO and COO were invited to participate in the Company's short-term incentive plan (STI Plan), effective from the Company's admission to the ASX in April 2019. The CCO was invited to participate in the STI plan following his appointment in June 2020. Participants of the plan, must be employed with the Company, or wholly owned subsidiary of the Company, for at least six months during the plan year and still be employed until after the announcement of the Group's results to the ASX following the relevant plan year. Participation is by invitation from the Board and is not automatic. Participants who resign or are terminated before the end of the plan year are not eligible for any payments under the Plan unless the Board determines otherwise in its sole discretion.

The STI plan objectives are to:

- reward executives for their contribution in ensuring that the Group achieves its annual financial performance targets;
- enhance the Group's opportunity to attract, motivate and retain high calibre and high performing executives; and
- link part of executive remuneration directly to the achievement of the Group and individual KPIs.

The making of any payment under the STI plan is subject to the achievement of three gateway hurdles; at least 90% of a base consolidated revenue target; 100% of a base consolidated EBITDA target; and an individual performance rating of a least 3 out of 5.

The maximum STI opportunity is 100% of Total Fixed Remuneration (TFR) for the Managing Director and 80% of TFR for the CFO, CTO, COO and CCO. To receive the maximum STI opportunity, executives must achieve performance targets for consolidated revenue, consolidated EBITDA and individual performance.

As a number of the members of the executive team already have significant security holdings in Next Science, all payments under the STI Plan will be paid in cash to ensure that STI opportunities operate as true incentives.

No STI payments were made in respect of the financial year ended 31 December 2020 (2019: Nil) as revenue and EBITDA targets were not achieved.

Employee incentive arrangements and link between performance and reward (cont.)

Long-Term Incentive (LTI) Plan for Executives

At the time of the Company's IPO in April 2019, the Board of the Company established a long -term incentive plan, to be paid by way of Performance Rights to eligible participants (LTI plan). The Managing Director, CFO, CTO, CCO and COO are entitled to participate in the LTI plan.

Subject to Group performance hurdles being achieved in the financial year ending 31 December 2021, and thereafter, the Managing Director will be granted performance rights worth 200% of her Total Fixed Remuneration (TFR) and the other participants in the LTI plan will be granted performance rights worth 150% of their TFR.

The number of Performance Rights granted will be based on the volume weighted average price (VWAP) of shares in the Company for the period 1 January until the day before the release on ASX of the Company's relevant preliminary full year results.

The vesting of Performance Rights issued under the LTI Plan is dependent on satisfaction of the following vesting conditions:

- if the compound total shareholder return (TSR) is less than 15% per annum, no Performance Right will vest;
- 50% of Performance Rights will vest if the compound annual TSR is at least 15% per annum; and
- 100% of Performance Rights will vest if the compound annual TSR is at least 30% per annum.

Subject to vesting conditions being satisfied, the Performance Rights will automatically convert to shares, on a one-for one basis, three years after the date on which they are granted. If the vesting conditions have not been satisfied by this date, the Performance Rights will automatically lapse. Participants must still be employed by the Company or a wholly owned subsidiary at the date of vesting.

There will be no Performance Rights issued in relation to the financial year ending 31 December 2020 (2019: Nil) due to targets not having been achieved. The LTI plan will operate in future years with grants based on the relevant revenue and/or other Group performance measures. It is not intended to change the size of the grant to participants or the vesting conditions.

In recognition of the CCO's extensive work in 2020 to prepare the Company for the launch of XPERIENCE™ in 2021, and to provide longer term upside opportunity to the CCO similar to that available to other key management personnel from the options awarded to them prior to the Company's admission to ASX, the Company granted the CCO USD$315,000 worth of performance rights in February 2021. The vesting of the performance rights is subject to continued tenure and the rights will vest over three years with 1/3 vesting in 1 year, 1/3 in 2 years and 1/3 in 3 years from the grant date.

Share Option Plan

Prior to the Company being admitted to the ASX, the Group established an Equity Incentive Plan (ECP) for US employees and an Employee Share Option Plan (ESOP) for Australian employees and directors (see note 28). With the exception of the Managing Director, Judith Mitchell, as described below, the only vesting condition applicable to the options granted under these earlier plans was that the individual be employed by the Company, or any wholly owned subsidiary of the Company at the vesting date.

There were no options over ordinary shares issued as compensation to KMP during the year ended 31 December 2020. All remaining options over ordinary shares granted to KMP in the previous years and their status are set out below:

KMP	GRANT DATE	EXPIRY DATE	VESTING DATE	FAIR VALUE AT GRANT DATE		EXERCISE PRICE (USD)
				Pre-share Split (USD)	*Post-share Split (USD)*	
Executive Director						
Judith Mitchell	16-Apr-2018	16-April-2021	Various (i)	1,284	0.20	0.42
Non-Executive Directors						
George Savvides	17-Dec-2018	17-Dec-2023	17-Dec-2021	2,138	0.33	0.56
Bruce Hancox	17-Dec-2018	17-Dec-2023	17-Dec-2021	2,138	0.33	0.56
Daniel Spira (Tranche 1)	16-Apr-2018	16-Apr-2021	16-Apr-2018	1,284	0.20	0.42
Daniel Spira (Tranche 2)	17-Dec-2018	17-Dec-2023	17-Dec-2021	2,138	0.33	0.56
Mark Compton	17-Dec-2018	17-Dec-2023	17-Dec-2021	2,138	0.33	0.56
Aileen Stockburger	17-Dec-2018	17-Dec-2023	17-Dec-2021	2,138	0.33	0.56
Other KMP						
Matthew Myntti	-	-	-	-	-	-
Jon Swanson	17-Dec-2018	17-Dec-2023	17-Dec-2020	2,138	0.33	0.56
Jacqueline Butler	16-Apr-2018	16-Apr-2021	16-Apr-2019	1,284	0.20	0.42
Dustin Haines	-	-	-	-	-	-

i. There are various vesting conditions, financial and non-financial, applicable to the options granted to Judith Mitchell as Managing Director, under the Group's pre-IPO share option plan.

453

Share Option Plan (cont.)

The table below provides details of movements in share options for KMP for the year ended 31 December 2020.

KMP	BALANCE AS AT 1 JAN 2020 No.	GRANTED No.	EXERCISED No.	LAPSED No.	BALANCE AS AT 31 DEC 2020 No.	VESTED DURING THE YEAR	VESTED AND EXERCISABLE No.	UN-VESTED No.
Executive Director								
Judith Mitchell	2,340,000	–	–	–	2,340,000	1,560,000	–	780,000
Non-Executive Directors								
George Savvides	650,000	–	–	–	650,000	–	–	650,000
Bruce Hancox	520,000	–	–	–	520,000	–	–	520,000
Daniel Spira	1,300,000	–	–	–	1,300,000	–	1,040,000	260,000
Mark Compton	520,000	–	–	–	520,000	–	–	520,000
Aileen Stockburger	520,000	–	–	–	520,000	–	–	520,000
Other KMP								
Matthew Myntti	–	–	–	–	–	–	–	–
Jon Swanson	650,000	–	–	–	650,000	–	650,000	–
Jacqueline Butler	650,000	–	–	–	650,000	–	650,000	–
Dustin Haines	–	–	–	–	–	–	–	–

Share Option Plan (cont.)

The table below provides details of movements in share options for KMP for the year ended 31 December 2019.

KMP	BALANCE AS AT 1 JAN 2019 No.	POST SHARE SPLIT No. (i)(ii)	GRANTED / EXERCISED / LAPSED No.	BALANCE AS AT 31 DEC 2019 No.	VESTED AND EXERCISABLE No.	UN-VESTED No.
Executive Director						
Judith Mitchell	360	2,340,000	–	2,340,000	1,560,000	780,000
Non-Executive Directors						
George Savvides	100	650,000	–	650,000	–	650,000
Bruce Hancox	80	520,000	–	520,000	–	520,000
Daniel Spira	200	1,300,000	–	1,300,000	1,040,000	260,000
Mark Compton	80	520,000	–	520,000	–	520,000
Aileen Stockburger	80	520,000	–	520,000	–	520,000
Other KMP						
Matthew Myntti	–	–	–	–	–	–
Jon Swanson	100	650,000	–	650,000	–	650,000
Jacqueline Butler	100	650,000	–	650,000	650,000	–
Byron Darroch	–	–	–	–	–	–

i. On 24 January 2019, a share split was completed on the basis that every one ordinary share option on issue in the Company be divided into 6,500 ordinary options.

ii. There were no share options granted or exercised from 1 January 2019 until the share spl it on 24 January 2019.

Exercise of options granted as compensation

During the reporting period, there were no shares issued on the exercise of options previously granted as compensation, to KMP.

454

KMP Remuneration

The table below details remuneration for KMP based on the policies discussed in this report for the year ended 31 December 2020.

Year ended 31 December 2020

KMP	CASH SALARY AND FEES (i)	OTHER CASH SERVICE (ii)(iii)	LONG SERVICE LEAVE	SUPER-ANNUATION	SHARE-BASED PAYMENTS		TOTAL	PERFORMANCE RELATED (vi)
					Options (iv)	Shares in lieu of fees (v)		
	$	$	$	$	$	$	$	%
Executive Director								
Judith Mitchell	261,606	–	–	14,676	960	–	277,242	–
Non-Executive Directors								
George Savvides	161,960	–	–	10,771	69,878	–	242,609	–
Bruce Hancox	63,098	–	–	5,994	55,902	–	124,994	–
Daniel Spira	51,302	–	–	1,421	27,951	15,547	96,221	–
Mark Compton	62,183	–	–	–	55,902	–	118,085	–
Aileen Stockburger	48,810	–	–	–	55,902	13,992	118,704	–
Other KMP								
Matthew Myntti	350,000	–	–	–	–	–	350,000	–
Jon Swanson	250,000	–	–	–	115,338	–	365,338	–
Jacqueline Butler	171,124	–	–	14,751	–	–	185,875	–
Dustin Haines	173,250	20,879	–	–	–	–	194,129	–
	1,593,333	**20,879**	**–**	**47,613**	**381,833**	**29,539**	**2,073,197**	

i. Dustin Haines was appointed Chief Commercial Officer and commenced employment on 10 June 2020.

ii. For the year ended 31 December 2020 threshold Group performance targets were not met and hence no amounts were awarded to KMP under the STI plan or the LTI plan.

iii. Other cash benefits include an amount of $20,879 for relocation expenses paid to Dustin Haines as part of the arrangements agreed in respect of his engagement.

iv. The value of the share options granted to KMP is calculated at the grant date using the Black-Scholes formula. This value is allocated to each reporting period evenly over the period from grant date to vesting date. The value disclosed is the portion of the fair value of the options recognised as an expense in each reporting period.

v. Amounts included under share-based payments for Daniel Spira and Aileen Stockburger are in relation to shares paid in lieu of their Directors' fees. The Company received confirmation from the ASX that a waiver of ASX Listing Rule 10.11 had been given to allow Aileen and Daniel, as Non-Executive Directors, to elect to be issued shares in lieu of their fees for the first 12 months after the Company's admission to the ASX.

vi. Disclosed above are the relative proportions of each individual's remuneration that are related to performance; the remaining proportion being fixed remuneration.

KMP Remuneration (cont.)

The table below details remuneration for KMP based on the policies discussed in this report for the year ended 31 December 2019.

Year ended 31 December 2019

KMP	CASH SALARY AND FEES	OTHER CASH SERVICE (i)(ii)(iii)	LONG SERVICE LEAVE	SUPER-ANNUATION	SHARE-BASED PAYMENTS		TOTAL	PERFORMANCE RELATED (vi)
					Options (iv)	Shares in lieu of fees (v)		
	$	$	$	$	$	$	$	%
Executive Director								
Judith Mitchell	254,461	–	–	14,467	162,985	–	431,913	–
Non-Executive Directors								
George Savvides	159,577	–	–	14,454	52,022	–	226,053	–
Bruce Hancox	56,216	–	–	3,982	41,618	–	101,816	–
Daniel Spira	10,751	–	–	–	20,809	49,326	80,886	–
Mark Compton	50,685	–	–	4,815	41,618	–	97,118	–
Aileen Stockburger	10,751	–	–	–	41,618	44,749	97,118	–
Other KMP								
Matthew Myntti	304,911	44,665	–	–	–	–	349,576	13%
Jon Swanson	250,000	–	–	–	91,736	–	341,736	–
Jacqueline Butler	166,817	–	–	14,453	29,022	–	210,292	–
Byron Darroch	120,447	69,057	–	14,649	–	–	204,153	–
	1,384,616	**113,722**	**–**	**66,820**	**481,428**	**94,075**	**2,140,661**	

i. For the year ended 31 December 2019 threshold Group performance targets were not met and hence no amounts were awarded to KMP under the STI plan or the LTI plan.

ii. Other cash benefits include an amount of $69,057 paid to Byron Darroch as part of the arrangements agreed in respect of the termination of his engagement on 31 August 2019.

iii. Prior to the existence of the STI plan, Matthew Myntti was awarded a discretionary bonus of $44,665 during the year, paid in November 2019.

iv. The value of the share options granted to KMP is calculated at the grant date using the Black -Scholes formula. This value is allocated to each reporting period evenly over the period from grant date to vesting date. The value disclosed is the portion of the fair value of the options recognised as an expense in each reporting period.

v. Amounts included under share-based payments for Daniel Spira and Aileen Stockburger are in relation to shares paid in lieu of their Directors' fees. The Company received confirmation from the ASX that a waiver of ASX Listing Rule 10.11 had been given to allow Aileen and Daniel, as Non-Executive Directors, to elect to be issued shares in lieu of their fees for the first 12 months after the Company's admission to the ASX.

vi. Disclosed above are the relative proportions of each individual's remuneration that are related to performance; the remaining proportion being fixed remuneration.

KMP Equity Holdings

The movement during the reporting period in the number of shares in Next Science Limited held directly, indirectly or beneficially, by each KMP, including their related parties, is as follows:

Year ended 31 December 2020

KMP	BALANCE AS AT 1 JAN 2020 No.	RECEIVED ON EXERCISE OF OPTIONS No.	SHARES RECEIVED IN LIEU OF DIRECTORS FEES No. (i)	OTHER CHANGES DURING THE YEAR No.*	BALANCE AS AT 31 DEC 2020 No.
Executive Director					
Judith Mitchell	4,732,000	–	–	268,000	5,000,000
Non-Executive Directors					
George Savvides	625,000	–	–	24,876	649,876
Bruce Hancox	–	–	–	530,000	530,000
Daniel Spira	36,729	–	12,537	–	49,266
Mark Compton	125,000	–	–	12,438	137,438
Aileen Stockburger	33,554	–	11,283	–	44,837
Other KMP					
Matthew Myntti	20,657,000	–	–	–	20,657,000
Jon Swanson	70,000	–	–	–	70,000
Jacqueline Butler	–	–	–	–	–
Dustin Haines	–	–	–	–	–

* Other changes represent shares that were purchased during the year.

i. The Company has been granted a waiver from Listing Rule 10.11 to the extent necessary to permit the Company to issue shares without shareholder approval to non-executive directors, Aileen Stockburger and Daniel Spira, in lieu of directors' fees for the first 12 months after the Company's admission to the official list of the ASX. The shares issued are fully paid ordinary shares in the capital of the Company on the same terms and conditions as the Company's existing shares and issued at the Offer Price of AUD $1 for the first quarter after admission. For later quarters, the shares are being issued at the 10 day Volume Weighted Average Price (VWAP) for the first 10 trading days of the relevant quarter.

KMP Equity Holdings (cont.)

Year ended 31 December 2019

KMP	BALANCE AS AT 1 JAN 2019 No.	POST SHARE-SPLIT No. (i)(ii)	SHARES RECEIVED IN LIEU OF DIRECTORS FEES No. (iv)	OTHER CHANGES DURING THE YEAR No. (iii)	BALANCE AS AT 31 DEC 2019 No.
Executive Director					
Judith Mitchell	728	4,732,000	–	–	4,732,000
Non-Executive Directors					
George Savvides	–	–	–	625,000	625,000
Bruce Hancox	–	–	–	–	–
Daniel Spira (iv)	–	–	36,729	–	36,729
Mark Compton	–	–	–	125,000	125,000
Aileen Stockburger (iv)	–	–	33,554	–	33,554
Other KMP					
Matthew Myntti	3,178	20,657,000	–	–	20,657,000
Jon Swanson	–	–	–	70,000	70,000
Jacqueline Butler	–	–	–	–	–
Byron Darroch (v)	100	650,000	–	–	650,000

i. On 24 January 2019, a share split was completed on the basis that every one ordinary share on issue in the Company be divided into 6,500 ordinary shares.

ii. There were no other movements in equity holdings from 1 January 2019 until the share split on 24 January 2019.

iii. George Savvides and Mark Compton received shares on the conversion of their converting notes (see note 20) post the share-split.

iv. The Company has been granted a waiver from Listing Rule 10.11 to the extent necessary to permit the Company to issue shares without shareholder approval to non-executive directors, Aileen Stockburger and Daniel Spira, in lieu of directors' fees for the first 12 months after the Company's admission to the official list of the ASX. The shares issued are fully paid ordinary shares in the capital of the Company on the same terms and conditions as the Company's existing shares and issued at the Offer Price of AUD $1 for the first quarter after admission. For later quarters, the shares are being issued at the 10 day Volume Weighted Average Price (VWAP) for the first 10 trading days of the relevant quarter.

v. Byron Darroch held 650,000 ordinary shares which were funded through a shareholder loan. The balance of $180,357 outstanding as at 31 December 2019 (see note 13) was paid in April 2020. Byron Darroch employment ceased on 31 August 2019.

This concludes the remuneration report (audited).

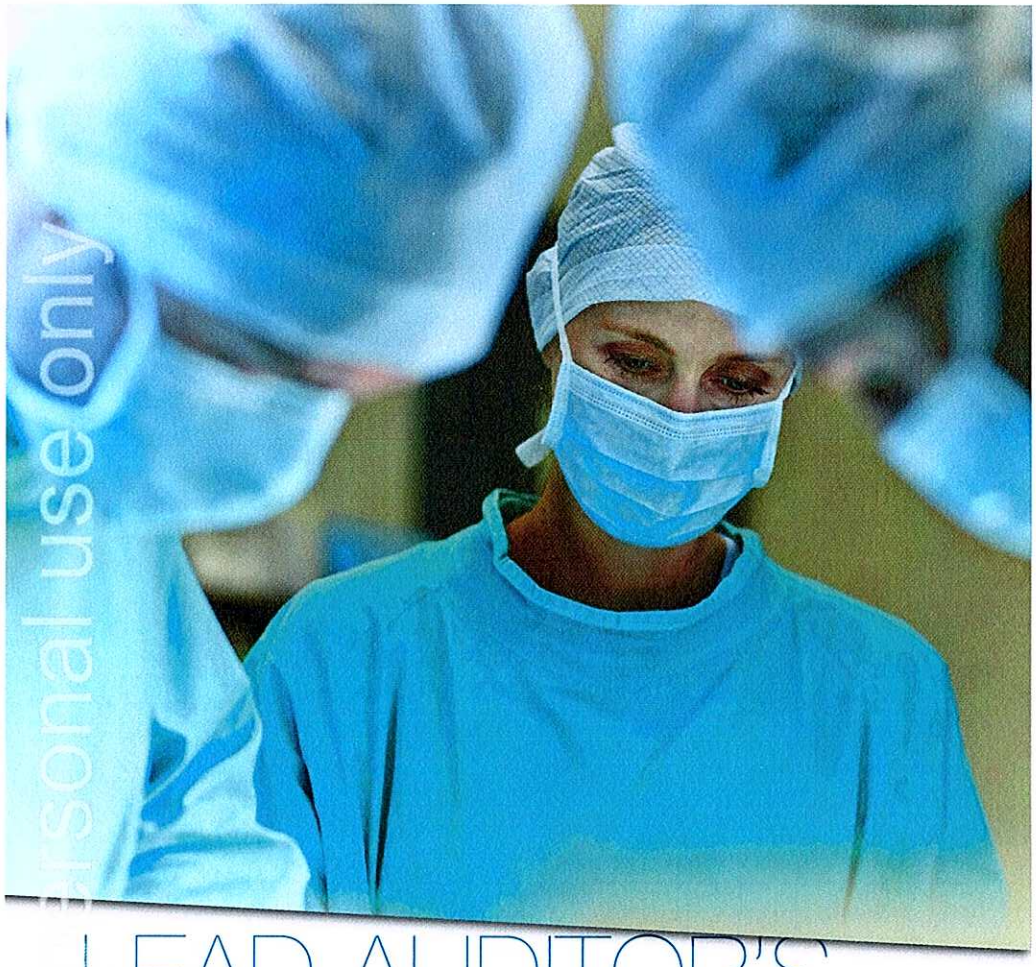
This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors:

George Savvides
Chair

Dated at Sydney this 22nd day of February 2021

personal use only



LEAD AUDITOR'S INDEPENDENCE DECLARATION

#NextScienceHeals

10. LEAD AUDITOR'S INDEPENDENCE DECLARATION

KPMG

Lead Auditor's Independence Declaration under Section 307C of the Corporations Act 2001

To the Directors of Next Science Limited

I declare that, to the best of my knowledge and belief, in relation to the audit of Next Science Limited for the financial year ended 31 December 2020 there have been:

i. no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

ii. no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG

Tony Nimac
Partner
Sydney
22 February 2021

KPMG, an Australian partnership and a member firm of the KPMG global organisation of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved. The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organisation. Liability limited by a scheme approved under Professional Standards Legislation.

11. CONSOLIDATED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the Year Ended 31 December 2020

IN USD	NOTES	2020	2019
		$	$
Revenue	5	**3,440,975**	4,060,800
Cost of sales		**(524,134)**	(550,480)
Gross profit		**2,916,841**	3,510,320
Other income	5	**356,574**	35,365
Selling and distribution expenses		**(5,670,684)**	(6,285,900)
Research and development expenses		**(6,434,414)**	(5,327,575)
Administration expenses		**(3,343,044)**	(4,370,361)
Other expenses	7	**(13,352)**	(62,971)
Operating loss		**(12,188,079)**	(12,501,122)
Finance income	9	**297,254**	278,718
Finance costs	10	**(21,179)**	(2,129,424)
Net finance income / (costs)		**276,075**	(1,850,706)
Loss before income tax		**(11,912,004)**	(14,351,828)
Income tax expense	11	**–**	–
Loss for the year		**(11,912,004)**	(14,351,828)
Other comprehensive income, net of income tax			
Foreign currency translation differences for foreign operations		**396,838**	(971,282)
Total comprehensive loss for the year		**(11,515,166)**	(15,323,110)
Earnings per share			
From continuing operations		*Cents*	*Cents*
Basic earnings	32	**(6.36)**	(8.65)
Diluted earnings	32	**(6.36)**	(8.65)

The accompanying notes form part of these financial statements.

12. CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As at 31 December 2020

IN USD	NOTES	2020	2019
ASSETS		$	$
Current assets			
Cash and cash equivalents	12	**8,100,416**	6,556,808
Trade and other receivables	13	**3,388,045**	1,640,382
Inventories	14	**1,071,979**	400,360
Other current assets - term deposits	15	**7,238,986**	10,353,797
Other current assets - other	15	**452,458**	332,504
Total current assets		**20,251,884**	19,283,851
Non-current assets			
Trade and other receivables	13	**36,656**	36,656
Property, plant and equipment	16	**788,133**	812,587
Intangible assets	17	**2,334,936**	2,164,345
Right-of-use assets	18	**227,265**	402,291
Total non-current assets		**3,386,990**	3,415,879
Total assets		**23,638,874**	22,699,730
LIABILITIES			
Current liabilities			
Trade and other payables	19	**1,064,365**	1,076,672
Contract liabilities	21	**1,909,554**	375,106
Lease liabilities	22	**170,946**	196,442
Employee benefits	23	**81,231**	69,552
Total current liabilities		**3,226,096**	1,717,772
Non-current liabilities			
Contract liabilities	21	**1,374,510**	1,328,809
Lease liabilities	22	**115,889**	286,012
Employee benefits	23	**9,385**	3,691
Total non-current liabilities		**1,499,784**	1,618,512
Total liabilities		**4,725,880**	3,336,284
Net assets		**18,912,994**	19,363,446
Equity			
Share capital	24	**101,281,467**	90,693,590
Common control reserve	24	**(42,596,715)**	(42,596,715)
Foreign currency translation reserve	24	**(801,736)**	(1,198,574)
Share option reserve	24	**2,125,541**	1,648,704
Accumulated losses		**(41,095,563)**	(29,183,559)
Total equity		**18,912,994**	19,363,446

The accompanying notes form part of these financial statements.

13. CONSOLIDATED STATEMENT OF CHANGES IN EQUITY

For the Year Ended 31 December 2020

2020 IN USD	SHARE CAPITAL	COMMON CONTROL RESERVE	FOREIGN CURRENCY TRANSLATION RESERVE	SHARE OPTION RESERVE	ACCUMULATED LOSSES	TOTAL EQUITY
	$	$	$	$	$	$
Balance at 1 January 2020	**90,693,590**	**(42,596,715)**	**(1,198,574)**	**1,648,704**	**(29,183,559)**	**19,363,446**
Loss for the year	–	–	–	–	(11,912,004)	(11,912,004)
Other comprehensive income						
Foreign currency translation differences	–	–	396,838	–	–	396,838
Total other comprehensive income	–	–	396,838	–	–	396,838
Total comprehensive loss for the year	–	–	396,838	–	(11,912,004)	(11,515,166)
Transactions with owners in their capacity as owners						
Share-based payment	–	–	–	482,973	–	482,973
Foreign exchange impact	–	–	–	(6,136)	–	(6,136)
Issue of ordinary shares	11,175,615	–	–	–	–	11,175,615
Conversion of partly paid shares to ordinary shares	(199,999)	–	–	–	–	(199,999)
Capital raising costs	(387,739)	–	–	–	–	(387,739)
Total transactions with owners	10,587,877	–	–	476,837	–	11,064,714
Balance at 31 December 2020	**101,281,467**	**(42,596,715)**	**(801,736)**	**2,125,541**	**(41,095,563)**	**18,912,994**

The accompanying notes form part of these financial statements.

13. CONSOLIDATED STATEMENT OF CHANGES IN EQUITY

For the Year Ended 31 December 2020

2019 IN USD	SHARE CAPITAL	COMMON CONTROL RESERVE	FOREIGN CURRENCY TRANSLATION RESERVE	SHARE OPTION RESERVE	CONVERTING NOTES RESERVE	ACCUMULATED LOSSES	TOTAL EQUITY
	$	$	$	$	$	$	$
Balance at 1 January 2019	**56,589,405**	**(42,596,715)**	**(227,292)**	**968,831**	**415,562**	**(14,746,054)**	**403,737**
AASB 16 adjustment (net of tax)	–	–	–	–	–	(85,677)	(85,677)
Restated total at the beginning of the year	56,589,405	(42,596,715)	(227,292)	968,831	415,562	(14,831,731)	318,060
Loss for the year	–	–	–	–	–	(14,351,828)	(14,351,828)
Other comprehensive income							
Foreign currency translation differences	–	–	(971,282)	–	–	–	(971,282)
Total other comprehensive income	–	–	(971,282)	–	–	–	(971,282)
Total comprehensive loss for the year	–	–	(971,282)	–	–	(14,351,828)	(15,323,110)
Transactions with owners in their capacity as owners							
Share-based payment	–	–	–	652,826	–	–	652,826
Foreign exchange impact	–	–	–	27,047	–	–	27,047
Converting notes converted to equity	–	–	–	–	(415,562)	–	(415,562)
Issue of ordinary shares	35,626,554	–	–	–	–	–	35,626,554
Capital raising costs	(1,522,369)	–	–	–	–	–	(1,522,369)
Total transactions with owners	34,104,185	–	–	679,873	(415,562)	–	34,368,496
Balance at 31 December 2019	**90,693,590**	**(42,596,715)**	**(1,198,574)**	**1,648,704**	**–**	**(29,183,559)**	**19,363,446**

The accompanying notes form part of these financial statements.

459

14. CONSOLIDATED STATEMENT OF CASH FLOWS

For the Year Ended 31 December 2020

IN USD	NOTES	2020	2019
Operating Activities		$	$
Receipts from customers		**2,950,430**	3,262,752
Payments to suppliers and employees		**(12,210,609)**	(13,202,785)
Payments for research and development		**(3,119,907)**	(2,651,188)
Interest received		**117,735**	224,299
Grant income and COVID-19 government assistance		**355,707**	35,365
Net cash used in operating activities	12	**(11,906,644)**	(12,331,557)
Investing Activities			
Payments for property, plant and equipment	16	**(213,244)**	(374,683)
Payments for intangible assets	17	**(473,555)**	(1,233,341)
Net cash used in investing activities		**(686,799)**	(1,608,024)
Financing Activities			
Proceeds from issue of ordinary shares	24	**10,831,275**	25,231,169
Proceeds from issue of converting notes	20	**–**	70,798
Proceeds from conversion of options to ordinary shares		**489,125**	310,700
Capital raising costs		**(387,740)**	(1,717,999)
Payment of lease liabilities		**(222,609)**	(210,334)
Net cash provided by financing activities		**10,710,051**	23,684,334
Net (decrease) / increase in cash and cash equivalents held		**(1,883,392)**	9,744,753
Cash and cash equivalents at beginning of year		**16,910,605**	7,211,102
Effects of exchange rate changes on cash and cash equivalents		**312,189**	(45,251)
Cash and cash equivalents at end of the year (including bank term deposits)		**15,339,402**	16,910,605
Less bank term deposits classified as other current assets	15	**(7,238,986)**	(10,353,797)
Cash and cash equivalents at end of the year	12	**8,100,416**	**6,556,808**

The accompanying notes form part of these financial statements.

15. NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2020

1. Corporate Information

Next Science Limited (the "Company") is a company domiciled in Australia.

The Group is a for-profit entity and primarily involved in the research, development and commercialisation of technologies which solve bacterial related issues.

These consolidated financial statements comprise the Company and its subsidiaries (collectively the "Group" and individually "Group companies") for the year ended 31 December 2020 and comparative information for the year ended 31 December 2019.

2. Basis of Preparation

a. Statement of compliance

The consolidated financial statements are general purpose financial statements which have been prepared in accordance with accounting standards adopted by the Australian Accounting Standards Board ("AASB") and the Corporations Act 2001. The consolidated financial statements comply with International Financial Reporting Standards ("IFRS") adopted by the International Accounting Standards Board ("IASB").

The financial statements were approved by the Board of Directors and authorised for issue on 22nd February 2021.

b. Basis of measurement

The financial statements have been prepared on a historical cost basis.

c. Functional and presentation currency

The financial statements are presented in United States Dollars, which is the Group's presentation currency. Entities within the Group hold functional currencies of AUD or USD as appropriate to the individual entity.

d. Use of judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Group's accounting policies and the reported amounts of assets, liabilities, income, expenses and disclosure of contingent liabilities. Actual results may differ from these estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised prospectively.

The key judgements, estimates and assumptions are discussed below:

Impairment of non-financial assets

The Group assesses impairment of non-financial assets at each reporting date by evaluating conditions specific to the Group and to the particular asset that may lead to impairment. If an impairment trigger exists at balance date, the recoverable amount of the asset is determined. This involves value-in-use calculations, which incorporate a number of key estimates and assumptions.

Recoverable amount being the net amount of discounted future cash flows materially exceeds the carrying value of non-current assets. The recoverable amount of these cash generating units, at balance date, was estimated based on its value in use.

Value in use for the cash-generating units ('CGU') was determined by discounting the future cashflows to be generated

d. Use of judgements and estimates (cont.)

from the CGUs and is based on the following key assumptions:

- Cashflows were projected based on forecast operating results over a 5 year period plus a terminal value.
- Average annual revenue growth rates agreed in revenue contracts with customers and approved budgets were used for revenue projections.
- Discount rate of 12% based on the weighted average cost of capital.

Estimation of useful lives of assets

The consolidated entity determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Leases

For the purpose of measuring the right-of-use asset lease term, duration is estimated. This requires judgement and is based on an assessment as to whether an option to extend or terminate a lease will be exercised. The Group must also consider each contract held to assess whether a contract includes a lease under AASB 16 and the incremental borrowing rate is estimated.

Recovery of deferred tax assets

Deferred tax assets for tax losses are only recognised if the Group considers it is probable that future taxable amounts will be available to utilise those tax losses against.

Management has considered all the facts and circumstances and believe there is no material uncertainty over the availability of the tax losses.

e. Comparative Amounts

The presentation of the consolidated statement of profit or loss and other comprehensive has been changed such that expenses are now classified based on their function, as this provides information that is more relevant to the Group. When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current year.

f. Going concern

The financial report has been prepared on a going concern basis, which assumes continuity of normal business activities and the realisation of assets and settlement of liabilities in the ordinary course of business for a period of at least twelve months from the date this financial report is approved.

For the financial year ended 31 December 2020, the Group incurred a loss of $11,912,004 and had net cash outflows from operations of $11,906,644. As at 31 December 2020, the Group had net current asset and net asset positions of $17,025,788 and $18,912,994 respectively.

15. NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
For the Year Ended 31 December 2020

The Group raised $25,052,313 (AUD $35 million) after successfully completing an Initial Public Offering ('IPO') in April 2019. The Group raised a further $10,631,274 (AUD $15 million) over the period September to November 2020 completing two Placements and a Share Purchase plan. As at 31 December 2020, the Group has cash and cash equivalents of $8,100,000 and term deposits of $7,238,986 which is expected to be sufficient to fund its operations and activities for a period of at least twelve months from the date of signing this financial report.

After considering the above, the Directors have concluded that the Group will be able to fulfil all obligations as and when they fall due for the foreseeable future, being at least twelve months from the date of signing this financial report.

3. Significant Accounting Policies

The Group has consistently applied the following accounting policies to all periods in these financial statements.

a. Parent entity information

In accordance with the Corporations Act 2001, these financial statements present the results of the Group only. Supplementary information about the parent entity is disclosed in note 25.

b. Basis of consolidation

i. Business combinations

The Group accounts for business combinations using the acquisition method when control is transferred to the Group, unless it is a combination involving entities or businesses under common control. The consideration transferred in the acquisition is generally measured at fair value, as are the identifiable net assets acquired. Any goodwill that arises is tested annually for impairment. Any gain on a bargain purchase is recognised in profit or loss immediately. Transaction costs are expensed as incurred, except if related to the issue of debt or equity securities.

Common control transactions record assets and liabilities acquired at their book value at the date of acquisition, rather than their fair value. The difference between the fair value of the consideration given and the carrying value of the assets and liabilities acquired is recognised as a common control reserve.

The consideration transferred does not include amounts related to the settlement of pre-existing relationships. Such amounts are generally recognised in profit or loss.

ii. Subsidiaries

Subsidiaries are entities controlled by the Group. The Group controls an entity when it is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The financial statements of subsidiaries are included in the consolidated financial statements from the date on which control commences until the date on which control ceases.

iii. Loss of control

When the Group loses control over a subsidiary, it derecognises the assets and liabilities of the subsidiary, and any related non-controlling interest and other components of equity. Any resulting gain or loss is recognised in profit or loss. Any interest retained in the former subsidiary is measured at fair value when control is lost.

b. Basis of consolidation (cont.)

iv. Transactions eliminated on consolidation

Intra-group balances and transactions, and any unrealised income and expenses arising from intra-group transactions, are eliminated. Unrealised gains arising from transactions with equity-accounted investees are eliminated against the investment to the extent of the Group's interest in the investee. Unrealised losses are eliminated in the same way as unrealised gains, but only to the extent that there is no evidence of impairment.

c. Foreign currency

i. Foreign currency transactions

Transactions in foreign currencies are translated to the functional currency of the Group at exchange rates at the dates of the transactions.

Monetary assets and liabilities denominated in foreign currencies are translated into the functional currency at the exchange rate at the reporting date. Non-monetary assets and liabilities that are measured at fair value in a foreign currency are translated into the functional currency at the exchange rate when the fair value was determined. Non-monetary items that are measured based on historical cost in a foreign currency are translated at the exchange rate at the date of the transaction. Foreign currency differences are generally recognised in profit or loss and presented within finance costs.

ii. Foreign currency operations

The assets and liabilities of foreign operations, including goodwill and fair value adjustments arising on acquisition, are translated into the presentation currency at the exchange rates at the reporting date. The income and expenses of foreign operations are translated into the functional currency at the average exchange rates for the period, unless exchange rates fluctuated significantly during that period, in which case the exchange rates at the dates of the transaction are used.

Foreign currency differences are recognised in OCI and accumulated in the translation reserve.

d. Revenue from contracts with customers

Revenue from contracts with customers is recognised when a customer obtains control of the goods or services and when performance obligations have been satisfied assessing the following criteria:

i. Identification of distinct elements and separate performance obligations

In the case where the customer contract includes a sublicense and transfer of goods, the assessment must be made as to whether a separate performance obligation exists for each element. For current contracts held, whilst a license to specific IP has been given related to the Group's product, this only includes rights to distribute, not to use the IP to manufacture the product. Therefore, the licence transferred is not deemed to be a distinct element of the contract and only one performance obligation exists to transfer product to the distributor.

ii. Transfer of goods

Title and control pass to the distribution customer at the point when the Group fulfils its obligation to deliver and goods are available at the customer's premises.

As such, the performance obligation (including the license) transfers at the point in time when each good is delivered. Therefore, revenue is recognised at the point in time when the product is delivered. For product sold directly to hospitals, title and control pass when the product is delivered to the courier, with revenue being recognised at this point in time.

iii. Measurement of transaction price

Consideration of the contract can comprise a fixed element (upfront payment plus minimum annual purchase amounts) and variable elements (milestone payments).

Under AASB 15 the variable consideration is only included in the transaction price if it is 'highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur'.

In the case where milestone payments are received upon signing the contract and are not subject to regulatory approval, these amounts will be initially recognised as contract liabilities to be recognised over the life of the contract once product sales have commenced. However, where the milestone payments are subject to regulatory approval, for the variable consideration to be deemed 'most likely', this will only be included once regulatory approval has been received and recognised over the remaining life of the contract.

iv. Change in estimate

On 23rd November 2020, Next Science announced to the ASX that the distribution agreement with 3M for BLASTX®, would not be renewed at the end of 2021 and that BLASTX® would be transitioned back to Next Science in the first half of 2021. Discussions are progressing smoothly, and Next Science anticipates the transition will be complete prior to the end of the first half 2021.

As a result of this, there has been a change in the time frame for recognition of the performance obligation in relation to the milestone payments received from 3M. The milestone payments which previously would have been recognised as revenue over the period until the end of the contract period of 31 Dec 2021, will now be recognised as revenue over a shorter time period ending 1H 2021, when it is anticipated that the full transition of BLASTX® back to Next Science will be complete.

e. Government grants

Government grants are recognised where there is reasonable assurance that the grant will be received and all attached conditions will be complied with. When the grant relates to an expense item, it is recognised as income on a systematic basis over the periods that the related costs, for which it is intended to compensate, are expensed. When the grant relates to an asset, it is recognised as income in equal amounts over the expected useful life of the related asset.

f. Finance income and finance costs

Finance income comprises interest income, dividend income and foreign currency gains. Interest income is recognised in profit or loss as it accrues using the effective interest method.

f. Finance income and finance costs (cont.)

The 'effective interest rate' is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial instruments to the gross carrying amount of the financial asset or the amortised cost of the financial asset.

In calculating income and expense, the effective interest rate is applied to the gross carrying amount of the asset (when the asset is not credit impaired) or to the amortised cost of the liability. However, for financial assets that have become credit impaired subsequent to initial recognition interest income is calculated by applying the effective interest rate to the amortised cost of the financial asset. If the asset is no longer credit impaired, then the calculation of interest income reverts to the gross basis.

Finance costs comprise interest expense on borrowings, lease liabilities and converting notes, foreign currency losses and impairment losses recognised on financial assets. Foreign exchange gains and losses on intercompany assets and liabilities that are not eliminated upon consolidation are recognised in OCI. Borrowing costs that are not directly attributable to the acquisition, construction or production of a qualifying asset are recognised in profit or loss using the effective interest method.

Interest expenses includes interest in relation to lease liabilities and is calculated based on the bank borrowing rate as appropriate for the lease contract, with a range of 5.4% to 5.5% on current leases held.

Foreign currency gains and losses are reported on a net basis as either finance income or finance cost depending on whether foreign currency movements are in a net gain or net loss position.

g. Income tax

Income tax expense comprises current and deferred tax. It is recognised in profit or loss except to the extent that it relates to a business combination, or items recognised directly in equity or in OCI.

The amount of current tax payable or receivable is the best estimate of the tax amount expected to be paid or received.

i. Current tax

Current tax comprises the expected tax payable or receivable on the taxable income or loss for the year and any adjustment to tax payable or receivable in respect of previous years. It is measured using tax rates enacted or substantively enacted at the reporting date. Current tax also includes any tax liability arising from dividends.

Current tax assets and liabilities are offset only if certain criteria are met.

ii. Deferred tax

Deferred tax is recognised in respect of temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for taxation purposes. Deferred tax is not recognised for temporary differences on the initial recognition of assets or liabilities in a transaction that is not a business combination and that affects neither accounting nor taxable profit or loss, or on taxable temporary differences arising on the initial recognition of goodwill.

15. NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
For the Year Ended 31 December 2020

Deferred tax assets are recognised for unused tax losses, tax credits and deductible temporary differences, to the extent that it is probable that future taxable profits will be available against which they can be utilised. Deferred tax assets are reviewed at each reporting date and are reduced to the extent that it is no longer probable that the related tax benefit will be realised; such reductions are reversed when the probability of future taxable profits improves.

Unrecognised deferred tax assets are reassessed at each reporting date and recognised to the extent that it has become probable that future taxable profits will be available against which they can be used.

Deferred tax is measured at the tax rates that are expected to be applied to temporary differences when they reverse, using tax rates enacted or substantively enacted at the reporting date.

The measurement of deferred tax reflects the tax consequences that could follow the manner in which the Group expects, at the reporting date, to recover or settle the carrying amount of its assets and liabilities.

Deferred tax assets and liabilities are offset only if certain criteria are met.

h. Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Group's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the Group's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

i. Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. For the statement of cash flows presentation purposes, cash and cash equivalents also includes bank overdrafts, which are shown within borrowings in current liabilities on the statement of financial position.

j. Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses.

j. Trade and other receivables (cont.)

Trade receivables are generally due for settlement within 30 days.

The Group has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

k. Inventories

Inventories are measured at the lower of cost and net realisable value. The cost of inventories is based on the first in, first out principle.

l. Property, plant and equipment

i. Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. If significant parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the consolidated entity. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained profits.

ii. Subsequent expenditure

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Group

iii. Depreciation

Depreciation is calculated based on the cost of property, plant and equipment less their estimated residual values using the straight line basis over their estimated useful lives, and is generally recognised in profit or loss. Right-of-use assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the Group will obtain ownership by the end of the lease term. Land is not depreciated.

The estimated useful lives of property, plant and equipment are as follows:

FIXED ASSET CLASS	USEFUL LIFE
Leasehold improvements	5-15 years
Plant and equipment	5 years
Furniture and fittings	5 years

Depreciation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

m. Right-of-use assets

i. Recognition and measurement

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Group expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The Group has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low value assets. Lease payments on these assets are expensed to profit or loss as incurred.

n. Intangibles

i. Recognition and measurement

Research and development expenditure

Expenditure on research activities is recognised in profit or loss as incurred. Development expenditure is capitalised only if development costs can be measured reliably, the product or process is technically and commercially feasible, future economic benefits are probable, and the Group intends to and has sufficient resources to complete development and to use or sell the asset. Otherwise it is recognised in profit or loss as incurred. Subsequent to initial recognition, development expenditure is measured at cost less accumulated amortisation and any accumulated impairment losses.

Patents

Expenditure is capitalised in relation to patent application costs and amortised over the remaining life of the base patent as relevant. Costs will be no longer capitalised in the event that a patent application is no longer being pursued with any existing capitalised costs being impaired as an expense in the profit or loss.

Computer software

Computer software comprises computer application system software and licenses. Costs incurred in developing products or systems and costs incurred in acquiring software and licenses that will contribute to future period financial benefits through revenue generation and/or cost reduction are capitalised to computer software. Costs capitalised include external direct costs of materials and services, direct payroll and payroll related costs.

ii. Subsequent expenditure

Subsequent expenditure is capitalised only when it increases the future economic benefits embodied in the specific asset to which it relates. All other expenditure, including expenditure on internally generated goodwill and brands, is recognised in profit or loss as incurred.

iii. Amortisation

Amortisation is calculated based on the cost of intangible assets less their estimated residual values using the straight line method over their estimated useful lives, and is generally recognised in profit or loss.

iii. Amortisation (cont.)

The estimated useful lives of intangible assets are as follows:

Development expenditure	8 years
Computer software	2-3 years
Patents	8-15 years

Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

Intangible assets, other than goodwill, have finite useful lives.

o. Trade and other payables

These amounts represent liabilities for goods and services provided to the Group prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

p. Contract liabilities

Contract liabilities represent the consolidated entity's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Group recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Group has transferred the goods or services to the customer.

q. Leases

i. Definition of a new lease

The determination of whether a contract contains a lease is on the basis of whether the customer has the right to control the use of an identified asset for a period of time in exchange for consideration. The Group has applied this definition to all lease contracts currently held.

ii. Lessee accounting

For all contracts determined to constitute a lease, right-of-use assets and lease liabilities are recognised in the consolidated statement of financial position, initially measured at the present value of future lease payments. When measuring these lease liabilities, the Group discounted lease payments using the interest rate implicit in the lease contract.

Right-of-use assets are tested for impairment in accordance with AASB 136 Impairment of assets. Lease incentives, if relevant, are recognised as part of the measurement of the right-of-use assets and lease liabilities. Depreciation is expensed on right-of-use assets and interest on lease liabilities, both recognised in the consolidated statement of profit or loss.

For presentation purposes, the total amount of cash paid in relation to leases is separated into a principal portion (presented within financial activities) and interest on lease liabilities, both recognised in the consolidated statement of profit or loss.

15. NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
For the Year Ended 31 December 2020

For short-term leases (lease term of 12 months or less) and leases of low value assets, the Group has opted to recognise a lease expense on a straight line basis. This expense is presented within other expenses in the consolidated statement of profit or loss.

r. Provisions

A provision is recognised if, as a result of a past event, the Group has a present legal or constructive obligation that can be estimated reliably and if it is probable that an outflow of economic benefits will be required to settle the obligation. Provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The unwinding of the discount is recognised as a finance cost.

s. Employee benefits

i. Short-term employee benefits

Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled within 12 months of the end of the financial year in which employees render the related service. Short-term employee benefits include salaries and wages plus related on costs such as payroll tax, superannuation and workers compensation insurance and are measured at the undiscounted amounts expected to be paid when the obligation is settled.

ii. Long-term employee benefits

Long-term employee benefits include employees' long service leave and annual leave entitlements not expected to be settled within 12 months of the end of the financial year in which employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, duration of service and employee departures and are discounted at rates determined by reference to market yields at the end of the reporting period on corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for long-term employee benefits are recognised in profit or loss in the periods in which the changes occur.

iii. Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to employees' defined contribution plans are recognised as an expense as the related service is provided. Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in future payments is available.

iv. Share-based payment arrangements

The grant date fair value of options granted to employees (equity settled) is recognised as an employee expense, with a corresponding increase in equity, over the period in which the employees become entitled to the options. The amount recognised as an expense is adjusted to reflect the number of options for which the related service and non market performance conditions are expected to be met, such that the amount ultimately recognised is based on the number of options that meet the related service and non market performance conditions at the vesting date.

t. Financial instruments

i. Recognition and initial measurement

The Group initially recognises trade receivables issued on the date that they are originated. All other financial assets and financial liabilities are recognised initially on the trade date.

ii. Classification and subsequent measurement

Financial assets

On initial recognition, a financial asset is classified as measured at amortised cost or fair value through profit or loss ("FVTPL").

Financial assets at amortised cost are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in profit or loss. Any gain or loss on derecognition is recognised in profit or loss.

Financial assets at FVTPL are subsequently measured at fair value. Net gains and losses, including any interest or dividend income, are recognised in profit or loss.

Financial liabilities

Financial liabilities are classified as measured at amortised cost or FVTPL. A financial liability is classified as at FVTPL if it is classified as held for trading, it is a derivative or it is designated as such on initial recognition. Financial liabilities at FVTPL are measured at fair value and net gains and losses, including any interest expense, are recognised in profit or loss. Other financial liabilities are subsequently measured at amortised cost using the effective interest method. Interest expense and foreign exchange gains and losses are recognised in profit or loss. Any gain or loss on derecognition is also recognised in profit or loss.

iii. Derecognition

Financial assets

The Group derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred or it neither transfers nor retains substantially all of the risks and rewards of ownership and does not retain control over the transferred asset. Any interest in transferred financial assets that is created or retained by the Group is recognised as a separate asset or liability.

Financial liabilities

The Group derecognises a financial liability when its contractual obligations are discharged or cancelled, or expired.

iv. Offsetting

Financial assets and financial liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Group currently has a legally enforceable right to set off the amounts and it intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

15. NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
For the Year Ended 31 December 2020

u. Impairment

The Group recognises loss allowances for expected credit losses ("ECL") on financial assets and contract assets. Loss allowances where relevant are measured at an amount equal to a 12 month ECL.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECL's, the Group considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Group's historical experience and informed credit assessment and including forward looking information.

The Group assumes that the credit risk on a financial asset has increased significantly if it is more than 90 days past due.

The Group considers a financial asset to be in default when the borrower is unlikely to pay its obligations to the Group in full or the financial asset is more than 130 days past due.

ECLs are a probability weighted estimate of credit losses and are measured as the present value of all cash shortfalls discounted at the effective interest rate. Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in profit or loss and reflected in an allowance account against loans and receivables. Interest on the impaired asset continues to be recognised. When a subsequent event causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through profit or loss.

v. Share capital

Ordinary shares

Incremental costs directly attributable to the issue of ordinary shares, net of any tax effects, are recognised as a deduction from equity.

w. Converting notes

Converting notes issued by the Company were converted to ordinary shares in accordance with the terms detailed in Note 20.

The liability component of the converting notes is initially recognised at fair value. Any directly attributable transaction costs are allocated against the liability.

Subsequent to initial recognition, the liability component of a converting note is measured at amortised cost using the effective interest method.

Interest related to the financial liability is recognised in profit or loss. On conversion, the financial liability is reclassified to equity and no gain or loss is recognised.

x. Fair value measurement

'Fair value' is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in the principal or, in its absence, the most advantageous

x. Fair value measurement (cont.)

market to which the Group has access at that date. The fair value of a liability reflects its non-performance risk.

A number of the Group's accounting policies and disclosures require the measurement of fair values, for both financial and non-financial assets and liabilities. When one is available, the Group measures the fair value using the quoted price in an active market. A market is regarded as 'active' if transactions for the asset or liability take place with sufficient frequency and volume to provide pricing information on an ongoing basis.

If there is no quoted price in an active market, then the Group uses valuation techniques that maximise the use of relevant observable inputs and minimise the use of unobservable inputs.

The chosen valuation technique incorporates all of the factors that market participants would take into account in pricing a transaction.

y. Segment reporting

Operating segments are reported in a manner consistent with the internal reporting provided to the Chief Operating Decision Maker ("CODM"). The CODM is responsible for allocating resources and assessing performance of the operating segments.

i. Basic earnings per share

Basic earnings per share is calculated by dividing the profit or loss attributable to the owners of the Company excluding any costs of servicing equity other than ordinary shares, by the weighted average number of ordinary shares outstanding during the financial year, adjusted for bonus elements in ordinary shares issued during the financial year.

ii. Diluted earnings per share

Diluted earnings per share adjusts the figures used in the determination of basic earnings per share to take into account the after income tax effect of interest and other financing costs associated with dilutive potential ordinary shares and the weighted average number of shares assumed to have been issued for no consideration in relation to dilutive potential ordinary shares.

aa. Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

15. NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
For the Year Ended 31 December 2020

4. Standards issued but not yet effective

A number of new standards are effective for annual periods beginning after 1 January 2020 and earlier application is permitted; however, the Group has not early adopted the new or amended standards in preparing these consolidated financial statements.

The Group plans to apply the amendments when they become effective and they are not expected to have a significant impact on the Group's consolidated financial statements:

i. Interest Rate Benchmark Reform – Phase 2 (Amendments to AASB 9, IAS 39, AASB 7, AASB 4 and AASB 16)

ii. COVID 19 – Related rent concessions (Amendment to AASB 16)

iii. Property, plant and equipment: proceeds before intended use (Amendments to IAS 16)

iv. Reference to Conceptual Framework (Amendments to AASB 3)

v. Classification of liabilities as current or non-current (Amendments to IAS 1)

5. Revenue and Other Income

	2020	2019
In USD	$	$
Revenue from contracts with customers	**3,440,975**	4,060,800

Identification of reporting operating segments

The Group operates in one segment, based on the internal reports that are reviewed and used by the Board of Directors (who are identified as the Chief Operating Decision Makers (CODM)) in assessing performance and in determining the allocation of resources.

	REVENUE FROM CONTRACTS WITH CUSTOMERS		GEOGRAPHICAL NON-CURRENT ASSETS	
	2020	2019	2020	2019
In USD	$	$	$	$
United States of America	**3,353,331**	3,973,254	**1,486,004**	1,681,987
Australia	**87,644**	87,546	**1,900,986**	1,733,892
	3,440,975	4,060,800	**3,386,990**	3,415,879

Major customers

Revenues from two major customers of the Group represented 91% (2019: 97%) of the Group's total revenue.

OTHER INCOME

	2020	2019
In USD	$	$
Grant income	–	35,365
Government assistance – COVID-19	318,077	–
Other income	38,497	–
	356,574	35,365

Income received in relation to grants will only be recognised when there is reasonable assurance when all conditions attaching to the grant have been complied with.

6. Individually Significant Items

The loss from ordinary activities before income tax includes the following expenses:

	2020	2019
In USD	$	$
Included in selling and distribution expenses *Depreciation and amortisation*	**22,735**	31,119
Included in research and development expenses *Depreciation and amortisation*	**480,139**	336,697
Included in administrative expenses *Depreciation and amortisation*	**198,726**	197,424

7. Other Expenses

	2020	2019
In USD	$	$
Loss on sale of fixed asset	**2,796**	2,368
Impairment loss on intangibles	**7,605**	60,603
Impairment loss on property, plant and equipment	**2,951**	–
	13,352	62,971

8. Employee Expenses

	2020	2019
In USD	$	$
Salaries and wages	**7,034,911**	7,186,191
Contributions to defined contribution funds	**41,157**	67,134
Share-based payments	**482,973**	652,826
	7,559,041	7,906,151

9. Finance Income

	2020	2019
In USD	$	$
Interest income	**105,983**	235,821
Interest income (loan to shareholder)	**1,266**	4,567
Net foreign exchange gain	**190,005**	38,330
	297,254	278,718

468

10. Finance Costs

In USD	2020 $	2019 $
Interest expense on converting note	–	183,275
Notional interest expense – converting notes	–	1,917,869
Interest expense on lease liabilities	21,179	28,280
	21,179	2,129,424

11. Income Tax Expense

Income tax expense comprises current and deferred tax expense and is recognised in profit or loss, except to the extent that it relates to a business combination or items recognised directly in equity or other comprehensive income. The components of tax expense comprise:

In USD	2020 $	2019 $
Current tax	–	–
Deferred tax	–	–
	–	–

Reconciliation of income tax to accounting profit:		
Loss before income tax	(11,912,004)	(14,351,828)
Prima facie tax benefit on profit from ordinary activities before income tax at 27.5% (2019: 27.5%)	(3,275,801)	(3,946,753)
Tax effect of:		
Permanent differences	242,329	993,799
Effect of tax rate in foreign jurisdictions	(251,448)	68,203
Tax losses not brought to account	3,284,920	2,884,751
Total income tax expense	–	–

The unused tax losses as at 31 December were as follows:

	2020 $	2019 $
Australia unused tax losses (in AUD)	30,652,663	22,594,311
USD unused tax losses (in USD)	21,503,856	17,653,432

Tax losses are recognised only to the extent that it is probable that the future taxable profit will be available against which the benefits can be utilised. Management has considered all the facts and circumstances and believe there is no material uncertainty over the availability of the tax losses.

Australian entities

Movement in deferred tax assets and liabilities using the Company's domestic Australian tax rate of 27.5%

In USD	OPENING BALANCE $	RECOGNISED IN PROFIT OR LOSS $	CLOSING BALANCE $
2020 cost			
Intangibles	(459,833)	(60,272)	(520,105)
Employee benefits	15,890	7,913	23,803
Accrued expenses	18,512	(9,257)	9,255
Deferred revenue	468,577	434,541	903,118
Unused tax losses carried forward	4,619,568	1,530,402	6,149,970
Other items	(28,185)	(11,299)	(39,484)
Deferred tax assets not recognised	(4,634,529)	(1,892,028)	(6,526,557)
Deferred tax assets/(liabilities)	–	–	–
2019 cost			
Intangibles	(169,542)	(290,291)	(459,833)
Employee benefits	11,563	4,327	15,890
Accrued expenses	42,004	(23,492)	18,512
Deferred revenue	520,582	(52,005)	468,577
Unused tax losses carried forward	1,323,725	3,295,843	4,619,568
Other items	(48,596)	20,411	(28,185)
Deferred tax assets not recognised	(1,679,736)	(2,954,793)	(4,634,529)
Deferred tax assets/(liabilities)	–	–	–

469

11. Income Tax Expense (cont.)

US entities

Movement in deferred tax assets and liabilities using the US tax rate of 26.5%

In USD	OPENING BALANCE $	RECOGNISED IN PROFIT OR LOSS $	CLOSING BALANCE $
2020 cost			
Intangibles	**(130,439)**	**12,873**	**(117,566)**
Employee benefits	**4,097**	**(3,022)**	**1,075**
Accrued expenses	**77,307**	**26,811**	**104,118**
Unused tax losses carried forward	**4,673,389**	**1,025,132**	**5,698,521**
Other items	**(8,892)**	**(31,397)**	**(40,289)**
Deferred tax assets not recognised	**(4,615,462)**	**(1,030,397)**	**(5,645,859)**
Deferred tax assets/(liabilities)	**–**	**–**	**–**
2019 cost			
Intangibles	(150,248)	19,809	(130,439)
Employee benefits	18,267	(14,170)	4,097
Accrued expenses	86,627	(9,320)	77,307
Unused tax losses carried forward	4,951,447	(278,058)	4,673,389
Other items	(29,259)	20,367	(8,892)
Deferred tax assets not recognised	(4,876,834)	261,372	(4,615,462)
Deferred tax assets/(liabilities)	**–**	**–**	**–**

12. Cash and Cash Equivalents

In USD	2020 $	2019 $
Cash at bank	**8,100,416**	6,556,808
	8,100,416	6,556,808

Term deposits have been reclassified from cash to other current assets for the prior financial year. Refer to note 15.

12. Cash and Cash Equivalents (cont.)

Reconciliation of cash flows from operating activities

In USD	2020 $	2019 $
Loss for the year	**(11,912,004)**	(14,351,828)
Adjustments for:		
Depreciation and amortisation	**701,600**	565,239
Interest income (Note 9)	**(1,266)**	(4,567)
Accrued interest on converting notes (Note 10)	**–**	183,275
Share-based payments (Note 8)	**482,973**	652,826
Unrealised foreign currency translation (gain)/loss	**(72,143)**	8,612
Directors fees paid as shares (Note 24)	**30,520**	93,096
Notional interest expense on converting notes (Note 20)	**–**	1,917,869
Interest expense on right-of-use assets (Note 18)	**21,179**	28,281
Loss on sale of fixed asset (Note 16)	**2,796**	2,367
Impairment of intangible assets (Note 17)	**7,606**	60,603
Impairment of property, plant and equipment (Note 16)	**2,951**	–
Amortisation element of capital raising fee	**–**	273,798
Operating loss before changes in working capital and provisions	**(10,735,788)**	(10,570,429)
Change in operating assets and liabilities		
Change in trade and other receivables	**(2,097,048)**	(578,351)
Change in inventories	**(629,516)**	(223,094)
Change in other current assets	**28,300**	(833,790)
Change in trade and other payables	**(28,011)**	(30,736)
Change in employee benefits	**(24,730)**	93,955
Change in contract liabilities	**1,580,149**	(189,111)
	(1,170,856)	(1,761,127)
Net cash from operating activities	**(11,906,644)**	(12,331,556)

13. Trade and Other Receivables

	2020	2019
In USD	$	$
Current		
Trade receivables	**3,388,045**	1,460,025
Loan to shareholders	**–**	180,357
	3,388,045	1,640,382
Non-Current		
Security deposit	**36,656**	36,656
	36,656	36,656

The carrying value of receivables is considered a reasonable approximation of fair value due to the short term nature of the balances. The Group has assessed any potential credit risk associated with these counterparties and deemed ECL to be insignificant.

14. Inventories

	2020	2019
In USD	$	$
Finished goods - at cost	**631,644**	380,112
Raw materials - at cost	**539,923**	161,939
	1,171,567	542,051
Less: provision for obsolete stock	**(99,588)**	(141,691)
	1,071,979	400,360

15. Other Current Assets

	2020	2019
In USD	$	$
Current		
Prepayments and other assets	**452,458**	332,504
Term deposits (i)	**7,238,986**	10,353,797
	7,691,444	10,686,301

i. Term deposits with a maturity of greater than 3 months have been reclassified from cash to other current assets for the prior financial year.

16. Property, Plant and Equipment

	2020	2019
In USD	$	$
Plant and equipment		
At cost	**1,120,117**	954,375
Accumulated depreciation	**(572,261)**	(412,124)
Total plant and equipment	**547,856**	542,251
Furniture, fixtures and fittings		
At cost	**236,866**	207,025
Accumulated depreciation	**(135,140)**	(95,603)
Total furniture, fixtures and fittings	**101,726**	111,422
Leasehold Improvements		
At cost	**201,121**	198,975
Accumulated amortisation	**(62,570)**	(40,061)
Total leasehold improvements	**138,551**	158,914
Total property, plant and equipment	**788,133**	812,587

Reconciliations of the written down values at the beginning and end of the current financial year and previous financial period are set out below.

	PLANT AND EQUIPMENT	FURNITURE AND FITTINGS	LEASEHOLD IMPROVEMENTS	TOTAL
In USD	$	$	$	$
Balance at 1 January 2020	**542,251**	**111,422**	**158,914**	**812,587**
Additions	**174,056**	**39,188**	**–**	**213,244**
Disposals	**(1,144)**	**(1,652)**	**–**	**(2,796)**
Depreciation expense	**(167,307)**	**(44,281)**	**(20,381)**	**(231,969)**
Impairment loss	**–**	**(2,951)**	**–**	**(2,951)**
Foreign exchange movements	**–**	**–**	**18**	**18**
Balance at the end of the year	**547,856**	**101,726**	**138,551**	**788,133**
Balance at 1 January 2019	352,322	106,280	180,032	638,634
Additions	332,422	42,261	–	374,683
Disposals	(1,967)	–	(400)	(2,367)
Depreciation expense	(140,524)	(37,119)	(20,528)	(198,171)
Foreign exchange movements	(2)	–	(190)	(192)
Balance at the end of the year	542,251	111,422	158,914	812,587

An impairment loss of $2,951 (2019: Nil) was recognised during the financial year in relation to water damage of cabinet countertops in the Jacksonville office, Florida USA.

17. Intangible Assets

	2020	2019
In USD	$	$
Patents and trademarks		
Cost	**1,288,497**	1,078,679
Accumulated amortisation	**(326,387)**	(231,058)
Net book value	**962,110**	847,621
Research and development expenditure		
Cost	**1,623,330**	1,369,252
Accumulated amortisation	**(252,141)**	(81,388)
Net book value	**1,371,189**	1,287,864
Computer software		
Cost	**125,646**	121,276
Accumulated amortisation	**(124,009)**	(92,416)
Net book value	**1,637**	28,860
Total Intangibles	**2,334,936**	2,164,345

	PATENTS AND TRADEMARKS	RESEARCH AND DEVELOPMENT	COMPUTER SOFTWARE	TOTAL
In USD	$	$	$	$
Balance at 1 January 2020	**847,621**	**1,287,864**	**28,860**	**2,164,345**
Additions	**219,477**	**254,078**	**–**	**473,555**
Impairment loss	**(7,605)**	**–**	**–**	**(7,605)**
Amortisation expense	**(97,383)**	**(170,753)**	**(26,379)**	**(294,514)**
Foreign exchange movements	**–**	**–**	**(844)**	**(844)**
Closing value at 31 December 2020	**962,110**	**1,371,189**	**1,637**	**2,334,936**
Balance at 1 January 2019	738,944	378,979	65,567	1,183,490
Additions	254,269	976,072	3,000	1,233,341
Impairment loss	(60,603)	–	–	(60,603)
Amortisation expense	(85,122)	(67,395)	(39,108)	(191,625)
Foreign exchange movements	133	208	(599)	(258)
Closing value at 31 December 2019	847,621	1,287,864	28,860	2,164,345

An impairment loss of $7,606 (2019: $60,603) was recognised during the financial year in relation to legal costs previously capitalised for patents under application now no longer being pursued.

18. Right-of-use Assets

The Group holds leases for properties with lease terms ranging from 3 to 4.6 years. AASB 16, Leases, has been adopted with a modified retrospective transition approach.

	2020	2019
In USD	$	$
Property – right-of-use asset	**587,668**	577,734
Accumulated depreciation	**(360,403)**	(175,443)
	227,265	402,291
Amounts recognised in profit or loss		
Depreciation expensed	**175,116**	175,443
Interest expense	**21,179**	28,281
Expense relating to variable lease payments not included in the measurement of the lease liability	**89,390**	84,290
Total property, plant and equipment	**285,685**	288,014

The total cash outflow in relation to lease payments amounted to USD $222,609 (2019: USD $210,334).

Movement

	PROPERTY
In USD	$
Balance at 1 January 2020	**402,291**
Additions	**–**
Depreciation expense	**(175,116)**
Foreign exchange movements	**90**
Closing value at 31 December 2020	**227,265**
Balance at 1 January 2019	–
Additions	577,734
Depreciation expense	(175,443)
Foreign exchange movements	–
Closing value at 31 December 2019	**402,291**

19. Trade and Other Payables

	2020	2019
In USD	$	$
Current		
Trade payables	**571,460**	628,035
Other payables and accrued expenses	**492,905**	448,637
	1,064,365	1,076,672

All amounts are short-term and the carrying values are considered to be a reasonable approximation of fair value.

20. Loans and Borrowings

Converting notes

In USD	2019 $
Balance at 1 January 2019	7,069,417
Proceeds from issue of convertible notes	70,798
Interest expense accrued	183,275
Transaction costs recognised in profit or loss	289,493
Notional interest on converting notes	1,917,869
Effect of movement in exchange rates	285,433
Issue of ordinary shares upon conversion in April 2019	(9,816,285)
Carrying amount of liability at 31 December 2019	**–**

On 8 April 2019, the non-redeemable converting notes converted to ordinary shares following the Initial Public Offering (IPO). The conversion price of converting notes to ordinary shares was AUD$0.80.

21. Contract Liabilities

In USD	2020 $	2019 $
Current		
Contract liabilities	**1,909,554**	375,106
Non-Current		
Contract liabilities	**1,374,510**	1,328,809

Contract liabilities relate to consideration received in advance from customers for which revenue will be recognised as and when products are delivered or other performance obligations met.

22. Lease Liabilities

In USD	2020 $	2019 $
Current		
Lease liabilities	**170,946**	196,442
Non-Current		
Lease liabilities	**115,889**	286,012
	286,835	482,454
Maturity analysis		
Not later than 1 year	**170,946**	196,442
Later than 1 year but not later than 5 years	**115,889**	286,012
Later than 5 years	**–**	–
	286,835	482,454

23. Employee Benefits

In USD	2020 $	2019 $
Current		
Liability for annual leave	**81,231**	69,552
Non-Current		
Liability for long service leave	**9,385**	3,691

24. Capital and Reserves

a. Share capital

In number of shares	FULLY PAID	PARTLY PAID	TOTAL
Share split on 24 January 2019	129,376,000	650,000	130,026,000
Shares issued in February 2019 (on conversion of employee share options)	314,502	–	314,502
Shares issued in April 2019 on conversion of converting notes to shares	13,824,063	–	13,824,063
Shares issued in April 2019 upon IPO	35,000,010	–	35,000,010
Shares issued in September 2019 (on conversion of employee share options)	650,000	–	650,000
Shares issued in September 2019 in lieu of Non-Executive Director fees	53,441	–	53,441
Shares issued in December 2019 (on conversion of employee share options)	565,500	–	565,500
Shares issued in December 2019 in lieu of Non-Executive Director fees	16,842	–	16,842
Shares issued in December 2019 (on conversion of employee share options)	260,000	–	260,000
Balance as at 31 December 2019	**180,060,358**	**650,000**	**180,710,358**
Shares issued in March 2020 (on conversion of employee share options) (i)	**162,500**	–	**162,500**
Partly paid shares converted into fully paid shares in April 2020	**650,000**	**(650,000)**	–
Shares issued in May 2020 in lieu of Non-Executive Director fees (ii)	**23,820**	–	**23,820**
Shares issued in July 2020 (on conversion of employee share options) (iii)	**325,000**	–	**325,000**
Shares issued in July 2020 (on conversion of employee share options) (iv)	**325,000**	–	**325,000**
Placement in September 2020 (v)	**6,666,666**	–	**6,666,666**
Share purchase plan in October 2020 (vi)	**4,236,898**	–	**4,236,898**
Shares issued in October 2020 (on conversion of employee share options) (vii)	**84,500**	–	**84,500**
Placement in November 2020 (viii)	**1,666,667**	–	**1,666,667**
Balance as at 31 December 2020	**194,201,409**	–	**194,201,409**

24. Capital and Reserves (cont.)

In USD	FULLY PAID $	PARTLY PAID $	TOTAL $
Balance at 1 January 2019	56,389,406	199,999	56,589,405
Shares issued in February 2019 (on conversion of employee share options)	178,856	–	178,856
Shares issued in April 2019 on conversion of converting notes to shares	9,816,285	–	9,816,285
Shares issued in April 2019 upon IPO	25,052,313	–	25,052,313
Shares issued in September 2019 (on conversion of employee share options)	201,500	–	201,500
Shares issued in September 2019 in lieu of Non-Executive Director fees	60,443	–	60,443
Shares issued in December 2019 (on conversion of employee share options)	175,305	–	175,305
Shares issued in December 2019 in lieu of Non-Executive Director fees	32,652	–	32,652
Shares issued in December 2019 (on conversion of employee share options)	109,200	–	109,200
Capital raising costs	(1,522,369)	–	(1,522,369)
Balance as at 31 December 2019	**90,493,591**	**199,999**	**90,693,590**
Shares issued in March 2020 (on conversion of employee share options) (i)	**50,377**	–	**50,377**
Partly paid shares converted into fully paid shares in April 2020	**199,999**	**(199,999)**	–
Shares issued in May 2020 in lieu of Non-Executive Director fees (ii)	**30,520**	–	**30,520**
Shares issued in July 2020 (on conversion of employee share options) (iii)	**100,750**	–	**100,750**
Shares issued in July 2020 (on conversion of employee share options) (iv)	**136,500**	–	**136,500**
Placement in September 2020 (v)	**5,627,879**	–	**5,627,879**
Share purchase plan in October 2020 (vi)	**3,550,085**	–	**3,550,085**
Shares issued in October 2020 (on conversion of employee share options) (vii)	**26,195**	–	**26,195**
Placement in November 2020 (viii)	**1,453,310**	–	**1,453,310**
Capital raising costs	**(387,739)**	–	**(387,739)**
Balance as at 31 December 2020	**101,281,467**	–	**101,281,467**

24. Capital and Reserves (cont.)

i. On 2 March 2020, 162,500 round 2 Equity Incentive Plan (ECP) employee share options converted to 162,500 ordinary shares at a price of AUD$0.47.

ii. On 6 May 2020, the following ordinary shares were issued in lieu of non-executive directors fees:
   - 12,537 ordinary shares were issued at a price of AUD$1.99 to Daniel Spira
   - 11,283 ordinary shares were issued at a price of AUD$1.99 to Aileen Stockburger

iii. On 2 July 2020, 325,000 round 2 Equity Incentive Plan (ECP) employee share options converted to 325,000 ordinary shares at a price of AUD$0.45.

iv. On 2 July 2020, 325,000 round 2 Equity Incentive Plan (ECP) employee share options converted to 325,000 ordinary shares at a price of AUD$0.61.

v. On 24 September 2020, Next Science raised A$7,999,999 via a Placement at A$1.20 per share.

vi. On 19 October 2020, Next Science raised A$4,999,663 via a Share Purchase Plan at A$1.18 per share.

vii. On 23 October 2020, 84,500 round 2 Equity Incentive Plan (ECP) employee share options converted to 84,500 ordinary shares at a price of AUD$0.44.

viii. On 19 November 2020, Next Science raised A$2,000,000 via a Placement at A$1.20, approved by shareholders at a general meeting held on 18 November 2020.

Ordinary shares

Fully paid ordinary shares

Ordinary shares participate in dividends and the proceeds on winding up of the Company in proportion to the number of shares held. At shareholders' meetings, each ordinary share is entitled to one vote when a poll is called.

Partly paid ordinary shares

The partly paid ordinary shares are called on in accordance with their underlying arrangements (due for payment April 2020) and as required by the Company. In any case, on winding up the company, the balance of partly paid shares, if any, may be called up. The proceeds on winding up are proportional to the amounts paid on partly paid shares. Partly paid shares carry equal dividend participation and voting rights as fully paid shares, although any dividends must be first be applied to the unpaid balance on the shares.

b. Reserves

	2020	2019
In USD	$	$
Foreign currency translation reserve	(801,736)	(1,198,574)
Common control reserve	(42,596,715)	(42,596,715)
Share option reserve	2,125,541	1,648,704
	(41,272,910)	(42,146,585)

Foreign currency translation reserve

The translation reserve comprises all foreign currency differences arising from the translation of the financial statements of foreign operations where their functional currency is different to the Group's presentation currency.

Common control reserve

The acquisition of the share capital of Microbial Defense Systems Holdings Inc ("MDS") by the Company on 22 December 2017 was accounted for as a common control transaction. As a consequence, the difference between the fair value of the consideration paid ($43,862,500) and the existing book values of assets and liabilities of MDS ($1,265,785) were debited to a common control reserve, directly within equity.

Share option reserve

The share option reserve comprises the value of the share-based payment arrangements recognised in equity.

c. **Dividends**

No dividends were paid or declared by the Company during the financial year.

d. **Dividend franking account**

The Company has franking credits available to shareholders of Nil.

e. Capital management

The Group's objectives when managing capital are to safeguard its ability to continue as a going concern so that it can continue to provide returns for shareholders and benefits for other stakeholders, maintain sufficient financial flexibility to pursue its growth objectives and maintain an optimal capital structure to reduce the cost of capital.

25. Parent Entity Information

As at, and throughout, the financial year to 31 December 2020 the parent entity of the Group was Next Science Limited.

Statement of profit or loss and other comprehensive income

	PARENT 2020	PARENT 2019
In USD	$	$
Loss after income tax	**(6,081,965)**	(13,864,920)
Other comprehensive income / (loss)	**598,176**	(1,042,968)
Total comprehensive loss	**(5,483,789)**	(14,907,888)

Statement of financial position

	PARENT 2020	PARENT 2019
In USD	$	$
Assets		
Total current assets	**2,469,478**	1,407,127
Total non-current assets	**24,305,150**	19,363,446
Total assets	**26,774,628**	20,770,573
Liabilities		
Total current liabilities	**(423,201)**	(70)
Total non-current liabilities	**-**	-
Total liabilities	**(423,201)**	(70)
Total net assets	**26,351,427**	20,770,503
Equity		
Share capital	**101,281,467**	90,693,590
Common control reserve	**(27,257,549)**	(27,257,549)
Foreign currency translation reserve	**(518,738)**	(1,116,913)
Share option reserve	**2,125,541**	1,648,704
Accumulated losses	**(49,279,294)**	(43,197,329)
Total equity	**26,351,427**	20,770,503

Guarantees entered into by the parent entity in relation to the debts of its subsidiaries

The parent entity had no guarantees as at 31 December 2020 and 31 December 2019.

Contingent liabilities

The parent entity had no contingent liabilities as at 31 December 2020 and 31 December 2019.

Capital commitments - Property, plant and equipment

The parent entity had no capital commitments for property, plant and equipment as at 31 December 2020 and 31 December 2019.

Significant accounting policies

The accounting policies of the parent entity are consistent with those of the consolidated entity, as disclosed in note 3, except for the following:

- Investments in subsidiaries are accounted for at cost, less any impairment, in the parent entity.

26. Group Entities

Set out below is the Group structure listing all subsidiaries as at 31 December 2020.

27. Related Parties

a. Key management personnel compensation

Key management personnel ("KMP") are defined as those persons having authority and responsibility for planning, directing and controlling the activities of the Group, directly and indirectly, and include the Directors, executive and non executive, as well as certain other senior executives. The totals of remuneration of the KMP of the Company included within employee expenses are as follows:

	2020	2019
In USD	$	$
Short-term employee benefits	**1,614,212**	1,498,338
Post-employment benefits	**47,613**	66,820
Share-based payment benefits	**411,372**	575,503
	2,073,197	2,140,661

Short-term employee benefits

Short-term employee benefits include fees and benefits paid to the executive directors and other KMP as well as salary, fringe benefits and cash bonuses awarded to the non-executive directors.

Post-employment benefits

Post-employment benefits are the cost of superannuation contributions made during the year.

b. Key management personnel transactions

KMP's of the Company hold 13.9% (2019: 14.6%) of the issued capital of the Company as at 31 December 2020.

28. Share-based Employee Incentive Arrangements

Equity Incentive Plan (equity settled)

Prior to listing on the ASX, the Group established an Equity Incentive Plan (ECP) and an Employee Share Option Plan (ESOP). The purpose of the Plans is to attract and retain the types of employees, consultants and directors who will contribute to the Company's long-term success; provide incentives that align the interests of Employees, Consultants and Directors with those of the shareholders of the Company; and promote the success of the Company's business. As at 31 December 2020, there are 8,092,500 options over ordinary shares on issue (2019: 9,249,500 options), representing 4.17% (2019: 5.12%) of the Company's total share capital, granted to the employees and Directors of the Company.

The grant dates, vesting dates and exercise prices vary and are as follows:

GRANT DATE AND VESTING CONDITIONS (i)	EXPIRY DATE	NO OF OPTIONS AS AT 31 DEC 2019	GRANTED	EXERCISED (ii)	LAPSED	NO OF OPTIONS AS AT 31 DEC 2020	VESTED AS AT 31 DEC 2020
9-Nov-16 (2)	9-Nov-20	247,000	–	**(247,000)**	–	–	–
1-Mar-7 (2)	1-Mar-21	325,000	–	**(325,000)**	–	–	–
1-Sep-17 (1)	1-Sep-20	162,500	–	**(162,500)**	–	–	–
1-Sep-17 (2)	1-Sep-21	162,500	–	**(162,500)**	–	–	–
16-Apr-18 (1)	16-Apr-21	734,500	–	–	–	**734,500**	**734,500**
16-Apr-18 (5)	16-Apr-21	2,340,000	–	–	–	**2,340,000**	**1,560,000**
16-Apr-18 (4)	16-Apr-21	1,040,000	–	–	–	**1,040,000**	**1,040,000**
16-Apr-18 (2)	16-Apr-22	78,000	–	–	–	**78,000**	**78,000**
17-Dec-18 (3)	17-Dec-23	2,470,000	–	–	–	**2,470,000**	–
17-Dec-18 (2)	17-Dec-23	1,690,000	–	–	**(260,000)**	**1,430,000**	**1,430,000**
Totals		**9,249,500**	–	**(897,000)**	**(260,000)**	**8,092,500**	**4,842,500**

i. Vesting conditions are as follows:
   1. 1 year service from grant date
   2. 2 years service from grant date
   3. 3 years service from grant date
   4. Immediately upon grant
   5. Various, including financial and non-financial conditions; relating to Judith Mitchell's share options

ii. The weighted average share price for the options exercised during the year was USD $0.35 (2019: USD $0.37).

28. Share-based Employee Incentive Arrangements (cont.)

As at 31 December 2020, 4,842,500 options have vested (2019: 4,231,500 post share split).

The fair value has been measured using the Black-Scholes formula. Service and non-market performance conditions attached to the arrangements were not taken into account in measuring fair value.

The inputs used in the measurement of the fair values at grant date and measurement date were as follows:

	GRANT DATE		
	16-APR-18	17-DEC-18	19-FEB-19
FV at grant date (USD)	0.20-0.22	0.33	0.02
Share price at grant date (USD)	0.42	0.56	0.57
Exercise price (USD)	0.42	0.56	0.57
Expected volatility	91%		
Expected life	3-4 years		
Expected dividends	0%		
Risk free interest rate	2.25%-5.0%		

Expected volatility is measured based on peer companies and expected life is the number of days until expiry.

29. Commitments and Contingencies

The Group has no capital commitments or contingencies as at 31 December 2020 (2019: nil).

30. Events Occurring After the Reporting Date

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the directors of the Group, to affect significantly the operations of the Group, the results of those operations, or the state of affairs of the Group, in future financial years.

31. Auditors' Remuneration

	2020	2019
In USD	$	$
Audit and assurance related services KPMG Australia		
Audit of financial statements	**80,372**	72,825
Total audit and assurance services	**80,372**	72,825
Other services KPMG Australia		
Taxation services	**2,432**	43,335
Other services	**19,230**	95,829
Total other services	**21,662**	139,164
Total auditor's remuneration	**102,034**	211,989

32. Earnings Per Share

a. Reconciliation of earnings to profit or loss from continuing operations

	2020	2019
In USD	$	$
Loss after tax	**(11,912,004)**	(14,351,828)
Basic and diluted earnings per share (USD cents)	**(6.36)**	(8.65)
Earnings used to calculate basic EPS from discontinuing operations	**(6.00)**	(9.00)
Weighted average number of shares	**187,185,169**	165,978,735

33. Financial Risk Management

a. Overview

The Group's activities expose it to various financial risks including: credit risk, liquidity risk and market risk.

This note presents information about the Group's exposure to each of these risks, its objectives, policies and processes for measuring and managing risk.

33. Financial Risk Management (cont.)

b. Risk management framework

The Company's board of directors has overall responsibility for the establishment and oversight of the Group's risk management framework with advice from the Audit and Risk Committee (as detailed below). The Group's risk management policies have been established to identify and analyse the risks faced by the Group, to set appropriate risk limits and controls and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Group's activities. The Group, through its standards and procedures, aims to maintain an effective control environment in which all employees understand their roles and obligations.

Audit and Risk Committee

The purpose of the Audit and Risk Committee is to assist the Board with:

- oversight of financial reporting and internal and external audit functions;
- oversight of accounting, business, clinical and patient risk policies and practices;
- oversight of legal and regulatory compliance;
- oversight of internal control structure and risk management procedures;
- promoting a culture of compliance across the Group companies; and
- providing a forum of communication between the Board and the Company's external auditor, internal auditor (if any) and Company's management in relation to audit and risk matters.

The Audit and Risk Committee Charter has responsibility pursuant to its Charter for oversight of the Company's financial and risk management procedures. The Board currently considers these processes appropriate for the size and level of operations of the Company.

c. Credit risk

Cash and cash equivalents

The Group held cash and cash equivalents of USD $8,100,416 and USD $7,238,986 in term deposits at 31 December 2020 (2019: USD $6,556,808 in cash and USD $10,353,798 in term deposits). The cash and cash equivalents are held with credit worthy bank and financial counterparties. The ECL of each of these banks and counterparties are considered to be extremely low; accordingly any expected credit losses are deemed to be insignificant.

d. Liquidity risk

Liquidity risk is the risk that the Group will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset. The Group's approach to managing liquidity is to ensure, as far as possible, that it will have sufficient liquidity to meet its liabilities when they are due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Group's reputation. The Group manages liquidity risk by monitoring net cash balances, actual and forecast operating cash flows.

Exposure to liquidity risk

The following are the remaining contractual maturities of financial liabilities at the reporting date. The amounts are gross and undiscounted and include estimated interest payments and exclude the impact of netting agreements.

	LESS THAN 6 MONTHS	BETWEEN 1 AND 5 YEARS	TOTAL CONTRACTED AMOUNTS
In USD	$	$	$
As 31 December 2020			
Trade and other payables	1,064,365	–	1,064,365
As 31 December 2020			
Trade and other payables	1,076,672	–	1,076,672

The cash flows in the maturity analysis are not expected to occur significantly earlier or be for a significantly different amount than contractually disclosed above.

e. Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates and interest rates, will affect the Group's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return.

Interest rate risk

The Group is not exposed to any significant interest rate risk. There is minimal exposure to the impact of adverse changes in benchmark interest rates. The Group is exposed to variable interest rate risks at the reporting date on cash and short-term deposits. A reasonably possible change of 100 basis points in interest rates at the reporting date would have increased or decreased profit after tax by $122,864 (2019: $166,849). This analysis assumes that all other variables, in particular foreign currency rates, remain constant.

Currency risk

Currency risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The source and nature of this risk arise from operations and translation risks. The Group's reporting currency is United States Dollars ("USD"). However, the international operations give rise to an exposure to changes in foreign exchange rates as amounts of expenditure are from Australia and denominated in currencies other than USD.

e. Market risk (cont.)

The carrying amounts of the Group's foreign currency denominated financial assets (trade and other receivables including accrued income) and financial liabilities (trade and other payables) at the reporting date were as follows:

	2020	2019
In USD	$	$
AUD financial assets converted to USD	**7,282,214**	3,160,154
AUD financial liabilities converted to USD	**(137,932)**	(229,180)
Net exposure in statement of financial position	**7,144,282**	2,930,974

A reasonably possible strengthening (weakening) of the Unites States Dollar against all other currencies at 31 December would have affected the measurement of financial instruments denominated in a foreign currency and affected profit or loss and equity by the amounts shown below. This analysis assumes that all other variables, in particular interest rates, remain constant and ignores any impact of forecast sales and purchases.

	% CHANGE	PROFIT BEFORE TAX STRENGTHEN	PROFIT BEFORE TAX WEAKEN	EQUITY STRENGTHEN	EQUITY WEAKEN
In USD	$	$	$	$	$
2020					
Australian Dollars	**10%**	**(714,428)**	**714,428**	**(714,428)**	**714,428**
2019					
Australian Dollars	10%	(293,097)	293,097	(293,097)	293,097

The percentage change is the expected overall volatility of the significant currencies, which is based on management's assessment of reasonable possible fluctuations taking into consideration movements over the last 12 months and the spot rate at each reporting date.

1. In the opinion of the directors of Next Science Limited (the "Company"):
   a. The consolidated financial statements and notes that are set out on pages 48 to 87 and the Remuneration report on pages 28 to 40 in the Directors' report, are in accordance with the Corporations Act 2001, including:
      i. giving a true and fair view of the financial position of the Group as at 31 December 2020 and of its performance for the financial year ended on that date; and
      ii. complying with Australian Accounting Standards and the Corporations Regulations 2001; and
   b. there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.
2. The directors have been given the declarations required by Section 295A of the Corporations Act 2001 from the chief executive officer and chief financial officer for the financial year ended 31 December 2020.
3. The directors draw attention to Note 2(a) to the consolidated financial statements, which includes a statement of compliance with International Financial Reporting Standards.

Signed in accordance with a resolution of directors:

George Savvides
Chair

Dated: 22nd February 2021

480

for personal use only

INDEPENDENT AUDITOR'S REPORT

#NextScienceHeals

484

Independent Auditor's Report

KPMG

To the shareholders of Next Science Limited

Report on the audit of the Financial Report

Opinion

We have audited the ***Financial Report*** of Next Science Limited (the Company).

In our opinion, the accompanying Financial Report of the Company is in accordance with the *Corporations Act 2001*, including:

- giving a true and fair view of the ***Group***'s financial position as at 31 December 2020 and of its financial performance for the year ended on that date; and
- complying with *Australian Accounting Standards* and the *Corporations Regulations 2001*.

The ***Financial Report*** comprises:

- Consolidated statement of financial position as at 31 December 2020
- Consolidated statement of profit or loss and other comprehensive income, Consolidated statement of changes in equity, and Consolidated statement of cash flows for the year then ended
- Notes including a summary of significant accounting policies
- Directors' Declaration.

The ***Group*** consists of the Company and the entities it controlled at the year-end or from time to time during the financial year.

Basis for opinion

We conducted our audit in accordance with *Australian Auditing Standards*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report.

We are independent of the Group in accordance with the *Corporations Act 2001* and the ethical requirements of the *Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the Financial Report in Australia. We have fulfilled our other ethical responsibilities in accordance with the Code.

KPMG, an Australian partnership and a member firm of the KPMG global organisation of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved. The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organisation. Liability limited by a scheme approved under Professional Standards Legislation.

KPMG

Key Audit Matters

Key Audit Matters are those matters that, in our professional judgement, were of most significance in our audit of the Financial Report of the current period.

This matter was addressed in the context of our audit of the Financial Report as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on this matter.

Revenue recognition – USD 3,440,975

Refer to Note 5 to the Financial Report

The key audit matter	How the matter was addressed in our audit
We focused on revenue recognition as a key audit matter due to the significant audit effort required by us to test the Group's revenue given the: • Significance of revenue to the financial statements; • Varying terms and conditions within each customer contract such as product sales, advance deposits, true up payments and milestone payments. This increases the effort required by the audit team to evaluate the timing and measurement of revenue recognised by the Group, and associated contract liabilities; • Earlier termination of a key customer contract increasing the risk of error in the deferred revenue calculation; • Group has manual processes and controls which may increase the risk of bias in recognition of revenue at the end of the reporting period due to differing terms of trade and extended delivery periods of customer contracts.	Our procedures included: • Evaluated the appropriateness of the Group's revenue recognition policies against the requirements of AASB 15 *Revenue from Contracts with Customers*. • For a sample of transactions, across customer contracts including product sales, advance deposits, true up payments and milestone payments, we: o checked the terms and conditions of the customer contract for consistency to the Group's policy for timing and measurement of revenue recognition; o checked the amount, nature and date of revenue recognition through evaluation of the terms and conditions in the underlying customer contract, date of completion of freight forwarding services from underlying freight documents such as the waybill, underlying sales invoices and bank statement cash receipts. • For the calculation of deferred revenue, we checked the remaining life of the contract in the calculation of deferred revenue to the underlying key customer contract. • Selected a sample of revenue transactions across differing terms of trade and extended delivery periods for the last two weeks of the reporting period and the first two weeks of the next reporting period. For each sample selected, we checked the amount and timing of revenue recorded by the Group to the underlying customer contracts, sales invoice and to freight documents. • Assessed the disclosures in the financial report using our understanding obtained from our testing and against the requirements of the accounting standards.

482

KPMG

Other Information

Other Information is financial and non-financial information in Next Science Limited's annual reporting which is provided in addition to the Financial Report and the Auditor's Report. The Directors are responsible for the Other Information.

The Other Information we obtained prior to the date of this Auditor's Report was the Directors' Report and Remuneration Report. The Our Purpose page, Overview, Chairman's Letter, Managing Director's Report, Our Journey page, Investor Information and Corporate Directory are expected to be made available to us after the date of the Auditor's Report.

Our opinion on the Financial Report does not cover the Other Information and, accordingly, we do not and will not express an audit opinion or any form of assurance conclusion thereon, with the exception of the Remuneration Report and our related assurance opinion.

In connection with our audit of the Financial Report, our responsibility is to read the Other Information. In doing so, we consider whether the Other Information is materially inconsistent with the Financial Report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

Responsibilities of the Directors for the Financial Report

The Directors are responsible for:

- preparing the Financial Report that gives a true and fair view in accordance with *Australian Accounting Standards* and the *Corporations Act 2001*
- implementing necessary internal control to enable the preparation of a Financial Report that gives a true and fair view and is free from material misstatement, whether due to fraud or error
- assessing the Group and Company's ability to continue as a going concern and whether the use of the going concern basis of accounting is appropriate. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to liquidate the Group and Company or to cease operations, or have no realistic alternative but to do so.

KPMG

Auditor's responsibilities for the audit of the Financial Report

Our objective is:

- to obtain reasonable assurance about whether the Financial Report as a whole is free from material misstatement, whether due to fraud or error; and
- to issue an Auditor's Report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with *Australian Auditing Standards* will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error. They are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Financial Report.

A further description of our responsibilities for the audit of the Financial Report is located at the *Auditing and Assurance Standards Board* website at: https://www.auasb.gov.au/admin/file/content102/c3/ar1_2020.pdf This description forms part of our Auditor's Report.

Report on the Remuneration Report

Opinion

In our opinion, the Remuneration Report of Next Science Limited for the year ended 31 December 2020, complies with *Section 300A* of the *Corporations Act 2001*.

Directors' responsibilities

The Directors of the Company are responsible for the preparation and presentation of the Remuneration Report in accordance with *Section 300A* of the *Corporations Act 2001*.

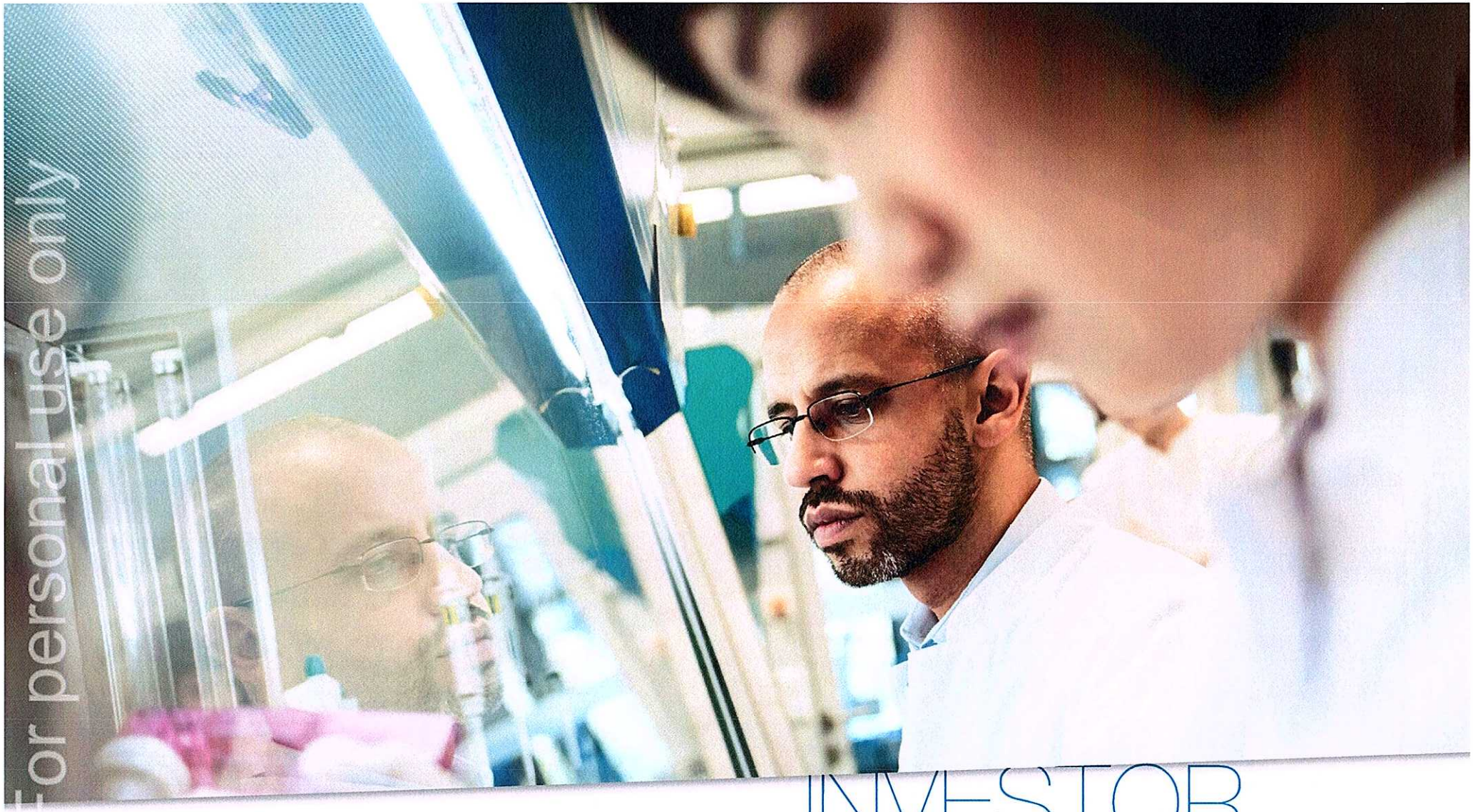
Our responsibilities

We have audited the Remuneration Report included in pages 10 to 25 of the Directors' report for the year ended 31 December 2020.

Our responsibility is to express an opinion on the Remuneration Report, based on our audit conducted in accordance with *Australian Auditing Standards*.

KPMG

Tony Nimac
Partner
Sydney
22 February 2021



For personal use only

#NextScienceHeals

INVESTOR INFORMATION

484

18. INVESTOR INFORMATION

As at 19 February 2021

Number of securityholders

At the specified date, there were 5,552 holders of ordinary shares (quoted and unquoted) and 14 holders of options (unquoted) over ordinary shares. These were the only classes of equity securities on issue.

SIZE OF SHAREHOLDING	NUMBER OF HOLDERS	NUMBER OF SHARES	% OF ISSUED CAPITAL
1 – 1,000	98	865,220	0.45
1,001 – 5,000	1,082	5,732,109	2.95
5,001 – 10,000	874	7,065,120	3.64
10,001 – 100,000	1,988	28,996,223	14.93
100,000 and above	1,510	151,542,737	78.03
Total	**5,552**	**194,201,409**	**100**

Twenty largest holders of ordinary shares*

NAME	SHARES HELD	% OF ISSUED CAPITAL
Auckland Trust Company Ltd ATF Secord Pacific Master Superannuation Fund	56,019,938	28.85
Walker Group Holdings Pty Limited	21,719,667	11.18
Matthew Myntti	20,657,000	10.64
HSBC Custody Nominees (Australia) Limited – A/C 2	6,299,588	3.24
Merrill Lynch (Australia) Nominees Pty Limited	5,130,056	2.64
Judith Mitchell	4,744,438	2.44
HSBC Custody Nominees (Australia) Limited	3,534,393	1.82
UBS Nominees Pty Ltd	3,464,130	1.78
Mr Charles Robert Dirck Wittenoom	2,825,000	1.45
National Nominees Limited	2,443,875	1.26
Citicorp Nominees Ply Limited	1,637,135	0.84
Scone Investments Pty Ltd	1,159,452	0.60
G & N Lord Superannuation Pty Ltd <GNR Superannuation Fund A/C>	965,000	0.50
Mr Byron James Darroch	962,500	0.50
Ka-tet Pty Ltd <The Rosenrot Trust>	890,500	0.46
Donald Ayers	672,394	0.35
Insync Investments Pty Ltd <Weekley Super Fund No 1 A/C>	625,000	0.32
Authentics Australia Pty Ltd <Authentics Australia A/C>	512,438	0.26
Tsunami Ventures Pty Ltd <Drizzle Family A/C>	500,938	0.26
Honne Investments Pty Limited	500,000	0.26
Total	**135,263,442**	**69.65**

* The top 20 listed in this table are the top 20 shareholders as shown on the register as at 19 February 2021 without consolidation of beneficial holdings. We note that as at 19 February 2021, George Savvides and his related parties held 649,876 shares, Judith Mitchell and her related parties held 5,000,000 shares and Bruce Hancox and his related parties held 530,000 shares (as detailed in Appendix 3Ys released to ASX on 22 October 2020 and 25 November 2020).

18. INVESTOR INFORMATION

As at 19 February 2021

Substantial holders

Substantial holders as disclosed in substantial holding notices given to the Company were as follows:

NAME OF SUBSTANTIAL HOLDER	NUMBER OF SHARES OVER WHICH RELEVANT INTEREST IS HELD	% OF ISSUED CAPITAL
Walker Group Holdings Pty Limited & others	76,072,938	39.53
Matthew Myntti	20,657,000	11.53

Unquoted restricted securities

There were 72,847,807 unquoted ordinary shares and 5,850,000 unquoted options over ordinary shares subject to a restriction period as follows:

RESTRICTION PERIOD	CLASS OF SECURITY	NUMBER	NUMBER OF HOLDERS	DATE ESCROW PERIOD ENDS
24 months ASX restriction	ORD	72,847,807	7	18 April 2021
24 months ASX restriction	Options	5,850,000	6	18 April 2021

Option holding distribution

SIZE OF SHAREHOLDING	NUMBER OF HOLDERS	NUMBER OF OPTIONS	% OF ISSUED OPTIONS
1 – 1,000	0	0	0
1,001 – 5,000	0	0	0
5,001 – 10,000	0	0	0
10,001 – 100,000	0	0	0
100,000 and above	12	8,092,500	100%
Total	**12**	**8,092,500**	

485

18. INVESTOR INFORMATION

As at 19 February 2021

Unquoted options over ordinary shares

There were 9,249,500 unquoted options over ordinary shares on issue, 5,850,000 of which were restricted securities as follows:

UNQUOTED OPTIONS - DESCRIPTION	NUMBER OF OPTIONS	NUMBER OF HOLDERS
Options exercisable at US $0.56 per option expiring 17 December 2023 (subject to 24 month ASX escrow restriction ending 18 April 2021)	2,470,000	5
Options exercisable at US $0.56 per option expiring 17 December 2023	1,430,000	4
Options exercisable at US $0.42 per option expiring 16 April 2022	78,000	1
Options exercisable at US $0.42 per option expiring 16 April 2021 (includes 3,380,000 securities subject to 24 month ASX escrow restriction ending 18 April 2021)	4,114,500	4
Total options on issue	**8,092,500**	**14**

The Managing Director of the Company is the only person who holds 20% or more of the unquoted options on issue and the options issued to her were issued under an employee incentive scheme.

Voting rights

Ordinary shares (inducing party paid shares) carry voting rights on a one for one basis and options do not carry voting rights.

Unmarketable parcels

There no holders of an unmarketable parcel of shares based on the closing market price of $1.23 at the specified date.

Other ASX required information

During the period between admission to the Official List of ASX and the end of the reporting period, the Company used the cash and assets in a form readily convertible to cash that it had at the time of admission to the ASX, in away consistent with its business objectives. This statement is made pursuant to ASX Listing Rule 4.10.19.

19. CORPORATE DIRECTORY

31 December 2020

Independent Non-Executive Chair:	George Savvides
Managing Director:	Judith Mitchell
Non-Executive Directors:	Bruce Hancox Daniel Spira Mark Compton Aileen Stockburger
Company Secretary	Gillian Nairn
Registered office	Suite 1902 Level 19, Tower A The Zenith Building 821 Pacific Highway Chatswood NSW 2067
Share register	Link Market Services Limited Level 12, 680 George Street Sydney NSW 2000
Auditor	KPMG Australia 300 Barangaroo Avenue Sydney NSW 2000
Solicitors	HWL Ebsworth Lawyers Level 14, Australia Square 264-278 George Street Sydney NSW 2000
Stock exchange listing	Next Science Limited shares are listed on the Australian Securities Exchange (ASX:NXS)
Website	www.nextscience.com
Corporate governance statement	www.nextscience.com/corp-governance/

For personal use only

NEXT SCIENCE®

4L

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

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

Is your facility a reverse distributor? ☐ Yes ☒ No

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

Section 1: General Information

Facility Name: PharmaEssentia USA Corporation

Physical Address: 35 Corporate Drive, Suite 325

City: Burlington State: MA Zip: 01803

Mailing Address (if different from physical address): 35 Corporate Drive, Suite 325

City: Burlington State: MA Zip: 01803

Telephone: (617) 245-2200 Website: www.pharmaessentia.com

Name of Designated Representative (DR): Samuel Lin

Licensing Company Email: PEC_StateLicensing@pharmaessentia-us.com DR Email: samuel_lin@pharmaessentia-us.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Distributors, Specialty Pharmacies	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): PharmaEssentia Corporation

Corporation/Organization Name: PharmaEssentia USA Corporation

Mailing Address: 35 Corporate Drive, Suite 325

City: Burlington State: MA Zip: 01803

Telephone: +866-2-26557688 ext. 7802 Email: PEC_StateLicensing@pharmaessentia- us.com

Contact Person Name: Ko-Chung Lin

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Craig Zimmerman
Print Name of Authorized Person Submitting Application

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

11/17/2021
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 14911

processed 12/10/21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMAESSENTIA USA CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2021.

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

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

Jeffrey W. Bullock, Secretary of State

6180646 8300

SR# 20212706698

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

Authentication: 203675376

Date: 07-14-21

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000581	02/20/2021	02/20/2022	Virtual Drug Manufacturers

ISSUED TO PHARMAESSENTIA USA CORPORATION
35 CORPORATE DRIVE
SUITE 325
BURLINGTON, MA 01803
ATTN: CRAIG ZIMMERMAN VICE PRESIDENT, MEDICAL AND DRUG DEVELOPMENT

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RENEWAL

842045

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

Tel: 617-973-0949
TTY : 617-973-0988
www.mass.gov/dph/boards

CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
MARGRET R. COOKE
Acting Commissioner

November 15, 2021

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To Whom It May Concern:

Please be advised that **PHARMAESSENTIA USA CORPORATION (MA0000581)**, located at **35 CORPORATE DRIVE, SUITE 325, BURLINGTON MA, 01803** has an active MCSR as a Virtual Drug Manufacturer and is in good standing. The current registration has an issue date of **02/20/2020** and expires on **02/20/2022**.
This Facility was last Reviewed by the Drug Control Program on **02/25/2021** and has met all the requirements for the Virtual Drug Manufacturer Controlled Substances Registration.

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Traci Westgate
Director, MCSR

Online Licensure Verification Services: https://www.mass.gov/service-details/registration-verification-for-mcsr . **The Information provided in this 'Certified Statement' is based on the records maintained by the** Massachusetts Bureau of Health Professions Licensure and its licensing boards. Facilities are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement'. Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.

PharmaEssentia
Better Science . Better Lives

OWNERSHIP

PharmaEssentia USA Corporation ("PharmaEssentia") is a Virtual Manufacturer. PharmaEssentia is a privately held corporation located in Burlington, MA.

PharmaEssentia's Parent Company:
PharmaEssentia Corporation
25-F, No.3, Park Street, Nangay District
Tapei 115, Taiwan
Phone: +866-2-26557688 ext 7802

COMPANY INFORMATION

PharmaEssentia USA Corporation.
35 Corporate Drive, Suite 325, Burlington, MA 01803
Phone: (617) 245-2200
Tax ID: 81-4166029

CORPORATE OFFICERS

Craig Zimmerman, Vice President, Medical & Drug Development
Business Address: 35 Corporate Drive, Suite 325, Burlington, MA 01803
Phone: (617) 245-2200
DOB: [redacted]

Meredith Manning, General Manager
Business Address: 35 Corporate Drive, Suite 325, Burlington, MA 01803
Phone: (617) 245-2200
DOB: [redacted]

PharmaEssentia
Better Science . Better Lives

Description of Operations

PharmaEssentia USA ("As a Virtual Manufacturer, PharmaEssentia ") is a privately held corporation located in Burlington, MA. As a Virtual Manufacturer, PharmaEssentia's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors, Pharmacies and Wholesalers by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Third-Party Logistics Information:

Cardinal Health (SPS)
15 Ingram Blvd
La Vergne, TN 37086

Contract Manufacturer Information:
PharmaEssentia USA utilizes a contract manufacturer to produce and package PharmaEssentia's finished product. At no time will the contract manufacturer own the product, contract with PharmaEssentia customers, invoice nor sell a Pharma Essentia product. The products are not Controlled Substances. Accordingly, PharmaEssentia is not required to maintain DEA registration.

Pyramid Laboratories, Inc.
3598 Cadillac Avenue
Costa Mesa, CA 92626
FDA Establishment Identifier: 1000160734

Product Information:
Labeler Code: 73536
Product Name: Ropeginterferon alfa-2b
Indication: Polycythemia Vera (PV)

As a Virtual Manufacturer, PharmaEssentia's hours of operation are 9:00 am – 5:00pm Monday through Friday.

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) +

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through December 23, 2021

You have searched Finished drug products

Search Results: *'73536'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
+ BESREMi	73536-500-01	500 ug/mL	INJECTION	SUBCUTANEOUS	BLA761166	PharmaEssentia USA	73536-500	ROPEGINTERFERON ALFA-2B	ROPEGINTERFERON ALFA-2B	HUMAN PRESCRIPTION DRUG	11/12/2021	N/A	BLA

Showing 1 to 1 of 1 entries

Previous 1 Next

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

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

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

Verified 12/23/21
NS

PharmaEssentia Employee List

First Name	Last Name	Title
Chris	Aanerud	Hematology Oncology Specialist, Minneapolis
LaToia	Allen	Regional Business Director, Gulf Coast
Shari	Ashley	Regional Business Director - Midwest
Joseph	Auten	Hematology Oncology Specialist, Kansas City
Olivier	Battaglione	Regional Business Director - West
Shanita	Bean	Hematology Oncology Specialist, Chicago IL
Jacqueline	Boni	Director, Product Marketing
Jason	Brodeur	Assoc. Dir. Trade & Specialty Pharmacy Distribution
Valerie	Brown	Hematology Oncology Specialist, Los Angeles CA
Mary	Browning	Medical Science Liaison
Scott	Bulfin	Hematology Oncology Specialist, Denver CO
George	Callen	Hematoloty Oncology Specialist-Washington, D.C.
Jennifer	Cathers	Hematology Oncology Specialist, Boston MA
Robert	Chang	Hematology Oncology Specialist, San Diego CA
Rochelle	Childress	Hematology Oncology Specialist, Little Rock AR
Bethwel	Chomba	Manager of IT
Alexander	Davis	Human Resources Generalist
Danielle	Doucot	Associate Director, HCP Marketing and KOL Manageme
Christophe	Edwards	Director, National Accounts
Debra	Erhart	Hematology Oncology Specialist, Pittsburgh PA
Robin	Fallon	Hematology Oncology Specialist, Omaha NE
Grady	Feller	Hematology Oncology Specialist, Louisville KY/Indianapolis IN
Joanne	Fleming	Senior Manager of Benefits and Payroll
Lloyd	Goldstein	Regional Business Director, Southeast
Jeff	Green	Hematology Oncology Specialist, Philadelphia PA
Josh	Hebert	Hematology Oncology Specialist, New Orleans
Amanda	Hiou	Office Administrator
Richard	Hoffman	Hematology Oncology Specialist, Atlanta GA
Yasemin	Iletir	Project Coordinator
Caren	Ireland	Hematology Oncology Specialist, Long Island NY
Jewell	Jessup	Director, Clinical Development & Medical Affairs Operations
Michael	Johnson	Field Operations Coordinator
Marilyne	Kpetemey	Medical Science Liaison
Rich	Lancellot	Hematology Oncology Specialist, Tampa FL
KC	Lin	Founder and CEO
Samuel	Lin	Vice President, Business Operations and Strategy
Joseph	Loiars	Medical Science Liaison
Hsin-Wei	Lu	Trand & Distribution Analyst
Jeffrey	Luck	Hematology Oncology Specialist, Hartford CT
Kimberly	Mali	Hematology Oncology Specialist, Tennessee
Meredith	Manning	General Manager of US Division
Gilbert	Martinez	Hematology Oncology Specialist, San Francisco
Theresa	Martinez	Director, National Accounts

Laura	Masztak	Hematology Oncology Specialist - Detroit
Susan	McCall	Hematology Oncology Specialist, Dallas TX
William	Mcilwain	Senior Vice President of Sales and Marketing
Denice	McNeill	Medical Science Liaison
Rishma	Merchant	Executive Director, Clinical Operations
Jason	Mitch	National Director, Market Access
Alicia	Moss	Hematology Oncology Specialist - Seattle, WA/Portl
James	Nero	Regional Business Director - Northeast
Daria	Phillips Moss	Hematology Oncology Specialist, Cleveland OH
Daniel	Rombach	Hematology Oncology Specialist, Newark NJ
Ava	Rosen	Senior Administrative Assistant
Mary	Schupp	Hematology Oncology Specialist, Rochester NY
Susan	Shad	Hematology Oncology Specialist - Jacksonville
Sulin	Shah	U.S. General Counsel and Head of Compliance
Jim	Shirilla	Hematology Oncology Specialist, Columbus OH
Gregory	Smith	Director, IT
Jocelyn	Smolinsky	Staff Accountant
Steven	Soutter	Hematology Oncology Specialist, Manhattan NY
Antonio	Sucre	Hematology Oncology Specialist, Miami FL
Starla	Swaim	Medical Science Liaison
Scott	Tucker	Hematology Oncology Specialist, Charlotte NC
Raymond	Urbanski	Sr. Vice President, Clinical Development & Medical Affairs
Matthew	Waggoner	Medical Science Liaison
Erin	Webb	Hematology Oncology Specialist, Houston
David	Weber	Sr. Manager Product Marketing (Patient&Digital)
Robert	Wells	Hematology Oncology Specialist, Phoenix AZ
Dalton	Wilkins	Assoc. Dir. FP&A and Procurement
Letitia	Wilkins	Hematology Oncology Specialist, Richmond
Konstantin	Zabrodskiy	Director of Finance/Controller
Samantha	Zaklama	Associate Director, Financial Planning & Analysis
Craig	Zimmerman	Vice President, Medical & Drug Development

Samuel S. Lin

[redacted]

Education

Harvard University — Cambridge, MA
Master of Public Health in Health Management — Expected Graduation May 2020

Duke University — Durham, NC
Master of Business Administration — 2014 – 2015
Health Management Sector Concentration
Class President of MBA Cohort

University of Maryland, College Park — College Park, MD
B.S. in Mechanical Engineering — 2003 – 2006
Academic Minor in Civil Engineering Project Management

Academic Honors – Office of Multi-Ethnic Student Education (OMSE) - Certificate of Recognition for Outstanding Academic Achievement, A. James Clark School of Engineering Ambassadors Scholarship, Dean's List

Certifications

Project Management Professional (PMP) - Reg. No. 1,514,551
Registered Patent Agent (RPA) - Passed the Patent Bar Examination - Reg. No. 66,960

Experience

PharmaEssentia USA — Burlington, MA
Senior *Director of US Operations* — 2014 – Present (5 years, 1 months)

- Serve a key role in negotiating complex and multi-national commercial contracts.
- Support the Vice President of US Operations to build, organize, and structure a business with the intended goal of commercializing Ropeginterferon alfa-2b, a novel and next-generation pegylated interferon.
- Develop strategic partnerships within the American, Asian, and European MPN communities.
- Generate financial and cost analysis models to support the PharmaEssentia senior management decisions on the strategic direction of the business.
- Manage a team of multi-national employees, consultants and attorneys to translate business requirements to legal contracts.

Get Well Network — Bethesda, MD
Implementation Project Manager — 2014 – 2014 (6 months)

- Demonstrated adaptability by successfully navigating into the Healthcare IT space and learning about hospital needs, HCAHPS scores, and interactive patient care.
- Successfully delivered on a $2M, 96-bed project for Chandler Regional Medical Center early and under budget.
- Managed, scheduled, and resourced network engineers, field engineers, IT resources, installation crews, and hospital staff to complete complex, multifaceted projects.
- Created detailed project plans and budget assessments for several concurrent projects at various phases of implementation.

Monster Government Solutions McLean, VA
Project Manager 2011 – Present (3 years)

- Managed the implementation and delivery of Human Capital, Applicant Tracking, and Classification Systems for numerous Federal clients, including the Dept. of Veterans Affairs, Energy, Transportation, and U.S. Office of Personnel Management.
- Actively led cross-functional teams based out of Prague and the United States and gather and define requirements to produce project deliverables.
- Developed and execute highly-detailed project plans, monitor and control projects for technical quality, resolve issues, identify and close gaps, and meet customer needs.
- Drafted business proposals and related documents.
- Skilled in developing strong relationships and gaining buy-in from new and existing customers and project stakeholders.
- Actively engaged with customer development and sales support activities, including system demonstrations and user acceptance testing.

Finnegan, Henderson, Farabow, Garrett & Dunner LLP Washington D.C.
Technical Specialist / Patent Agent 2008 – 2010 (2 Years)

- Successfully prosecuted patent applications for clients such as Caterpillar, Inc., Toyota Motor Corporation, Boston Scientific, and Konica Minolta.
- Drafted dozens of patent applications that were eventually issued into patents by the U.S. Patent and Trademark Office.
- Traveled to client sites to work hands-on with scientists and inventors to draft technical disclosures for new technologies and conceptualized strategies and arguments to draft patent applications based on the technical disclosures.
- Demonstrated great adaptability by succeeding in an environment that was subject to constant changing budget, legal, and timeline factors.
- Applied technical skills to prosecute patents in a wide variety of technologies, including semiconductors, construction equipment, bio-medical devices, and fuel cell technology.
- Involved with pro-bono work for disabled Veterans.
- Earned valuable work experience as a contributing member of a world-class IP firm.

United States Patent and Trademark Office Alexandria, VA
Patent Examiner 2007 –2008 (1 Year, 7 Months)

- Further developed technical and legal writing and project management skills by managing a professional docket and issuing several hundred USPTO office actions.
- Examined a broad range of technologies - from electronic control systems to mechanical and motorized apparatuses.
- Represented the Patent Office and hosted in-person and telephone interviews with attorneys, patent agents, and inventors to weigh arguments and to discuss details for subsequent correspondence.
- Earned an accelerated promotion after only 6 months for excellent performance.

Other

Languages: Advanced skill in Mandarin Chinese, intermediate French and Taiwanese
Technical Skills: Microsoft Project, Microsoft Office Suite, Visio, Pro-Engineer, AutoCAD, Autodesk Inventor, SPICE, Matlab, Simulink, JIRA
Security Clearance: SF-86 Background Investigation, Department of Commerce and Office of Personnel Management

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PharmaEssentia USA Corporation

Physical Address 35 Corporate Drive, Suite 325

City Burlington State MA Zip 01803

Mailing Address (if different from physical address) 35 Corporate Drive, Suite 325

City Burlington State MA Zip 01803

Telephone (617) 245-2200 Website www.pharmaessentia.com

Licensing Company Email PEC_StateLicensing@pharmaessentia-us.com

Section 2: Personal Information

First Samuel Middle S Last Lin

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

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

Mailing Address 35 Corporate Drive, Suite 325

City Burlington State MA Zip 01803

Telephone (617) 245-2200 Email samuel_lin@pharmaessentia-us.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials SL

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

School Name: Lexington High School		From - To (MM/YY – MM/YY): 09/98 – 05/02	
Address: 251 Waltham St	City: Lexington	State: MA	Zip: 02421
Diploma/Degree obtained, if any: High School Diploma			
School Name: University of Maryland		From - To (MM/YY – MM/YY): 01/03 – 12/2006	
Address:	City: College Park	State: MD	Zip: 20742
Diploma/Degree obtained, if any: Bachelor of Science, Mechanical Engineering			
School Name: Duke University		From - To (MM/YY – MM/YY): 09/2014 – 12/2015	
Address:	City: Durham	State: NC	Zip: 27708
Diploma/Degree obtained, if any: Masters of Business Administration			
School Name: Harvard University		From - To (MM/YY – MM/YY): 09/18 – 05/20	
Address: Massachusetts Hall	City: Cambridge	State: MA	Zip: 02138
Diploma/Degree obtained, if any: Masters of Public Health			
School Name:		From - To (MM/YY – MM/YY	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Lincoln Street	Lexington	MA	01803
	[redacted] George C Marshall Dr, Apt [redacted]	Falls Church	VA	22043

Applicant's initials SL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PharmaEssentia USA Corporation			09/2014 - Present	
Business Address		**City**	**State**	**Zip**
35 Corporate Drive, Suite 325		Burlington	MA	01803
Phone	**Title**		**Number of Employed Hours**	
(617) 245-2200	Senior Director of Business Operations & Strategy		12,000+	
Description of Duties				
See Attached Resume				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

I, Samuel Lin, **certify that as the designated representative for**

PharmaEssentia USA Corporation,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Samuel Lin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/15/21

Date

Applicant's initials SL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Samuel Lin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/21
Date

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

State of Massachusetts, ss. County of Middlesex

I, Samuel Lin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/17/21
Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

JOSE M. PEREZ
NOTARY PUBLIC
COMMISSION EXPIRES MAY 03-04-27
COMMONWEALTH OF MASSACHUSETTS

(Seal)

Applicant's initials SL

U.S. FOOD & DRUG ADMINISTRATION

BLA 761166

BLA APPROVAL

PharmaEssentia Corporation
c/o PharmaEssentia US, LLC
Attention: Craig Zimmerman, PhD
Vice President Medical and Drug Development
35 Corporate Drive, Suite 325
Burlington, MA 01803

Dear Dr. Zimmerman:

Please refer to your biologics license application (BLA) dated and received March 13, 2020, and your amendments, submitted under section 351(a) of the Public Health Service Act for Besremi (ropeginterferon alfa-2b-njft) injection, for subcutaneous use.

We acknowledge receipt of your resubmission dated May 13, 2021, which constituted a complete response to our March 12, 2021, action letter.

LICENSING

We are issuing Department of Health and Human Services U.S. License No. 2155 to PharmaEssentia Corporation, Taipei, Taiwan, under the provisions of section 351(a) of the Public Health Service Act controlling the manufacture and sale of biological products. The license authorizes you to introduce or deliver for introduction into interstate commerce, those products for which your company has demonstrated compliance with establishment and product standards.

Under this license, you are authorized to manufacture the product Besremi (ropeginterferon alfa-2b-njft). Besremi is indicated for the treatment of adults with polycythemia vera.

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture ropeginterferon alfa-2b-njft drug substance at PharmaEssentia Corporation (PEC) Taichung Plant in Taichung, Taiwan. The PEG-Acetal intermediate will be manufactured at PEC in Taipei, Taiwan. The final formulated drug product will be manufactured, filled, labeled, and packaged at PYRAMID Laboratories, Costa Mesa, CA. You may label your product with the proprietary name, Besremi, and market it as 500 mcg/mL in a 1.0 mL single-dose prefilled syringe.

DATING PERIOD

The dating period for Besremi shall be 24 months from the date of manufacture when stored at 5 ± 3 °C. The date of manufacture shall be defined as the date of final sterile filtration of the formulated drug product. The dating period for your drug substance shall be 12 months from the date of manufacture when stored at 5 ± 3 °C.

We have approved the stability protocol in your license application for the purpose of extending the expiration dating period of your drug product under 21 CFR 601.12.

FDA LOT RELEASE

You are not currently required to submit samples of future lots of Besremi to the Center for Drug Evaluation and Research (CDER) for release by the Director, CDER, under 21 CFR 610.2. We will continue to monitor compliance with 21 CFR 610.1, requiring completion of tests for conformity with standards applicable to each product prior to release of each lot.

Any changes in the manufacturing, testing, packaging, or labeling of Besremi, or in the manufacturing facilities, will require the submission of information to your BLA for our review and written approval, consistent with 21 CFR 601.12.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

WAIVER OF ½ PAGE LENGTH REQUIREMENT FOR HIGHLIGHTS

We are waiving the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of Prescribing Information. This waiver applies to all future supplements containing revised labeling unless we notify you otherwise.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 601.14(b)] in structured product labeling (SPL) format.[1] Content of labeling must be identical to the enclosed labeling (Prescribing Information, Instructions for Use, and Medication Guide). Information on submitting SPL files using eLIST may be found

[1] See http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm

in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As (October 2009)*.[2]

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved BLA 761166**." Approval of this submission by FDA is not required before the labeling is used.

ADVISORY COMMITTEE

Your application for Besremi was not referred to an FDA advisory committee because the application did not raise significant public health questions on the role of the biologic in the diagnosis, cure, mitigation, treatment, or prevention of a disease.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

---

[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database at https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess a signal of a serious risk of hepatotoxicity, cardiovascular and thromboembolic events in patients with polycythemia vera treated with Besremi.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess these serious risk(s).

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following study:

4171-1 Complete Study EUPAS29462 "A Prospective, Multicenter, Non-interventional, Observational, Post-authorization Safety Study of Ropeginterferon alfa-2b in Polycythemia Vera Patients" to evaluate safety and tolerability during the titration and maintenance phase of Besremi administration in patients with Polycythemia Vera. Specific safety outcomes of interest include hepatotoxicity, cardiovascular and thromboembolic events in treated patients.

The timetable you submitted on November 12, 2021, states that you will conduct this study according to the following schedule:

Interim Report :	03/2022
Study Completion:	06/2023
Final Report Submission:	09/2023

FDA considers the term final to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.

Submit clinical protocol(s) to your IND 119047 with a cross-reference letter to this BLA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your BLA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).**

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 601.70 requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 601.70 to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 601.70. We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[3]

You must submit final promotional materials and Prescribing Information, accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at FDA.gov.[4] Information and Instructions for completing the form can be found at FDA.gov.[5]

REPORTING REQUIREMENTS

We request that you conduct enhanced pharmacovigilance (EPV) and submit a report to the Agency for all U.S. cases of medication dosing errors associated with Besremi. Submit the EPV report to your BLA on a quarterly basis for 1 year from the marketing start date and then every 6 months for an additional 2 years, for a total of 3 years from the U.S. approval date.

For the purposes of this EPV, a medication dosing error is defined as a dose (suspected underdose or overdose) that was unintentionally administered or not administered (including near misses), regardless of whether an adverse event occurred.

The EPV report should include:

- The reporting interval and cumulative data relative to the U.S. approval date for Besremi.

---

[3] For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/media/128163/download.
[4] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf
[5] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf

- A summary of the cases along with a line listing of the cases in an Excel file format that includes patient demographics, narrative description, contributing factors for the error, adverse events, and outcome.

- A root cause analysis of any reported medication dosing errors.

- Your strategy and reporter suggestions to mitigate the reported medication dosing error(s).

- A medical literature review for case reports/case series of medication dosing errors associated with Besremi.

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80).

Prominently identify all adverse experience reports as described in 21 CFR 600.80.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (21 CFR 600.81).

You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA 3486 to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
5901-B Ammendale Road
Beltsville, MD 20705-1266

Biological product deviations, sent by courier or overnight mail, should be addressed to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
10903 New Hampshire Avenue, Bldg. 51, Room 4207
Silver Spring, MD 20903

POST APPROVAL FEEDBACK MEETING

New biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to

learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, call Carleveva Thompson, Regulatory Project Manager, at 301-796-1403.

Sincerely,

{See appended electronic signature page}

Hylton V. Joffe, MD, MMSc
Office Director (Acting)
Office of Cardiology, Hematology,
Endocrinology, and Nephrology
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
  - Prescribing Information
  - Medication Guide
  - Instructions for Use
- Carton and Container Labeling

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

HYLTON V JOFFE
11/12/2021 04:01:33 PM

Bond No. EAIC4008304

DOCUMENT PREPARATION SERVICE BUSINESS ENTITY SURETY BOND

$25,000 Bond for 1 Registrant

This surety bond is by [name of business entity] PharmaEssentia U.S.A. Corporation and [name of registrant] Frank Lu, collectively as principal (hereinafter "Principal") having a principal place of business at 35 Corporate Dr., Suite 325, Burlington, MA 01803, and Endurance American Insurance Company, as surety, a surety company qualified and authorized to do business in the State of Nevada (hereinafter "Surety"), to the State of Nevada, as obligee (hereinafter "Obligee").

RECITALS

A. Principal and Surety are bound to Obligee in the penal sum of Twenty-Five Thousand Dollars ($25,000) for the payment of which Principal and Surety jointly and severally bind themselves, their respective heirs, administrators, successors, assigns, and legal representatives.

B. Frank Lu holds a certificate of registration from the Nevada Secretary of State pursuant to Chapter 240A, Nevada Revised Statutes (NRS 240A) ("Registrant").

1. This surety bond is made in favor of Obligee for:

The benefit of any person who is determined in an action or proceeding to have suffered damage as a result of: (i) An act or omission of the Registrant, or an agent or employee of the Principal, which violates a provision of NRS 240A or a regulation or order adopted or issued pursuant thereto; (ii) A wrongful failure or refusal by the Registrant, or an agent or employee of the Principal, to provide services in accordance with a contract entered into pursuant to NRS 240A.190; (iii) The fraud, dishonesty, negligence or other wrongful conduct of the Registrant or an agent or employee of the Principal; or (iv) An act or omission of the Registrant in violation of any other federal or state law for which the return of fees, an award of damages or the imposition of sanctions have been awarded by a court of competent jurisdiction in the State of Nevada; or Payment to the Secretary of State for any civil penalty or award of attorney's fees or costs of suit owing and unpaid by the Principal to the Secretary of State pursuant to NRS 240A.

2. Surety shall pay any final, nonappealable judgment of a court of the State of Nevada that has jurisdiction, upon receipt of written notice that the judgment is final.

3. This surety bond shall run continuously, but the aggregate liability of the surety shall not exceed the penal sum of the bond.

4. If any amount is paid against the penal sum of the bond or it is exhausted, the surety shall give written notice to the Secretary of State, at its Las Vegas office by certified mail, and the Principal within 30 days after such payment.

5. The bond must cover the period of the registration of the Registrant, except that the surety may

be terminated after giving 30 days' written notice to the Secretary of State, at its Las Vegas office by certified mail, and the Principal, but termination of this bond does not discharge or otherwise affect any claim resulting from an act or omission which is alleged to have occurred while the bond was in effect.

IN WITNESS WHEREOF, Principal and Surety have executed this bond on the dates below to be effective on February 19, 20 21.

Signed this ___ day of _____, 20___.

_____
Principal (Business Entity)

By: _____

Name: _____

Title: _____

_____
Principal/Registrant Signature

Signed this 19th day of February, 20 21.

Endurance American Insurance Company
Surety / Surety's Insurance License No.

By: _____
Agent / Agent's Insurance License No.
Thomas P. Durkin, Attorney-In-Fact

270 Littleton Road, Suite 32, PO BOX 770
Address

Westford, MA 01886
City, State, Zip Code

1(978) 692-7667
Phone Number

SOMPO INTERNATIONAL
INSURANCE

14502

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint **Thomas P Durkin, Danielle M Wilga** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **One Hundred Million Dollars ($100,000,000.00).**

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate"

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation
By: Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company
By: Richard Appel; SVP & Senior Counsel

Lexon Insurance Company
By: Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company
By: Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is/are officer of each of the Companies, and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor, Notary Public – My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified, that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   , and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 19th day of February, 2021

By: Daniel S. Lohe, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: University of Iowa Pharmaceuticals

Physical Address: 115 South Grand Avenue

City: Iowa City State: IA Zip Code: 52242

Telephone Number: (319) 335-8674 Fax Number: (319) 335-9418

Toll Free Number: N/A

E-mail: UIP@slsny.com Website: uip.pharmacy.uiowa.edu

Facility Manager: Jeffrey Jay Millard

Professional qualifications and experience of facility manager: Director, Manufacturing Quality at University of Iowa Pharmaceuticals from January 2019 to present. Employed at University of Iowa Pharmaceuticals since December 1993. Holds B.S. Biology from University of Iowa.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Distributors, Clinics, Institutions

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
N/A- Public institution owned 100 percent by the State of Iowa

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

Name: Helsinn Healthcare
Address: Via Pian Scairolo 9 -6912 Pazallo-Lugano Switzerland

Name: Navinta LLC
Address: 1499 Lower Ferry Rd Ewing Township NJ 08618

Name: Custopharm Inc
Address: 2325 Camino Vida Roble, Carlsbad, CA 92011

Name:
Address:

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Jeffrey Jay Millard, Director, Manufacturing Quality
Print Name of Authorized Person

07Dec2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: N/A - Public institution owned by the State of Iowa

Mailing Address: c/o State License Servicing , 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

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

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

a) N/A- Public institution owned 100 percent by the State of Iowa
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A- Public institution owned 100 percent by the State of Iowa

3) What was the price paid per share? N/A- Public institution owned 100 percent by the State of Iowa

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

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

THE UNIVERSITY OF IOWA

Finance and Operations
105 Jessup Hall
Iowa City, IA 52242
319.335.3552

To: Whom it May Concern

Re: Tax Classification
The University of Iowa
EIN: 42-6004813
DUNS 062761671

The University of Iowa was established as a state-owned educational institution under the Iowa Constitution and was entrusted with the threefold mission of teaching, research and public service.

Consistent with its IRS determination letter linked below, the University is not subject to federal income tax as a governmental unit under the doctrine of implied statutory immunity. The University is subject to the unrelated business income tax imposed by Internal Revenue Code (IRC) section 511(a)(2)(B).

https://tax.fo.uiowa.edu/sites/tax.fo.uiowa.edu/files/IRS_tax_exemption.pdf

Contributions made to the University are tax deductible under IRC 170(c)(1).

The University is aware that private grant-making foundations are subject the Foundation and Similar Excise Tax Regulations outlined in Treasury Regulation section 53.4945-5(a)(4)(ii) and wishes to assure private sponsors of its eligibility to receive private funding in full accordance with those requirements.

This information is intended to clarify and confirm the University's nonprofit mission, tax status, classification as a state institution of higher education, and resulting eligibility to receive private foundation funding for public and/or charitable purposes.

We appreciate your consideration.

Susan Klatt
Assistant Vice President and University Secretary, University of Iowa

December 4, 2019

526

University of Iowa Pharmaceuticals

Corporate Address: 115 South Grand Avenue, Iowa City, IA 52242 USA
FEIN: N/A - see note

Drug Labeler Code:
Incorporation State:
Incorporation Date:

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
15S	115 South Grand Avenue Iowa City, IA 52242 County: Johnson	1918751	PU0103313, PD0167595	968854286	No	(319) 335-8674	(319) 335-9418

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Jeffrey Jay Millard	115 S. Grand Avenue Iowa City, IA 52242	Director, Manufacturing Quality	No	[redacted]			*for all states but IA*
Dennis Erb							*IA only*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Public Institution-owned by the State of Iowa		N/A	100	N/A	N/A	N/A	N/A

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
N/A			

Long company portfolio

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **iowa**

CSVExcel

Filter: univer

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
University of Iowa Pharmaceuticals	1918751	968854286	ANALYSIS; LABEL; MANUFACTURE; PACK; PARTICLE SIZE REDUCTION; RELABEL; REPACK; STERILIZE;	115 S Grand Ave Suite G20 Phar, Iowa City, Iowa (IA) 52242, United States (USA)	12/31/2022

Verified 12/15/21 MS

Showing 1 to 1 of 1 entries (filtered from 5 total entries)
Previous1Next
Data Current through: Tuesday, Dec 14, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

IOWA BOARD OF PHARMACY
400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IA 50309-4688
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2022

Limited Distributor License No. 41151

Manufacturer/Repackager

ISSUED 11/01/2021

EXPIRES 12/31/2022

LICENSE STATUS: Current/Active

MAILING ADDRESS
University of Iowa Pharmaceuticals
1751 State Route 17A
Suite 3
c/o State License Servicing
Florida,NY 10921

LICENSED LOCATION
University of Iowa Pharmaceuticals
115 South Grand Ave
Iowa City, IA 52242

Facility Manager: Dennis M Erb

Registrant Verification For

UNIVERSITY OF IOWA PHARMACEUTICALS

DEA Number:	PD0167595
Expiration Date:	05/31/2022
Additional Company Info:	UNIVERSITY OF IOWA PHARMACEUTICALS
Registered Address:	PHARMACY BUILDING
	115 SOUTH GRAND AVE.
City:	IOWA CITY
State:	IA
Zip Code:	52242
Business Activity:	MANUFACTURER
DEA Schedules:	1
Payment Indicator:	Fee Exempt
Registration Status:	ACTIVE
	LIMITED TO OFFICIAL GOVERNMENT DUTIES ONLY.
Date of Verification:	12/14/2021

Drug Codes:
7370 7372 2010 7360

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Registrant Verification For

UNIVERSITY OF IOWA

DEA Number:	PU0103313
Expiration Date:	05/31/2022
Additional Company Info:	PHARMACEUTICALS
Registered Address:	PHARMACY BUILDING
	115 SOUTH GRAND AVENUE
City:	IOWA CITY
State:	IA
Zip Code:	52242
Business Activity:	MANUFACTURER
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Fee Exempt
Registration Status:	ACTIVE
	LIMITED TO OFFICIAL GOVERNMENT DUTIES ONLY.
Date of Verification:	12/14/2021

Drug Codes:
1100 1105 1724 9041 9143 9300 4000 2012 9333 9801

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Registrant Verification For

UNIVERSITY OF IOWA PHARMACEUTICALS

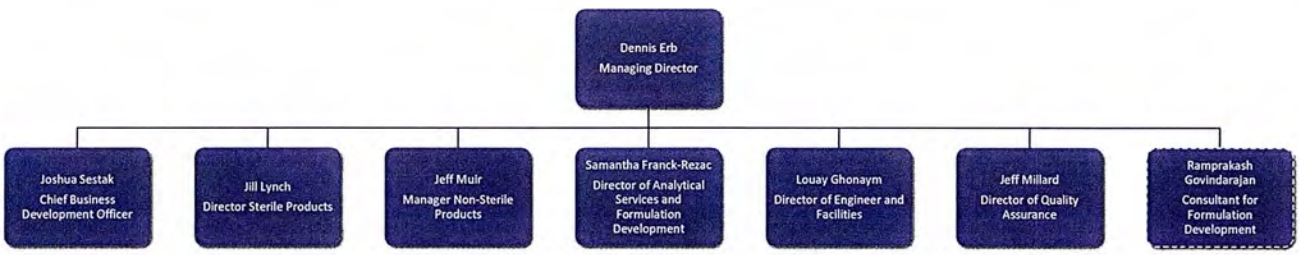
DEA Number:	PD0167595
Expiration Date:	05/31/2022
Additional Company Info:	UNIVERSITY OF IOWA PHARMACEUTICALS
Registered Address:	PHARMACY BUILDING
	115 SOUTH GRAND AVE.
City:	IOWA CITY
State:	IA
Zip Code:	52242
Business Activity:	MANUFACTURER
DEA Schedules:	1
Payment Indicator:	Fee Exempt
Registration Status:	ACTIVE
	LIMITED TO OFFICIAL GOVERNMENT DUTIES ONLY.
Date of Verification:	12/14/2021

Drug Codes:
7370 7372 2010 7360

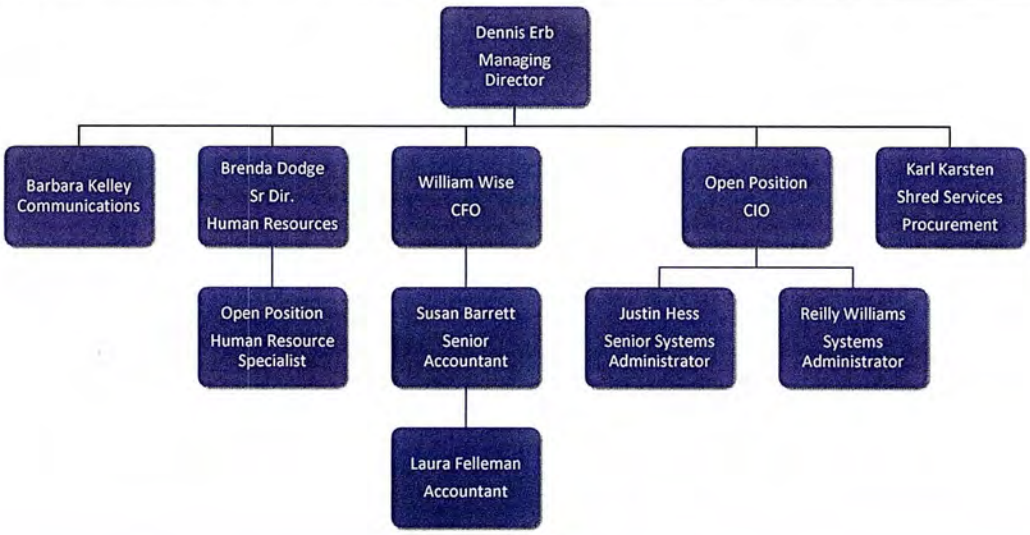
U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

UI Pharmaceuticals Leadership



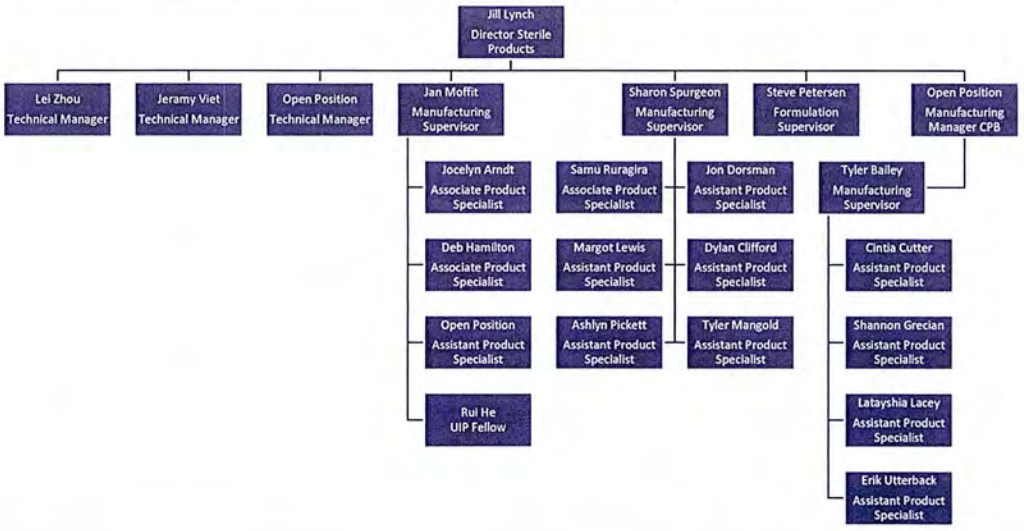
UI Pharmaceuticals Indirect Reports



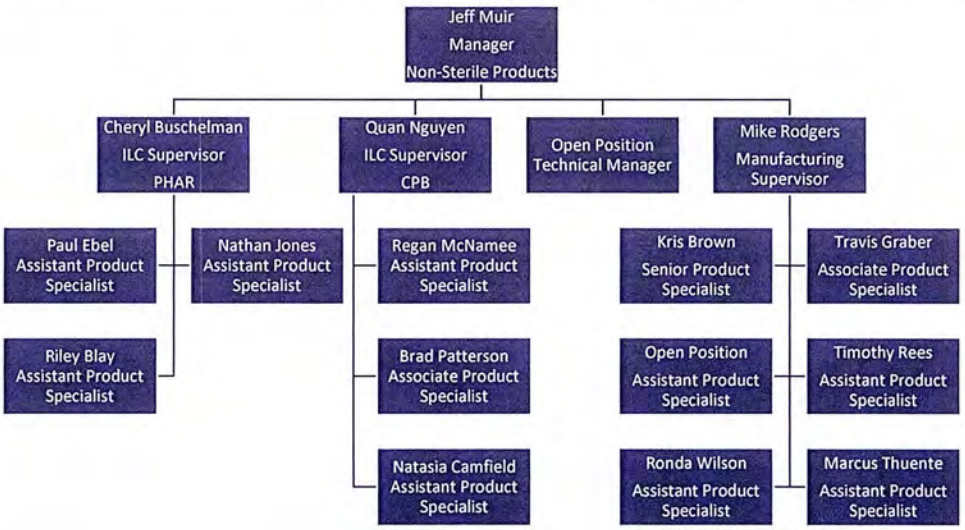
Business Development & Project Management

Process Engineering & Facilities

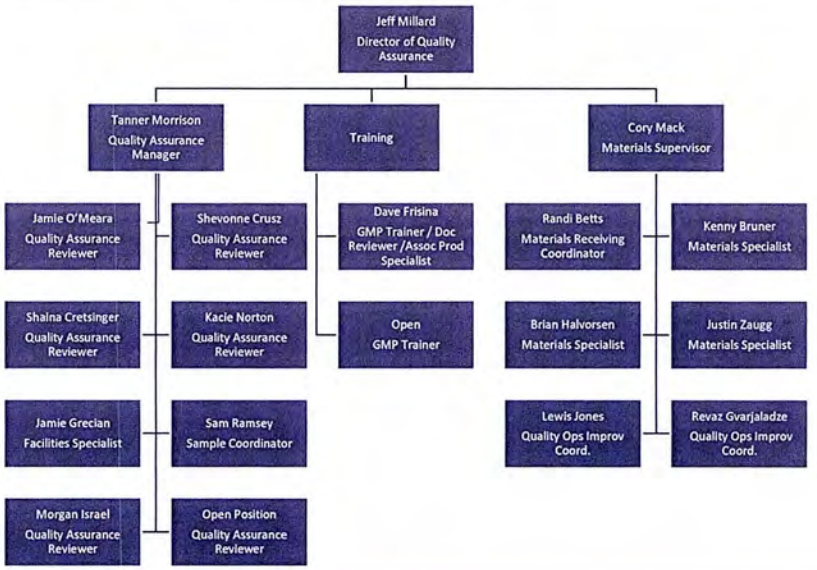
Sterile Products Manufacturing



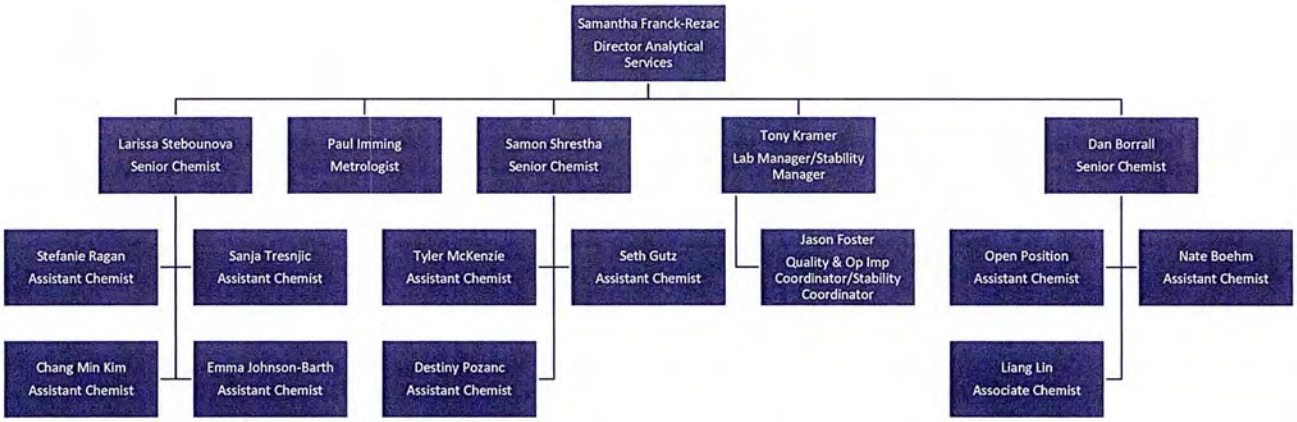
Non-Sterile Products Manufacturing



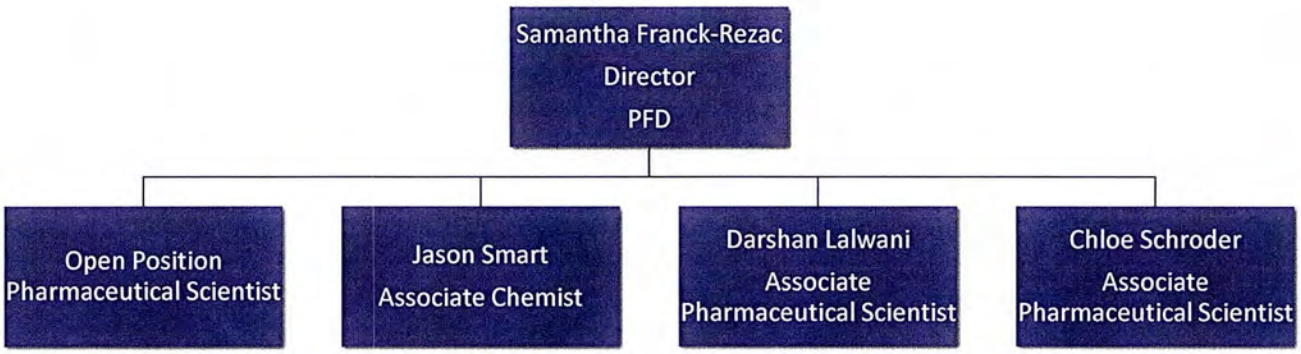
Manufacturing Quality and Materials Management



Analytical Services



Preformulation & Formulation Development



DR Resume

Jeffrey J. Millard

[redacted] Sunrise Dr.
Ely, IA 52404
[redacted]
jeffrey-millard@uiowa.edu

Education: University of Iowa, Iowa City, IA, 1989-93, B.S. Biology

Professional Experience:

Work history exclusively at University of Iowa Pharmaceuticals (formerly Pharmaceutical Services) https://uip.pharmacy.uiowa.edu/
Started work in the analytical laboratory under Dr. Ting-Fong Chin. Primarily involved in analytical chemistry; in-process, finished product and stability testing of clinical trial materials. The main instrumentation used analytically were HPLC, UV spectrophotometry and dissolution apparati. Promoted to laboratory manager in 2002 and supervised the day to day operations at the college site until the merger with PRL in 2008.
In 2011, the previous Director of Manufacturing Quality recruited me for an assignment as Manager of Manufacturing Quality. Upon his retirement in 2017 I assumed the duties of Director, Manufacturing Quality.

Pharmaceutical Service/University of Iowa Pharmaceuticals (1993-2019)

Research Assistant I, *Pharmaceutical Services Quality Control Department*, December 1993-1996
Key Responsibilities:

- Analyze in-process/finished products and cleaning swabs utilizing various analytical instruments following written SOP's
- Continuous training and updating of current GMP's

Research Assistant II, *Pharmaceutical Services Quality Control Department*, 1996-2002
Key Responsibilities:

- Continuous training and updating of current GMP's
- Schedule and supervise the analysis of stability samples and in-process/finished products
- Supervise calibration of all instruments in QC department following SOP's
- Investigate problems involving analytical methods and instruments
- Perform technical writing for SOP's and reports for outside clients
- Communicate with QC staff, project leaders, and clients to resolve out of specification results

- Perform testing of raw materials
- Perform method development and validation of analytical methods

Lab Manager, *University of Iowa Pharmaceuticals Quality Control Department*, July 2002- May 2010
Key Responsibilities:

- Continuous training and updating of current GMP's
- Schedule and supervise the analysis of stability samples and in-process/finished products
- Supervise calibration of all instruments in QC department following SOP's
- Investigate problems involving analytical methods and instruments
- Perform technical writing for SOP's and reports for outside clients
- Provide training on instruments, software, lab safety, and SOP's
- Supervise Chemists I & II
- Communicate with QC staff, project leaders, and clients to resolve out of specification results
- Perform billing for analytical testing
- Check and release raw materials
- Validate stability data entered into database and send final results to the clients
- Write stability protocols
- Interview, hire/terminate employment of chemists
- Update chromatography data acquisition software and instrumentation

Manager, Manufacturing Quality, *University of Iowa Pharmaceuticals Manufacturing Quality Department*, June 2010 – January 2017
Key Responsibilities:

- Maintain facility in a state of compliance with cGMP and EU regulations for clinical and commercial production
- Participate in FDA/EMA/QP audits for compliance
- Write, review and approve IQ/OQ/PQ's for equipment and systems
- Review Batch records for completeness and accuracy
- Perform internal audits on a regularly scheduled basis, reporting results to the Director of Manufacturing Quality and the Director of UIP.
- Use trend analysis to monitor WFI/PW water systems for adherence to specifications
- Write, revise and review SOP's
- Review environmental monitoring results generated during production
- Review and release raw materials for use in production.
- Continuous training and updating of current GMP's
- Perform trend analysis of investigations, incidences and deviations
- Write investigations and deviations as necessary

Director, Manufacturing Quality, *University of Iowa Pharmaceuticals Manufacturing Quality Department,* January, 2019 – Present
Key Responsibilities:

- Maintain facility in a state of compliance with cGMP and EU regulations for clinical and commercial production
- Host approximately 20-30 client cGMP audits annually
- Respond to client audits with CAPAs as warranted
- Lead FDA/EMA/QP audits for compliance
- Respond to FDA483's and direct CAPAs
- Write, review and approve IQ/OQ/PQ's for equipment and systems
- Review Batch records for completeness and accuracy
- Final sign-off on all batch records
- Perform internal audits on a regularly scheduled basis, reporting results to the Executive Director of UIP.
- Sign off on trend reports conducted by Manager of Manufacturing Quality
- Write, revise and review SOP's
- Review environmental monitoring results generated during production
- Review and release raw materials for use in production.
- Continuous training and updating of current GMP's
- Perform trend analysis of investigations, incidences and deviations
- Write investigations and deviations as necessary

Equipment & Documentation Experience:

- Shimadzu HPLC systems with auto injectors, sample coolers, UV/VIS, ELSD, PDA, fluorescence, conductivity and RI detectors, low pressure gradient pumps with in-line degassers and Class VP chromatography software
- Agilent 1100 LCs with Cerity data acquisition software
- Beckman-Coulter HPLC systems with auto injectors, sample coolers, UV/VIS and PDA detectors, high pressure gradient pumps and 32 Karat Gold software• Hewlett-Packard HP8453E and HP8451A UV/VIS Spectrophotometers
- Bausch & Lomb Spectronic 2001 UV/VIS Spectrometer
- VanKel VK-6000 & VK-6010 Dissolution Apparatus, VK-8000 sampling station
- Distek Dissolution Apparatus
- VanKel Disintegration Apparatus
- VanKel Friabilator
- Mattson 2020 FT-IR
- Fiske One-Ten Osmometer

- Mettler DL-35 Karl Fischer Moisture Content Titrator
- Mettler DL-25 Potentiometric Titrator
- Vector tablet hardness tester
- Mettler micro and analytical balances
- Mettler Coulometric Moisture Content Titrator
- 9300 Electrothermal Melting Point Apparatus
- Class-VP Data Acquisition Software, 32 Karat Data Acquisition Software, Microsoft Word, Excel, Paradox and
- Microsoft Access Database for Materials Inventory Management
- Johnson Controls Building Management, Metasys for Validated Environment Software
- Extensive experience with the USP-NF Online version
- Extensive experience with the European Pharmacopoeia Online

Additional Training:

- Waters Chromatography Workshop, Madison, WI, July 1996, participant
- IIR Equipment Calibration and Validation, FDA/industry conference and workshop, Philadelphia, PA, June 1998, participant
- Basics of Supervision workshop, Iowa City, IA, March 2000, participant
- Cerity Basic and Advanced Training, Iowa City IA, August 2004
- FDA ICH guidelines for stability conference, November 2006, participant
- AAPS Annual Meeting, Washington, D.C., October 2011, participant
- FDA GDUFA small business and industry assistance conference, Orlando, Florida, March 2014, participant
- Great Lakes cGMP and Regulatory Science Forum, Chicago, Illinois, September 2014, participant
- 37th International Good Manufacturing Practices Conference at University of Georgia in Athens, March 2013, participant
- 39th International Good Manufacturing Practices Conference at University of Georgia in Athens, March 2015, participant

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV100571

Application/License No. _____

STATE UNIVERSITY OF IOWA DBA COLLEGE OF PHARMACEUTICALS (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 322 Dental Science Bldg S Iowa City, IA 52242 (Address of Applicant/Principal), as PRINCIPAL, and MERCHANTS BONDING COMPANY (MUTUAL) (Surety Company), a corporation organized under the laws of the state of IA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 30, 2021 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 8th day of October, 2021.

APPLICANT/PRINCIPAL
STATE UNIVERSITY OF IOWA DBA COLLEGE OF PHARMACEUTICALS

Authorized Representative

SURETY COMPANY
MERCHANTS BONDING COMPANY (MUTUAL)

Surety Company's Representative

Derek Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness Chris Troha

Countersigned by:

N/A
Nevada Resident Agent

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Aerie Walton; Bartlomiej Siepierski; Christina L Sandoval; Christopher P Troha; Derek Elston; Rachel Fore; Samantha Chierici; Sandra M Nowak; Sandra M Winsted; Susan A Welsh

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 15th day of March , 2021 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 15th day of March 2021 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 8th day of October , 2021 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF MCHENRY

On this 8th day of October, 2021, before me, Bartlomiej Siepierski, a Notary Public, within and for said County and State, personally appeared Derek Elston to me personally known to be the Attorney-in-Fact of and for Merchants Bonding Company (Mutual) and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of MCHENRY

OFFICIAL SEAL
BARTLOMIEJ SIEPIERSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MCHENRY COUNTY
MY COMMISSION EXPIRES 03/10/2025

4N

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

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

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

Is your facility a reverse distributor? ☐ Yes ☑ No

Section 1: General Information

Facility Name: USAntibiotics, LLC

Physical Address: 201 Industrial Drive

City: Bristol State: TN Zip: 37620

Mailing Address (if different from physical address): As above.

City: _____ State: _____ Zip: _____

Telephone: 1-423-274-3270 Website: N/A

Name of Designated Representative (DR): Linda K. Robbins

Licensing Company Email: truenorthconsultingiowa@gmail.com DR Email: lrobbins@us-antibiotics.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		N
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		No
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		No
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		N
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		N

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Georgia

Parent Company (if any): USAntibiotics Holdings, LLC

Corporation Name: As above.

Mailing Address: 2655 Northwinds Parkway

City: Alpharetta State: Georgia Zip: 30009

Telephone: 1-678-992-1269 Email: tmcafee@jacksonhealthcare.com

Contact Person Name: Tiphanie McAfee

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

NV

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		No
1. Copy of Certification		
2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	Yes	
1. Copy of FDA registration	✓	
2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.	✓	

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick J. Cashman
Print Name of Authorized Person Submitting Application

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

11/15/2021
Date

Board Use Only	Date Received: _____	Amount: $500 check 100117

30070

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006989
EXPIRATION DATE: 07/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
MANUFACTURER
USANTIBIOTICS, LLC

COMMISSIONER OF HEALTH

USANTIBIOTICS, LLC
201 INDUSTRIAL DRIVE
BRISTOL TN 37620-5413

12684887
30070

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
MANUFACTURER
USANTIBIOTICS, LLC
201 INDUSTRIAL DRIVE
BRISTOL TN 37620

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006989
EXPIRATION DATE: 07/31/2023

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

ACTIVE PHARMACEUTICAL INGREDIENT
VENDOR LIST

Material Description	Vendor Material Description	Vendor Name	Manufacturer Name and Location	FDA Establishment Number
Clavulanate Potassium/Syloid (FERMIC)	Clavulanate Potassium & Syloid (Silicone Dioxide), Mixture, ratio 1:1	Fermic, U.S. Inc.	Fermic, S.A. de C.V. Reforma 873 (Col), San Nicolas Tolentino, (Istapalapa) 09850, Mexico	3002806980
Clavulante Potassium/ Microcrystalline Cellulose 1:1 (CKD)	Clavulanate Potassium with Microcrystalline cellulose in the ratio 1:1	CKD Bio Corporation	Chong Kun Dang (CKD Bio) Corporation, 292, Sinwon-ro, Danwon-gu, Ansan-si, Gyeonggi-Do, 425-100, South Korea	3002806679
Clavulanate Potassium / Syloid 1:1 (CKD)	Clavulanate Potassium with Silicon Dioxide, ratio 1:1	CKD Bio Corporation	CKD Bio Corporation, 292, Sinwon-ro, Danwon-gu, Ansan-si, Gyeonggi-Do, 425-100, South Korea	3002806679
Amoxicillin Trihydrate USP	Purimox® Powder Extra Dry	Centrient Pharmaceuticals, Netherlands, B.V.	Centrient Pharmaceuticals, Netherlands, B.V. - Deretil, S.A. Villaricos, s/n. 04616 Cuevas del Almanzora. Almeria, SPAIN	[CMO-Deretil in Almeria, Spain] 3003747614

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

Follow FDA | En Español

Search FDA

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

Home > Drug Databases > Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

SHARE | TWEET | LINKEDIN | PIN IT | EMAIL | PRINT

New Search

Search Results for **USAntibiotics, LLC**

CSV | Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
USAntibiotics, LLC	1047293	118085486	ANALYSIS; MANUFACTURE; PACK;	201 Industrial Drive, Bristol, Tennessee (TN) 37620, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Thursday, Dec 16, 2021

Return to Drug Firm Annual Registration Status Home Page

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

Accessibility | Careers | FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies / Privacy

Verified 12/23/21
NS

proof of

US FOOD & DRUG ADMINISTRATION

DRUG ESTABLISHMENT REGISTRATION

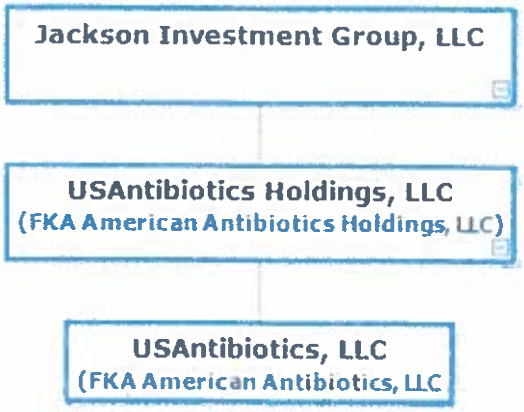
https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
USAntibiotics, LLC	1047293	118085486	ANALYSIS; MANUFACTURE; PACK;	201 Industrial Drive, Bristol, Tennessee (TN) 37620, United States (USA)	12/31/2021

Federal Tax Identification #: 86-2649753
Labeler Code: 81964
NAICS Code: 325412Pharmaceutical Preparation Manufacturing
SIC Code: 2834 Pharmaceutical Preparations

US ANTIBIOTICS

Ownership organizational chart:



Legal entity details:

Jackson Investment Group, LLC

Principal office: 2655 Northwinds Parkway, Alpharetta, GA 30009
FEIN: 20-5783109
State of organization: Georgia

holds 100% ownership in:

USAntibiotics Holdings, LLC

Principal office: 2655 Northwinds Parkway, Alpharetta, GA 30009
FEIN: 86-2921380
State of organization: Georgia

holds 100% ownership in:

USAntibiotics, LLC

Corporate headquarters: 2655 Northwinds Parkway, Alpharetta, GA 30009
Physical location: 201 Industrial Drive, Bristol, TN 37620
FEIN: 86-2649753
State of organization: Georgia

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

USANTIBIOTICS, LLC
USANTIBIOTICS, LLC
201 INDUSTRIAL DRIVE
BRISTOL, TN 37620

July 19, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0427193

Issuance Date: 07/19/2021
Copies Requested: 1

Document Receipt

Receipt # : 006515911 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3810718671 — $20.00

Regarding: **USAntibiotics, LLC**

Filing Type:	Limited Liability Company - Foreign	Control # :	1179184
Formation/Qualification Date:	03/16/2021	Date Formed:	03/15/2021
Status:	Active	Formation Locale:	GEORGIA
Duration Term:	Perpetual	Inactive Date:	

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

USAntibiotics, LLC

* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 047518630

US ANTIBIOTICS

Officers of USAntibiotics, LLC

Name	**Richard L. Jackson** 0% ownership	**Jay D. Mitchell** 0% ownership	**Leslie M. Kurtz** 0% ownership	**Patrick J. Cashman** 0% ownership
Title	Chief Executive Officer	Secretary	Treasurer & CFO	President
Business Address	2655 Northwinds Parkway Alpharetta, GA 30009 1-678-992-1269	2655 Northwinds Parkway Alpharetta, GA 30009 1-678-992-1269	2655 Northwinds Parkway Alpharetta, GA 30009 1-678-992-1269	201 Industrial Drive Bristol, TN 37620 1-423-274-3270
Residential Address	[redacted] *Trammel Road* Cumming, GA 30041	[redacted] *Carriage Way NW* Atlanta, GA 30327	[redacted] *Iverness Trail* Milton, GA 30004	[redacted] *Oakridge Avenue* Madison, WI 53704
Date of Birth	[redacted]	[redacted]	[redacted]	[redacted]
SSN	[redacted]	[redacted]	[redacted]	[redacted]
Driver's License	[redacted]	[redacted]	[redacted]	[redacted]

NEVADA STATE BOARD OF PHARMACY

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

2009

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler USAntibiotics, LLC

Physical Address 201 Industrial Drive

City Bristol State TN Zip 37620

Mailing Address (if different from physical address) As above.

City _____ State _____ Zip _____

Telephone 1-423-274-3296 Website N/A

Licensing Company Email lrobbins@us-antibiotics.com

Section 2: Personal Information

First Linda Middle Kaye Last Robbins

Alias(es, nicknames, name changes, etc.) fka: Linda K. Berry

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

Mailing Address [redacted] Industrial Drive

City Bristol State T N Zip 37620

Telephone [redacted] Email lrobbins@us-antibiotics.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials LKR

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

School Name		From - To (MM/YY – MM/YY)	
Virginia Polytechnic Institute and State University		2009	
Address	**City**	**State**	**Zip**
290 College Ave	Blacksburg	VA	24061
Diploma/Degree obtained, if any			
Master of Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Virginia Polytechnic Institute and State University		1982	
Address	**City**	**State**	**Zip**
290 College Ave	Blacksburg	VA	24061
Diploma/Degree obtained, if any			
BA Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/26/2016 - present	[redacted] Centenary Road	Blountville	TN	37617
2014 - 2016	2628 Shelby Street	Bristol	TN	37620

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Linda K. Robbins
Original Signature (electronic, copies or stamps not accepted)

03 Dec 2021
Date

Applicant's initials LKR

I, Linda K. Robbins, **certify that as the designated representative for**

USAntibiotics, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Linda K. Robbins

Print Name (First, Last)

Linda K. Robbins

Original Signature (electronic, copies or stamps not accepted)

03 Dec 2021

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda K. Robbins
Print Name (First, Last)

Linda K. Robbins
Original Signature (electronic, copies or stamps not accepted)

03 Dec 2021
Date

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

State of Tennessee, ss. County of Sullivan

I, Linda K. Robbins, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Linda K. Robbins
Original Signature

03 Dec 2021
Date

Subscribed and Sworn to before me this 3rd day of ~~November~~ December 03 Dec 21 2021.

Patricia Massie
Notary Public Signature

PATRICIA MASSIE
TENNESSEE
NOTARY
PUBLIC
COUNTY OF SULLIVAN

(Seal)

Applicant's initials LKR

Linda K. Robbins

ASQ Certified QM/OE, Quality Manager/Operational Excellence
Master of Business Administration – Virginia Tech, 2009
BA Chemistry – Virginia Tech, 1982

Aseptic Processing Training Certification – Aseptic Training Institute
Executive Seminar – Owen at Vanderbilt University
Leadership Seminar – Sean Delaney Center for High Performance Development
Operational Excellence – GlaxoSmithKline & ASQ
Former member **AAPS** (American Association of Pharmaceutical Scientists)
Former member **ACS** (American Chemical Society)

Over 30 years Technical & Leadership Experience in Bristol, TN - the only remaining Solid Oral Finished Dose Facility for manufacturing Amoxicillin (& Potassium Clavulanate) products in the United States

- **VP Quality & Regulatory Affairs** – USAntibiotics, LLC, a Jackson Healthcare company – April 17, 2021 to present
- **Crisis Leader & Quality Director** (Volunteer & Independent Contractor) – Aug 2020 to mid-April 2021 – Neopharma, Inc Debtor-in-Possession
  - Led the site to assist with a possible path to new (American) ownership
  - Developed the plan & managed Post-marketing activities including Pharmacovigilance using contract service providers (for compliance through labeled expiration dates and importantly to keep the site's pencillin products in supply for US patients during the global COVID 19 pandemic to support treatment for secondary bacterial infections
- **Site Leadership Team** member from November 2009 to present (four companies: GlaxoSmithKline, Dr. Reddy's Laboratories, Inc., Neopharma, Inc., & USAntibiotics, LLC)
- During tenure as head of Quality, the site has received **no FDA 483 citations (over 15 ½ year record)**
  - Led Site Quality during 2009 Flu Pandemic stock pile of 10 drug product (NDCs or SKUs) for treatment of secondary bacterial infections
  - First designated Quality Director to complete GSK's newly designed **Quality Director Induction Process**, requiring successful interviews with all GSK Corporate Functional Heads, including Risk Management, Corporate Governance, Legal, HR, Quality, Regulatory Affairs
- **QC Laboratories Manager** (GSK 6 years)
  - **Co-designed the site's $10M pharmaceutical laboratory** (completed 2003) with a peer and architect. Design commended for functionality, technical efficiencies, and safety/ergonomics.
  - **Managed QC analytical laboratory operations supporting US and International markets**, encompassing variety of test methods for Active and Inactive ingredients, Packaging and Labeling components, Intermediates, and Finished Drug Products (including Stability & Product Complaint samples), Validation samples, and Environmental & Water Monitoring.
  - **QC Analytical SME (Subject Matter Expert) for FDA inspections**, other agencies, internal/external audits, and CAPAs.
- **QC Lab Supervisor & Group Leader** (SmithKline Beecham, legacy GSK) – various roles of increasing responsibilities – laboratory leadership, review/approval of GMP documentation & technical writing

- **Research Technician** (full time, temporary for Hoechst Celanese, Corpus Christi, TX ~ 1.5 years)
  Analyzed carbonylation and purification process samples for Ibuprofen and other analgesics, using methods adapted from USP and BP (GC, HPLC and IC). Performed specification tests: particle size (Malvern laser analyzer), ID (UV-Vis) and wet chemistry to determine heavy metals, chlorides, purity by free acid titration, total phosphorus by digestion. Contributed to analytical section of Drug Master File for FDA submission. Reported crystallization curves, SPC charts, impurity/degradation trends, and study conditions for Joint Venture Firm (Boots).
- **Chemist** (Beecham Laboratories, legacy GSK Bristol, TN ~ 1 year)
  Tested raw materials and drug products per USP and procedures via HPLC, IR, TLC, titration, pH, AA autoanalyzer, UV-Vis, dissolution, and disintegration. Performed collaborative assays to assign purity of reference standards. Maintained and calibrated various lab instruments, and other duties as assigned.
- **Chemist** (NI Industries, Duffield, VA – 3 years)
  Monitored bath chemistry for chrome electroplating process, performing titrations, and using SPC (Statistical Process Control). Ran stress testing on automotive parts. Maintained lab equipment, prepared/standardized solutions, and drafted Quality Manual. Corresponded technically with suppliers and customers.

Subject Matter Expert & Leadership – Cross Functional teamwork:

- Internally with Manufacturing, Quality, Strategic Business Planning, Budgets, HR, Legal, Regulatory Affairs, including Pharmacovigilance management, Analytical Services, Auditing, Validation and R&D, Risk Management, Governance, Engineering, Operational Excellence, Environment Health & Safety;
- Externally with USP, NIST, ITRadiant, various Contract Laboratories, Lachman Consulting, Jeevan Scientific Technologies Ltd, Suppliers, Sales Representatives & Service Technicians for Plant and Laboratory Equipment & Software systems.
- Developed business relationships and international experience working with associates (and some travel) in Scotland, Singapore, England, France, Belgium, Japan, Columbia, Canada, Mexico, Spain, South Korea, Italy, and within the US (including Puerto Rico).

Publication:

"Additive Chemical Shift Parameters in Methylene Protons. Shoolery's Constants Reinvestigated."
Harold M. Bell, **Linda K. Berry**, Elizabeth A. Madigan, Organic Magnetic Resonance/Volume 16, Issue 4 (1984). Presented paper at Virginia Tech's Undergraduate Research Symposium.

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler USAntibiotics, LLC

Physical Address 201 Industrial Drive

City Bristol State TN Zip 37620

Mailing Address (if different from physical address) As above.

City _____ State _____ Zip _____

Telephone 1-423-274-3270 Website us-antibiotics.com

Licensing Company Email info@us-antibiotics.com

Section 2: Personal Information

First Patrick Middle John Last Cashman

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

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

Mailing Address [redacted] Oakridge Avenue

City Madison State WI Zip 53704

Telephone [redacted] Email pcashman@us-antibiotics.com

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

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

Date of Service: From: N/A to: _____

Military Occupation/Specialty N/A

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Thunderbird, the Garvin School of International Management		08/2003 - 05/2005	
Address	**City**	**State**	**Zip**
	GLENDALE	AZ	
Diploma/Degree obtained, if any			
Master of Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
University of Wisconsin - Madison		08/1979	
Address	**City**	**State**	**Zip**
	MADISON	WI	
Diploma/Degree obtained, if any			
Bachelor of Science - Agriculture			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2018 - PRESENT	[redacted] Oakridge Avenue	Madison	WI	53704
12/2015-04/2018	1802 MONROE ST.	MADISON	WI	53704
08/2010-12/2015	608 SHERBROOK AVE.	MONTREAL	QUEBEC	CANADA

Applicant's initials

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

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

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

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

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

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

Continue on next page if additional space is needed.

Applicant's initials

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

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

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

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

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

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

Applicant's initials

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

Applicant's initials

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

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick J. Cashman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/01/2021
Date

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

State of Tennessee, ss. County of Sullivan

I, Patrick J. Cashman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-02-2021
Date

Subscribed and Sworn to before me this 2nd day of November 2021

Notary Public Signature

PATRICIA MASSIE
TENNESSEE
NOTARY
PUBLIC
COUNTY OF SULLIVAN

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler USAntibiotics, LLC

Physical Address 201 Industrial Drive

City Bristol State TN Zip 37620

Mailing Address (if different from physical address) As above.

City _____ State _____ Zip _____

Telephone 1-423-274-3270 Website N/A

Licensing Company Email license@us-antibiotics.com

Section 2: Personal Information

First Leslie Middle Miles Last Kurtz

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

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

Mailing Address [redacted] Northwinds Parkway

City Alpharetta State GA Zip 30009

Telephone [redacted] Email lkurtz@jacksonhealthcare.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
University of Dayton		09/82-04/86	
Address	**City**	**State**	**Zip**
300 College Park	Dayton	OH	45469
Diploma/Degree obtained, if any			
Bachelor of Science in Accounting, Bachelor of Science in Finance			

School Name		From - To (MM/YY – MM/YY)	
Mercyhurst Preparatory School		09/78-06/82	
Address	**City**	**State**	**Zip**
538 E. Grandview Blvd	Erie	PA	16504
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/07-Present	[redacted]lverness Trail	Milton	GA	30004
05/06-09/07	885 Briar's Bend	Alpharetta	GA	30004
07/96-04/06	6490 Pine Ridge Circle	Cumming	GA	30041

Applicant's initials

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

Business Name: Jackson Healthcare, LLC				From - To (MM/YY – MM/YY): 10/18-Current
Business Address: 2655 Northwinds Parkway		City: Alpharetta	State: GA	Zip: 30009
Phone: 678-690-7787	Title: Treasurer & CFO			
Description of Duties:				

Business Name: MedQuest Associates, Inc.				From - To (MM/YY – MM/YY): 01/11-10/18
Business Address: 3480 Preston Ridge Rd		City: Alpharetta	State: GA	Zip: 30005
Phone: 678-992-7200	Title: CFO			
Description of Duties:				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

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

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Leslie Kurtz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/04/2021

Date

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

State of Georgia, ss. County of Fulton

I, Leslie Kurtz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/04/2021

Date

Subscribed and Sworn to before me this 4th day of October, 2021.

Notary Public Signature

TIPHANIE F. MCAFEE
MY COMMISSION EXPIRES
FEB 28 2023
COBB CO. GEORGIA
NOTARY PUBLIC

(Seal)

Applicant's initials

October 7, 2021

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

Re: USAntibiotics, LLC – Personal History Application

Dear Board Members:

I am writing to supplement the Personal History Application of USAntibiotics, LLC ("Company") and offer the following information related to litigation to the best of my current knowledge. I am writing as the Chief Financial Officer of the Company which was formed on March 15, 2021. As far as the Company, there is no active or pending litigation or other matters of which I am aware; this status exists because the Company is very recently formed. Additionally, I, individually, have not been a party to any active or pending litigation or other matters of which I am aware, nor have I in the past twenty (20) years. I serve as an executive officer of other companies which may be subject to normal business litigation from time to time, but none of these other entities are related to or involved with any type of pharmaceutical manufacturing or drug distribution activity. If you have further questions or concerns, please contact my legal counsel, Jay D. Mitchell, at 770-643-5530.

Sincerely,

Leslie Kurtz
CFO

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler USAntibiotics, LLC

Physical Address 201 Industrial Drive

City Bristol State TN Zip 37620

Mailing Address (if different from physical address) As above.

City _____ State _____ Zip _____

Telephone 1-423-274-3270 Website N/A

Licensing Company Email license@us-antibiotics.com

Section 2: Personal Information

First Jay Middle D. Last Mitchell

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

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

Mailing Address [redacted] Carriage Way NW

City Atlanta State GA Zip 30327

Telephone [redacted] Email jmitchell@jacksonhealthcare.com

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

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Mercer Law School			08/85-05/88	
Address	**City**		**State**	**Zip**
College Ave	Macon		GA	
Diploma/Degree obtained, if any				
J.D.				
School Name			**From - To (MM/YY – MM/YY)**	
Hampden-Sydney College			08/81-05/85	
Address	**City**		**State**	**Zip**
Hampden-Sydney			VA	23943
Diploma/Degree obtained, if any				
B.A.				
School Name			**From - To (MM/YY – MM/YY)**	
Lakeside High School			08/76-05/81	
Address	**City**		**State**	**Zip**
Briarcliff Rd	Atlanta		GA	30345
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/06-Present	[redacted] Carriage Way NW	Atlanta	GA	30327
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Jackson Healthcare, LLC			12/18-Present	
Business Address		**City**	**State**	**Zip**
2655 Northwinds Parkway		Alpharetta	GA	30009
Phone	**Title**			
770-643-5530	General Counsel			
Description of Duties				
Handles legal matters for organization				

Business Name			From - To (MM/YY – MM/YY)	
King & Spalding			03/16-10/18	
Business Address		**City**	**State**	**Zip**
1180 Peachtree		Atlanta	GA	30309
Phone	**Title**			
404-572-4600	Senior Counsel			
Description of Duties				
Lawyer handling healthcare and general matters				

Business Name			From - To (MM/YY – MM/YY)	
Piedmont Healthcare			08/02-03/16	
Business Address		**City**	**State**	**Zip**
2600 Peachtree Rd		Atlanta	GA	30309
Phone	**Title**			
	General Counsel			
Description of Duties				
Handled all legal matters				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	See attached.	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jay D. Mitchell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/28/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Fulton

I, Jay D. Mitchell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/28/2021

Date

Subscribed and Sworn to before me this 28th day of September, 2021.

Notary Public Signature

TIPHANIE F. MCAFEE
NOTARY PUBLIC
COBB CO. GEORGIA
MY COMMISSION EXPIRES
FEB 28 2023

(Seal)

Applicant's initials

US ANTIBIOTICS

October 7, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: USAntibiotics, LLC – Personal History Application

Dear Board Members:

I am writing to supplement the Personal History Application of USAntibiotics, LLC ("Company") and offer the following information related to litigation to the best of my current knowledge. I am writing as the Secretary of the Company which was formed on March 15, 2021. As far as the Company, there is no active or pending litigation or other matters of which I am aware; this status exists because the Company is very recently formed. Additionally, I, individually, have not been a party to any active or pending litigation or other matters of which I am aware, nor have I in the past twenty (20) years. I serve as an executive officer of other companies which may be subject to normal business litigation from time to time, but none of these other entities are related to or involved with any type of pharmaceutical manufacturing or drug distribution activity.

Sincerely,

Jay D. Mitchell
Secretary

USAntibiotic
201 Industrial Driv
Bristol, TN 3762

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler USAntibiotics, LLC

Physical Address 201 Industrial Drive

City Bristol State TN Zip 37620

Mailing Address (if different from physical address) As above.

City _____ State _____ Zip _____

Telephone 1-423-274-3270 Website N/A

Licensing Company Email license@us-antibiotics.com

Section 2: Personal Information

First Richard Middle Lee Last Jackson

Alias(es, nicknames, name changes, etc.) Rick

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Northwinds Parkway

City Alpharetta State GA Zip 30009

Telephone [redacted] Email mblacker@jacksonhealthcare.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia State University		73-74	
Address	**City**	**State**	**Zip**
33 Gilmer Street SE	Atlanta	GA	30303
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
David Lipscomb College		09/72-03/73	
Address	**City**	**State**	**Zip**
1 University Park Dr	Nashville	TN	37204
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Greater Atlanta Christian School		11/71-05/72	
Address	**City**	**State**	**Zip**
1575 Indian Trail Lilburn Rd NW	Norcross	GA	30093
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Avondale High School		11/70-11/71	
Address	**City**	**State**	**Zip**
1192 Clarendon Ave	Avondale Estates	GA	30002
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
North Fulton High School		09/70-11/70	
Address	**City**	**State**	**Zip**
2890 N Fulton Dr NE	Atlanta	GA	30305
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/11 - Present	[redacted] Trammel Road	Cumming	GA	30041
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 5 Continued

School Name		From - To (MM/YY – MM/YY)	
Henderson High School		03/68-09/70	
Address	City	State	Zip
2830 Henderson Mill Rd	Atlanta	GA	30341
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
O'Keefe High School		09/68-03/68	
Address	City	State	Zip
75 5th Street NW	Atlanta	GA	30308
Diploma/Degree obtained, if any			

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Jackson Healthcare, LLC			06/04-Current	
Business Address		**City**	**State**	**Zip**
2655 Northwinds Parkway		Alpharetta	GA	30009
Phone	**Title**			
770-643-5605	CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	See attached.	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard L. Jackson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Fulton

I, Richard L. Jackson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/27/2021

Date

Subscribed and Sworn to before me this 27th day of September 2021

Notary Public Signature

TIPHANIE F. MCAFEE NOTARY PUBLIC COBB CO. GEORGIA MY COMMISSION EXPIRES FEB 28 2023

(Seal)

Applicant's initials

US ANTIBIOTICS

October 7, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: USAntibiotics, LLC – Personal History Application

Dear Board Members:

I am writing to supplement the Personal History Application of USAntibiotics, LLC ("Company") and offer the following information related to litigation to the best of my current knowledge. I am writing as the Chief Executive Officer of the Company which was formed on March 15, 2021. As far as the Company, there is no active or pending litigation or other matters of which I am aware; this status exists because the Company is very recently formed. Additionally, I, individually, have not been a party to any active or pending litigation or other matters of which I am aware, nor have I in the past twenty (20) years. I serve as an executive officer of other companies which may be subject to normal business litigation from time to time, but none of these other entities are related to or involved with any type of pharmaceutical manufacturing or drug distribution activity. If you have further questions or concerns, please contact my legal counsel, Jay D. Mitchell, at 770-643-5530.

Sincerely,

Richard L. Jackson
CEO

USAntibiotic
201 Industrial Dri
Bristol, TN 376

USAntibiotics, LLC – Associates (as of 23Sep2021)	Position
Blevins, Jewel	QA Raw Materials Lab Manager
Brewer, Andy	Maintenance Mechanic
Booher, Glen	Security Guard (P/T)
Cashman, Patrick	President
Compton, Kevin	Maintenance Mechanic
Fleenor, Debbie	Maintenance Manager
Gramm, Jeff	VP, Strategic Initiatives
Gross, Jeff	Security Guard
Heath, Travis	QC Release Lab Manager
Holbrook, Dennis	Plastics Processing Manager
Holt, Traci	Controller
Hudson, Mark	Production Manager Processing
Huskins, Jeff	Security Supervisor
Jones, Brenda	Security Guard
Kestner, Troy	Processing Batchmixer
Lester, John	Director, IT & Safety Health & Environmental
Lindamood, David	Packaging Mechanic Lead
Massie, Patricia	Procurement & Planning Manager
Maye, Ronald	VP, Operations
Minton, Jacqueline	Line Lead/Packager
Payne, John	Warehouse Manager
Perry, Amy	Security Guard
Rhea, Clara	QA Documentation Coordinator
Robbins, Linda	VP, Quality & Regulatory Affairs
Robinson, Keriann	Chemist
Rouse, Emory	Packaging Manager
Scott, Tim	Calibration Technician
Smith, Danny	Processing Operator
Smith, Robert	Maintenance Mechanic
Speer, Ed	Security Guard
Sprouse, Pam	QC Stability Lab Manager
Tucker, Tammy	Packaging Technical Documentation Analyst
Vance, Darrin	Maintenance Mechanic
Wright, Danny	Senior Chemist

Consultants for USAntibiotics, LLC	Position
Jim Dobes	Project Engineer (P/T)
Jeanie Fox-Thomas	QA Consultant (P/T)
Leslie Taylor	QA Consultant (P/T)
Dennis Griffith	SAP Consultant (P/T)
Lachman Consultants	Regulatory Affairs Consultant
True North Consulting	Licensing Consultant

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40338950

Application/License No. _____

USAntibiotics, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 201 Industrial Dr., Bristol, TN 37620 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road, Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 23, 2021 (Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Know All by These Presents That **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, and **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, do each hereby constitute and appoint Anna Childress, Mark W. Edwards II, Alisa B. Ferris, Robert R. Freel, Richard H. Mitchell, William M. Smith and Jeffrey M. Wilson of Birmingham, Alabama; Robert Read Davis of Atlanta, Georgia; Richard E. Daniels of Pensacola, Florida; and Robert M. Verdin of Metairie, Louisiana

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** have each executed and attested these presents and affixed their corporate seals on this 7th day of May, 2019.

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY

County of Hunterdon ss:

On this 7th day of **May, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof; that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 27, 2022

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016:

"RESOLVED that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies"), do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,

(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ this September 23, 2021.

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BINDER NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-2483 Facsimile (877) 345-3058 e-mail: surety@chubb.com

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of September, 20 21.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Mark W. Edwards, II, Attorney-in-fact
print name Licensed NV Agent # 69158

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Witness

Countersigned by:

n/a
Nevada Resident Agent

PATRICIA MASSIE
TENNESSEE NOTARY PUBLIC
COUNTY OF SULLIVAN

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Haemonetics Corporation

Physical Address: 1300 Clifford Ball Drive

City: Clinton State: PA Zip: 15026

Mailing Address (if different from physical address): IQVIA, Attention: Liz Updike, 1025 Boulders Pkwy, Suite 301

City: Richmond State: VA Zip: 23225

Telephone: 412-439-0036 Website: www.haemonetics.com

Name of Designated Representative (DR): David DeVincentis

Licensing Company Email: haemonetics@iqvia.com DR Email: david.devincentis@haemonetics.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: *Government*	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Massachusetts

Parent Company (if any): _____

Corporation Name: Haemonetics Corporation

Mailing Address: 125 Summer Street

City: Boston State: MA Zip: 02110

Telephone: 781-690-0575 Email: julie.ryan@haemonetics.com

Contact Person Name: Julie Ryan

Date of SEC Registration: May 1991 | SEC Registration Number: 001-14041 | Stock Exchange Symbol: HAE

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julie Ryan

Print Name of Authorized Person Submitting Application

Julie A Ryan

Original signature of Authorized Person (copies or stamps not accepted)

17-Aug-2021

Date

Board Use Only	Date Received: _____	Amount: 500 check # 642330	✓ Processed 9/8/21

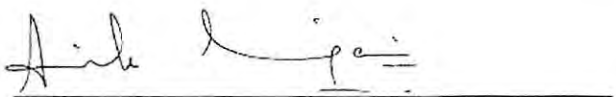
HAEMONETICS®

May 17, 2021

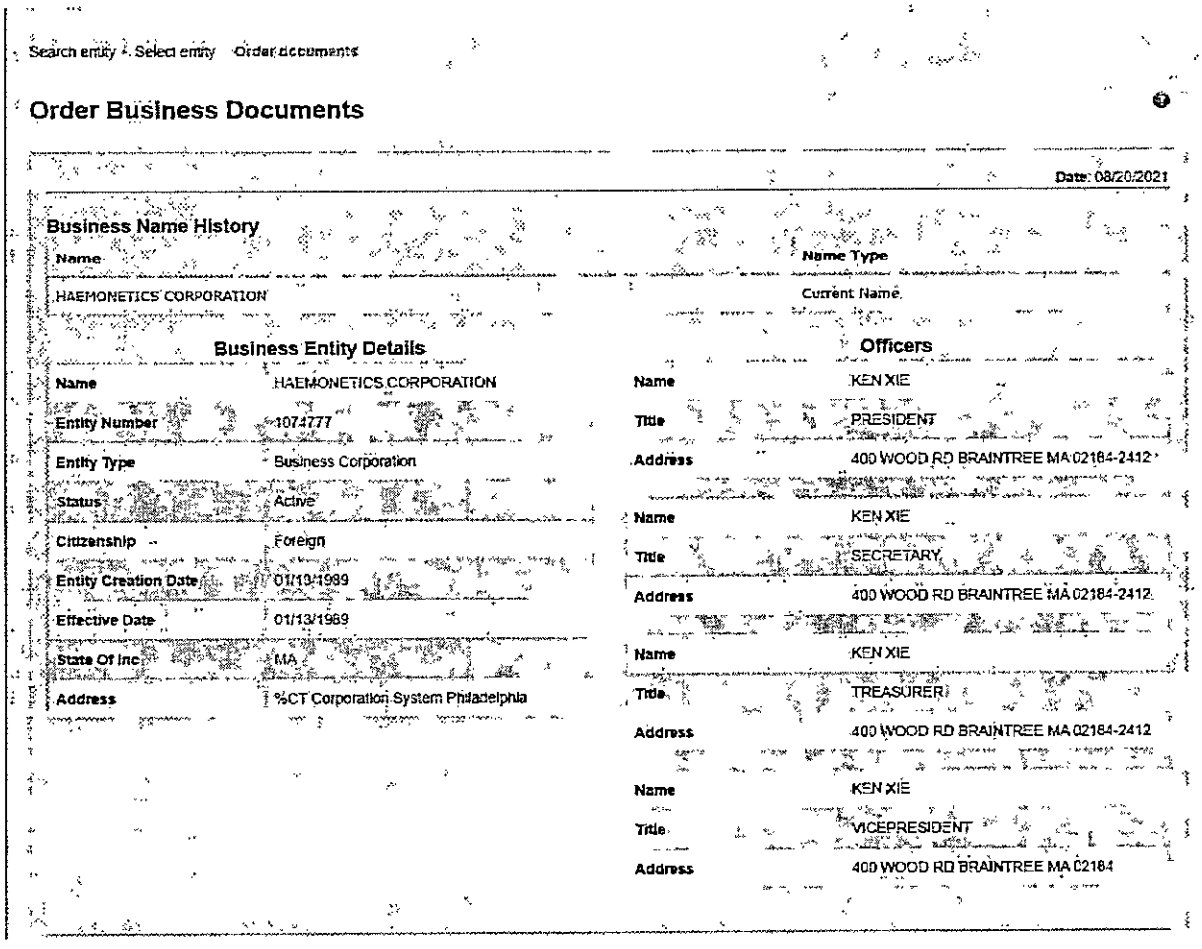
List of current company officers for Haemonetics Corporation:

Christopher Simon – President & CEO
William Burke – Executive Vice President, Chief Financial Officer
Michelle L. Basil – Executive Vice President, General Counsel & Secretary
Anila Lingamneni – Executive Vice President & Chief Technology Officer

I hereby certify that the above-listed Officers have been properly appointed and remain in office.



Anila Lingamneni
Executive Vice President & Chief Technology Officer



Search entity > Select entity > Order documents

Order Business Documents

Date: 08/20/2021

Business Name History

Name	Name Type
HAEMONETICS CORPORATION	Current Name

Business Entity Details

Name	HAEMONETICS CORPORATION
Entity Number	1074777
Entity Type	Business Corporation
Status	Active
Citizenship	Foreign
Entity Creation Date	01/13/1969
Effective Date	01/13/1969
State Of Inc	MA
Address	%CT Corporation System Philadelphia

Officers

Name	KEN XIE
Title	PRESIDENT
Address	400 WOOD RD BRAINTREE MA 02184-2412
Name	KEN XIE
Title	SECRETARY
Address	400 WOOD RD BRAINTREE MA 02184-2412
Name	KEN XIE
Title	TREASURER
Address	400 WOOD RD BRAINTREE MA 02184-2412
Name	KEN XIE
Title	VICEPRESIDENT
Address	400 WOOD RD BRAINTREE MA 02184

613

USBU - US Regulatory Complian | DOPL - Pharmacy | DOPL License Renewal | Drugs, Devices and Cosmetics Pr | Pennsylvania Department of He

apps.health.pa.gov/ddc/DDCPublicLookup.asp

State Services Share... LicenseHQ - User L... Home - IQVIA Com... Sign In Password generator... IQ Home Business Days Calc... OneKey NABP BOP list CS Authorities list Kaizen Project Page Legislative - Calendar Order Legislative C...

Pennsylvania Department of Health

Drug, Device and Cosmetic Program

Public Lookup

ter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

escription of Certificate Categories

u may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **6000010187** issued: 8/25/2020 expires: 9/30/2022

Haemonetics Corporation 1300 Clifford Ball Drive; Clinton, PA 15026

Not FDA

Back to DD&C Home

Home : Press Releases : Office of the Secretary
Bureau of Community Program Licensure and Certification : Drug, Device and Cosmetic Program : Quality Assurance

Copyright © 2009-2018 Commonwealth of Pennsylvania. All Rights Reserved.

Assembly Version

e 1 of 1 0 words Focus 170%

Haemonetics Corporation Employee List

Legal Name in General Display Format	Job Profile (Primary)
Russell Greshauk	Maintenance Mechanic II
Anna Dambach	Group Leader USA
Richard Jones	Maintenance Mechanic II
Tynita Garth	Group Leader USA
Amy Anderson	Senior Supervisor, Production
Bill Anderson	Lead Engineering Technician
Calvin Huff	Set-Up Operator USA
Jason Villagomez	Senior Machine Operator
Mira Gnjatic	Machine Operator II
Bernard Siahi	Machine Operator II
Alisa Giles	Supervisor, Production USA
Michael Roman	Facilities Mechanic
Tammy Greer	Machine Operator II
Petar Kodic	Machine Operator II
Vida Johnson	Machine Operator I
Mary Haney	Group Leader USA
Stacy Bowers	Machine Operator II
Tony Arlia	Machine Operator II
Antwion McKenzie	Material Handler - Direct
Milorad Rakic	Machine Operator II
Dante Zaraspe Jr.	Machine Operator I
Jomar Zaraspe	Material Handler - Direct
Linda Lyons	Machine Operator I
Tammy Lee	Production Reporting Clerk
Natasha West	Group Leader USA
Barbara Greshauk	Quality Assurance Technician
Duane McKenzie	Machine Operator I
Albert De Bakker	Machine Operator II
Laurensia De Bakker	Laboratory Assistant
Laure Haas	Quality Assurance Technician
Stephanie Vogel	Senior Supervisor, Quality Systems
Jared Garth	Group Leader USA
Craig Wolfarth	Machine Operator II
Carol Alexander	Machine Operator II
Jeffrey Davis	Maintenance Mechanic II
Randy Neely	Supervisor, Production USA
Brandy Durant	Machine Operator II
Teresa Casto	Production Reporting Clerk
Casaundra Miller	Customer Fulfillment
Kevin Mosley	Machine Operator II
Tina Mortimer	Production Reporting Clerk
Justin Hays	Site Director
Eric Veney	Senior Material Handler - Indirect
Kimberly Peel	Machine Operator II

Terri Glass	Machine Operator II
Paul Dambach	Maintenance Mechanic II
Joseph Smrekar	Maintenance Mechanic II
Harmon Kidd III	Machine Specialist - Direct
Tommy Barnabi Jr.	Production Reporting Clerk
Gordana Ziza	Product Complaint Coordinator
Connie McCullough	Machine Operator I
Candice Draganjac	Quality Assurance Technician
Roy Richards	Maintenance Mechanic I
Marques Coleman	Machine Specialist - Direct
Marica Cvjetkovic	Machine Operator I
William Glasser	Machine Operator II
Shirley Campbell	Machine Operator II
Daniel Bentz	Machine Operator II
Evelyn Gilstrap	Machine Operator I
Brian Eldridge	Quality Systems Tech Service Associate
Angel George	Customer Fulfillment
Joey Sutton II	Buyer USA
James Edwards	Supervisor, Warehouse
Robert Eross	Manager, Quality Systems
Brian Ziegler	Senior Manager, Manufacturing
Helen Sallie	Senior Group Leader - Direct
Monique Adkins	Group Leader USA
Jonathan Willis	Machine Operator II
Kimberlee Eldridge	Supervisor, Production USA
Julie Burnsworth	Senior Machine Operator
Craig Geier	Senior Machine Operator
Layfayette Underwood	Material Handler - Direct
Willie Ducksworth	Machine Operator I
Mark Paul	Quality Assurance Technician
Brian Vardzel	Principal Systems Engineer
Donald Polis	Machine Operator II
Michael Bateman	Lead Production Technician
Michael Graham	Machine Operator II
Timothy Young	Set-Up Operator USA
Ashley Tomayko	Quality Assurance Technician
John Zaraspe	Machine Operator I
Mariadonna Sumanga	Senior Machine Operator
Michael Roman	Machine Operator I
Anthony Gilbert	Machine Operator I
Joseph Crowe	Principal Engineer, Advanced Engineering
Lindsey Leavelle	Senior Material Handler - Indirect
William Cain	Supervisor, Technician
Julia Merriman	Group Leader USA
Mahlon Smeal	Machine Operator II
Brett Ketler	Plant Controller
Gina Santoyo	Human Resources Business Partner

Sean Lauritzen	Laboratory Technician - Direct
Abdul Kassim	Machine Operator II
John Formaini	Manager, Health, Safety & Environment USA
Ruby Clutter	Machine Operator I
Amanda Mussi	Quality Assurance Technician
LaVanna Nash	Machine Operator II
James Montgomery	Machine Specialist - Direct
Judy Gunner	Machine Operator II
Francis Anim	Machine Operator I
Renee Wood	Customer Fulfillment
Carly Hinkle	Supervisor, Laboratory
Elizabeth Harris	Machine Operator I
Ashley Majetic	Laboratory Technician II USA
Kim Davidson	Group Leader USA
Duane Damaso	Customer Fulfillment
Donna Eakles	Machine Operator I
Maximillian Bonto	Machine Operator II
Rashaud McKenzie	Material Handler - Direct
Christopher Johnson	Senior Manufacturing Engineer
Mark Long	Maintenance Mechanic II
Nancy Meals	Machine Operator I
Kimberly Kincade	Machine Operator I
John Eric Zaraspe	Machine Operator II
Whitney Cain	Senior Machine Operator
Eddie-Arthur Revis	Machine Operator II
Laura Blondsey	Group Leader USA
Darin Dalzell	Product Complaint Coordinator
Randy Shore	Senior Machine Operator
Torrico Ross	Material Handler - Direct
Margaret Swiderski	Product Complaint Coordinator
Jesse Miller	Senior Manager, Manufacturing & Manufacturing Engineering
Sandra Briggs	Machine Operator I
Nalo Seaburn	Group Leader USA
Linda Benham	Set-Up Operator USA
Robert Dietrich	Senior Quality Systems Engineer
Amanda Farago	Senior Machine Operator
Kenneth Walker	Supervisor, Production USA
Stephanie Snead	Machine Operator I
Tad Blankenberg	Senior Mechanical Engineer
Dawn Martin	Machine Operator II
Darvis Foster	Machine Operator I
Ashley Click	Laboratory Technician - Direct
Paul Hubert	Senior Manufacturing Engineer
George Bruey	Machine Operator II
Christopher Helbig	Maintenance Mechanic I
Adam Smelko	Senior Product Development Engineer

David Bibby	Machine Operator II
Roderick Parks	Machine Operator II
Michelle Johnson	Machine Operator II
Deborah Trombulak	Machine Operator I
Azaria Davis	Machine Operator II
Jessica Bowser	Senior Machine Operator
Bijou Lendo	Maintenance Mechanic II
Youness Ahlafi	Machine Specialist - Direct
Lachus Evans	Machine Operator II
Bhakti Subedi	Machine Operator II
Brandon Vandergraft	Senior Machine Operator
David Beresic	Machine Specialist - Direct
Alexa Gasper	Machine Operator II
Jack Fehir	Maintenance Mechanic II
Jason Bonfili	Process Engineer
Gabriel Mayle	Laboratory Assistant - Direct
Shacteal Ingram	Machine Operator II
George Koranteng	Machine Operator I
David Devincentis	Senior Manager, Materials
Eric Lunde	Senior Manager, Quality Assurance
Stephanie Briere	Laboratory Technician - Direct
Thomas Hinz	Machine Operator I
JACOB BOWDEN	Machine Operator II
Tika Timsina	Machine Operator II
Robert Mecklenburg	Set-Up Operator USA
Ricardo Henry	Machine Operator II
Heidi McDonald	Machine Operator II
William Mayhew	Maintenance Mechanic I
Lauren Musgrave	Quality Systems Engineer II
Christine Shaw	Machine Operator II
Gerard Foster	Machine Operator I
Christine Mayhew	Machine Operator II
Denise Babyak	Machine Operator I
Allen Foster	Machine Operator I
Amece Worthy	Machine Operator II
Dexter Washington	Machine Operator II
Alejandro Icaualo	Machine Operator I
David Badamo	Manufacturing Engineer I
Courtney Betz	Machine Operator I
Lisa Peters	Machine Operator I
Justin Owens	Machine Operator II
Geeta Gurung	Machine Operator II
Amitbhai Patel	Machine Operator I
Priyanka Patel	Laboratory Assistant
Richard Wells	Machine Operator II
Jordan Kanschat	Machine Operator II
Timothy Styche	Machine Operator I

April Styche	Machine Operator II
Lena Spagina	Machine Operator II
Donald Swisher	Senior Manufacturing Engineer
Rushi Bhut	Packer
Matthew Bratt	Laboratory Technician USA
Patrick Hofman	Molding Tooling Technician
Roxane Sopko	Machine Operator I
Joseph Figueiredo	Senior Material Handler - Indirect
Gibran Vazquez Rodriguez	Machine Operator II
Felipe Chambers	Machine Operator I
Innessa Lisyuk	Machine Operator II
Laura Zeranick	Machine Operator II
Richard Kent	Machine Operator I
Frederica Marshman	Machine Operator II
James Allison	Machine Operator II
Jaye DeVaughn	Machine Operator II
Hem Biswa	Machine Operator I
Wendy Dudek	Machine Operator II
Sarah Bell	Machine Operator II
Inez Huff	Machine Operator I
Yaku Lahtaw	Machine Operator II
David Anderson	Maintenance Mechanic II
Allen Orto	Machine Operator II
Matthew Perez	Manufacturing Engineer II
Matthew Rygiel	Machine Operator II
Mark Aprile	Director, Global Health and Safety
Brian Nally	Quality Systems Engineer II
Jack Hochendoner	Machine Operator II
Austin Robinson	Laboratory Technician USA
William Silver	Machine Operator II
Upashana Pyakurel	Machine Operator I
Scott Campbell	Machine Operator I
Katelynn Anthony	Machine Operator II
Kristen Hylton	Machine Operator I
Joseph Bradley	Machine Operator II
Janaise Dormevil	Machine Operator I
Troy Sligh	Machine Operator II
Natasha Jones	Machine Operator I
Dustin Cochrane	Machine Operator II
Meghan Lucas	Senior Supplier Quality System Engineer
Nicole Lyons	Engineering Technician
Pamela Rothharpt	Engineering Technician
Millian Henry	Machine Operator I
Thomas Zelinsky	Engineering Technician
Robert Baer	Maintenance Mechanic I
Jason Griffie	Machine Operator II

Shannon Hudak	Machine Operator I
Gregory Murrer	Manufacturing Engineer II
Joseph Lennon	Process Engineer
Michael Galiger	Senior Manager, Manufacturing & Manufacturing Engineering
Joseph Weider	Equipment Complaint Technician
BRADY HOOK	Equipment Complaint Technician
Brandon Burger	Product Development Engineer
Tom Whalen [C]	Senior Mechanical Engineer
Thomas Gloystein [C]	Senior Quality Systems Engineer
David Felekey [C]	Material Handler - Direct
Maureen Fugate [C]	Machine Operator II
Satish Parimi [C]	Validation Engineer
Karthik Kodadhala [C]	Validation Engineer
Hemant Mahajan [C]	Validation Engineer, Manufacturing Engineering
Suyash Lahoti [C]	Validation Engineer, Manufacturing Engineering
Tika Tiwari [C]	Machine Operator I
Dennis Hemans [C]	Validation Engineer, Manufacturing Engineering
Natalie Riggs [C]	Machine Operator II
Jason Miller [C]	Machine Operator II
Robert White [C]	Machine Operator II
Amy Mortimer [C]	Machine Operator I
Deandre Lee [C]	Machine Operator II
Darian Boyd [C]	Machine Operator II

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: November 09, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

HAEMONETICS CORPORATION

is a domestic corporation organized on **August 29, 1985** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21110251710

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 6, 2021

HAEMONETICS CORPORATION
(Exact name of registrant as specified in its charter)

Massachusetts	001-14041	04-2882273
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

125 Summer Street
Boston, MA 02110
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: 781-848-7100

(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $.01 par value per share	HAE	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging Growth Company

☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported) August 11, 2021

HAEMONETICS CORPORATION
(Exact name of registrant as specified in its charter)

Massachusetts	001-14041	04-2882273
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

125 Summer Street
Boston, MA 02110
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code 781-848-7100

(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $.01 par value per share	HAE	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging Growth Company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Attachment

None of Haemonetics Corporation's (the "**Company**") officers or directors hold, individually or in the aggregate, 5% or more of the Company's common stock. Additionally, no other natural person holds 5% or more of the Company's common stock based on a review of the most recent Schedule 13G and Schedule 13D filings made with respect to the Company and available on the U.S. Securities Exchange Commission's EDGAR filing website.

The following is a list of institutional investors that hold 5% or more of the Company's common stock based on a review of the most recent Schedule 13G and Schedule 13D filings made with respect to the Company:

Name and Address of Beneficial Owner	Title of Class	Shares Beneficially Owned
BlackRock, Inc. 55 East 52nd Street New York, New York 10055	Common Stock	4,700,591
The Vanguard Group 100 Vanguard Blvd. Malvern, Pennsylvania 19355	Common Stock	4,852,282
Capital Research Global Investors 333 South Hope Street Los Angeles, CA 90071	Common Stock	5,637,735
Neuberger Berman Group LLC Neuberger Berman Investment Advisers 1290 Avenue of the Americas New York, NY 10104	Common Stock	2,833,049

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change* Grandparent Change 6% Change	WH WH01743	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LifeScience Logistics, LLC

Physical Address: 1105 E. Northfield Drive

City: Brownsburg State: IN Zip: 46112

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (317) 456-0254 Website: www.lslog.com

Name of Designated Representative (DR): David Albert Davis Jr.

Licensing Company Email: LSL@slsny.com DR Email: ddavis@lslog.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☐ Others: Distribution sites w/ organization, Distributors, Physicians/Veterinarians, US Gov't	☐ Others: Biologics, Gabapentin, Devices (Rx Convenience kit, containing drug component)

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): LifeScience Logistics, LP (94%) and LSL HoldCo, LLC (6%)

Corporation/Organization Name: LifeScience Logistics, LLC

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: LSL@slsny.com

Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A- 100% Ownership by Comp: 94% Lifescience Logistics LP 6% LSL HoldCo, LLC		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Beeny

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/2/21

Date

Board Use Only	Date Received: _____	Amount: 500 check # 8671

Processed 11/12/21

STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

November 4, 2021

VIA Fed ex

To: **Nevada Board of Pharmacy**

Re: **Notice – LifeScience Logistics, LLC, LICENSE # WH01743**

Dear Sir or Madam:

LifeScience Logistics, LLC ("Licensee") currently holds the above referenced license in your state. On behalf of Licensee, we write to inform you of an upcoming transaction that will result in a change in the minority interest of Licensee as well as a change of indirect ownership of the Licensee (the "Transaction") and to provide the enclosed application reflecting these changes.

Effective December 3, 2021, LSL HoldCo, LLC will acquire 6% of the equity of Licensee, from LifeScience Logistics, LP. Licensee's majority direct parent level owner, LifeScience Logistics, LP, will not change as a result of the Transaction. Additionally, the Transaction will also result in an indirect change at the grandparent-level. The new grandparent-level owner will be LSL HoldCo, LLC.

Please note that there will be no change in the Licensee's name, federal tax ID number, offered services, or officers or directors as a result of the Transaction. Please also note, both before and after the Transaction closing date, the entity operating the Licensee and holding the above referenced license is LifeScience Logistics, LLC.

Enclosed please also find a pre-close and post-closing organizational charts for a depiction of the anticipated changes.

We kindly request that you review and approve the enclosed application as soon as possible so that the Transaction may close, or confirm that approval of the application is not required before the Transaction closes. Please contact me at LSL@SLSNY.com or at (845) 544-2482 if you have any questions with respect to this notice, enclosed application, or the Transaction, or if you require any additional information.

Kind Regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
LSL@SLSNY.com

Pre Orgchart

LifeScience Logistics®

ORGANIZATIONAL CHART

LifeScience Logistics, LP

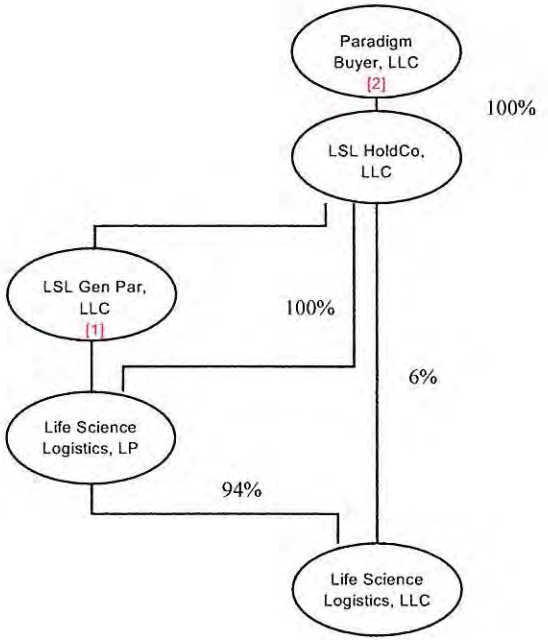
100% OWNER

LifeScience Logistics, LLC

Footnotes

[1] LSL Gen Par, LLC holds a 100% non-economic, control general partnership interest in Life Science Logistics, LP. LSL HoldCo, LLC holds a 100% economic interest in Life Science Logistics, LP.

[2] The structure includes entities with indirect ownership at the great-great grandparent level and above. For purposes of the enclosed notice, the structure reflected here focuses on the license-holding entity through the great grandparent level indirect owner.



Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48001964A	09/30/2022

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48001964A	09/30/2022

LifeScience Logistics, LLC

Signature _____

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000079A	09/30/2022

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000079A	09/30/2022

LifeScience Logistics, LLC

Signature _____

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61100944B	12/31/2023

DRUG SCHEDULES

1	2	2N	3	3N	4	5
	Yes	Yes	Yes	Yes	Yes	Yes

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61100944B	12/31/2023

LifeScience Logistics, LLC

Signature

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0411342	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-17-2021

LIFESCIENCE LOGISTICS
LIFESCIENCE LOGISTICS
1105 E NORTHFIELD DR
BROWNSBURG, IN 461122529

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0411342	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-17-2021

LIFESCIENCE LOGISTICS
LIFESCIENCE LOGISTICS
1105 E NORTHFIELD DR
BROWNSBURG, IN 461122529

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0465674	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	IMPORTER	02-17-2021

LIFESCIENCE LOGISTICS
LIFESCIENCE LOGISTICS
1105 E NORTHFIELD DR
BROWNSBURG, IN 461122529

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0465674	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	IMPORTER	02-17-2021

LIFESCIENCE LOGISTICS
LIFESCIENCE LOGISTICS
1105 E NORTHFIELD DR
BROWNSBURG, IN 461122529

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0493887	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	EXPORTER	02-17-2021

LIFESCIENCE LOGISTICS
LIFESCIENCE LOGISTICS
1105 E NORTHFIELD DR
BROWNSBURG, IN 461122529

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0493887	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	EXPORTER	02-17-2021

LIFESCIENCE LOGISTICS
LIFESCIENCE LOGISTICS
1105 E NORTHFIELD DR
BROWNSBURG, IN 461122529

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Good standing

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LIFE SCIENCE LOGISTICS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 14, 2011, and was in existence or authorized to transact business in the State of Indiana on October 30, 2021.

I further certify this Foreign Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 30, 2021

Holli Sullivan

HOLLI SULLIVAN
SECRETARY OF STATE

2011101700162 / 20212274575

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on November 29, 2021.

LifeScience Logistics, LLC

638

Corporate Address: 3100 Olympus Blvd., Suite 100, Dallas, TX 75019 USA
FEIN: 20-4870652
www.lslog.com

Drug Labeler Code: 42067
Incorporation State: FL
Incorporation Date: 05/12/2006

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
ENDY	1105 E. Northfield Drive Brownsburg, IN 46112 County: Hendricks	3009057691	RL0411342; RL0465674 RL0493887	968727565	Yes	(317) 456-0254	(317) 852-1821

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
David Albert Davis Jr.	1754 Carlton Blvd. Bldg. 16 Avon, IN 46123	Designated Representative	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
LifeScience Logistics, LP	3100 Olympus Blvd. Suite 100 Dallas, TX 75019		94	
LSL HoldCo, LLC	3100 Olympus Blvd Dallas, TX 75019		6	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Richard Beeny	[redacted] Post Oak Place Westlake, TX 76262	CEO	No
Max Kamhi	[redacted] W. 75th Street New York, NY 10023	CFO	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
InCorp Services, Inc.
CT Corporation System

Disciplinary History: CO 2017

Company Particulars

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: LifeScience Logistics, LLC

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Sat Oct 30 02:32:19 PM EST 2021

LifeScience Logistics®

Memorandum

Date: 11 NOV 2020

To: File

Re: List of Officers

Below is the List of Officers of Life Science Logistics, LLC.

- Richard Beeny (CEO)
- Max Kamhi (CFO)

Sincerely,

Richard Beeny

FDA 641

Registrar Corp
144 Research Drive, Hampton, Virginia 23666 USA
Phone: +1-757-224-0177 * Fax: +1-757-224-0179 * Email: info@registrarcorp.com * Website: www.registrarcorp.com

November 09, 2020
Life Science Logistics LLC
1105 E. Northfield Drive
Brownsburg, IN 46112
United States

Re: U.S. FDA Drug Establishment Registration Certificate

Good Day,

We enclose the Certificate of Registration issued by Registrar Corp, verifying that your firm's drug establishment registration has been electronically submitted to FDA.

We advise that FDA has changed its requirement for annual registration. The Food and Drug Administration Safety and Innovation Act of 2012 ("FDASIA"), which was signed into law on July 9, 2012, requires that all registrants renew their Drug Establishment Registrations between October 1 and December 31 of each year. Your next renewal period will be October 1 to December 31, 2021. You will be sent documents to verify the accuracy of your information at that time.

Registrar Corp also will send you color copies of your certificate by email. You may wish to use the electronic version to forward copies of your company's certificates to your customers and suppliers so they are aware that your company has complied with FDA's registration requirements. Please note, however, that pursuant to 21 CFR § 207.77(a), "Registration of an establishment or listing of a drug does not denote approval of the establishment, the drug, or other drugs of the establishment, nor does it mean that a product may be legally marketed. Any representation that creates an impression of official approval or that a drug is approved or is legally marketable because of registration or listing is misleading and constitutes misbranding." This means that the enclosed certificate does not denote endorsement or approval by the U.S. FDA, and it should not be used to suggest such an inference.

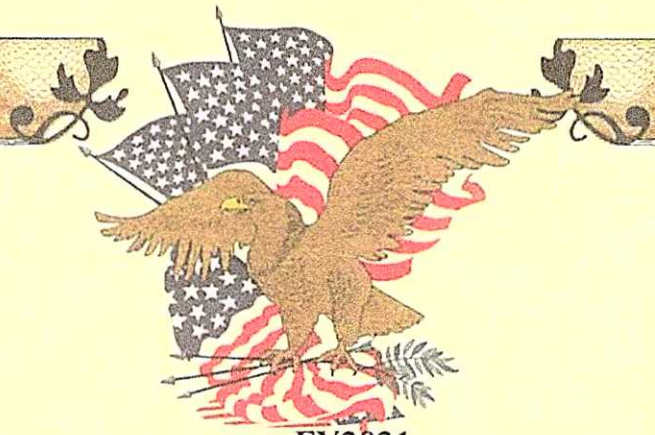
As your Registrant Contact, Registrar Corp will continue to serve as a communications link between the U.S. FDA and your company for your electronic submissions. If we receive any correspondence from the U.S. FDA for your company regarding your electronic submissions, we will notify you by fax, email, or phone. In addition, we will be pleased to complete electronic submissions for any drug products not already listed with the U.S. FDA which you may introduce to market.

Please contact us if you have any questions or need additional help with FDA compliance.

Sincerely,

David Lennarz
President

Registrar Corp is a private registration agent not affiliated with the U.S. Food and Drug Administration.



FY2021

CERTIFICATE OF REGISTRATION

This certifies that:

Life Science Logistics LLC
1105 E. Northfield Drive
Brownsburg, IN 46112
United States

is registered with the U.S. Food and Drug Administration for the statutory filing period applicable to U.S. FY 2021 pursuant to part 207 of Title 21, U.S. Code of Federal Regulations.

DUNS Number:	**96-872-7565**
Labeler Code:	**42067**
FEI:	**3009057691**
Registrant Contact:	**Registrar Corp** 144 Research Drive, Hampton, Virginia, 23666, USA Telephone: +1-757-224-0177 • Fax: +1-757-224-0179

Filing was performed during the October 1 - December 31, 2020 statutory period, and renewal is not required until the next statutory period of October 1 - December 31, 2021. Registrar Corp will confirm that such registration remains effective upon request and presentation of this certificate, until the end of the year stated above, unless terminated after issuance of this certificate. Registrar Corp makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. Registrar Corp assumes no liability to any person or entity in connection with the foregoing. Registration of a drug establishment or drug wholesaler, or assignment of a registration number, or assignment of a NDC number does not in any way denote approval of the firm or its products by the U.S. Food and Drug Administration. Any representation that creates an impression of official approval because of registration or possession of registration number or NDC number is misleading and constitutes misbranding. The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration. Registrar Corp is not affiliated with the U.S. Food and Drug Administration.

Registrar Corp
144 Research Drive, Hampton, Virginia, 23666, USA
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179
info@registrarcorp.com • www.registrarcorp.com

David Lennarz
Executive Director
Registrar Corp
Dated: November 9, 2020

©2007-2021 Registrar Corp

643

The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

LifeScience Logistics, LLC
dba LifeScience Logistics

located at

1105 E Northfield Dr, Brownsburg, IN 46112

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

January 11, 2019 - January 10, 2022
Period of Accreditation

Verified
11/29/21
MS

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

Lifescience Logistics - Brownsburg, IN

Full Name	Department	Job Title
Gibson, Linda	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Andrews, Aramis	10490 - INFLX IND-CB	Warehouse Personnel - Surge-Flex
Crawford, Beth A.	10340 - INOCEX IND-CB	Operations Supervisor
File, Alec J.	10350 - INOCNE IND-CB	Warehouse Lead - Shipping
Ryan, Michael A.	10340 - INOCEX IND-CB	Account Manager Supervisor
Murray, Ty A.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Apodaca, Jim	10340 - INOCEX IND-CB	Operations Coordinator
Dickerson, Troy	10360 - INOCSS IND-CB	Warehouse Lead - Shipping
Oliva, Ana	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Gilkey, Isaac	10340 - INOCEX IND-CB	Account Manager
Santos, Jennifer N.	10360 - INOCSS IND-CB	Quality Assurance Coordinator II
Alvarado, Acxel D.	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Williams, Ronna	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
McClain, Bernest	10360 - INOCSS IND-CB	Warehouse Personnel - Shipping
Ruiz, Belkis	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Ornelas, Maria	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Nordmeyer, Kaitlyn M.	10340 - INOCEX IND-CB	Quality Assurance Coordinator II
Cano Bermudez, Wendy	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Sibanda, Monalisa	10340 - INOCEX IND-CB	Transportation Specialist
Gerking, Daniel	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Perez Gonzalez, Miguel A.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Long, Alicia C.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Lemire, Jacob	10340 - INOCEX IND-CB	WMS Support Technician
Vargas Reynoso, Galilea	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Castillo Perez, Lilian G.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Acuna, Rey D.	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Mazariego De Cano, Dora b.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Burris, DiAnne	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Myers, Frank H.	10340 - INOCEX IND-CB	Systems Integration Analyst
Kash, Caprice J.	10360 - INOCSS IND-CB	File Clerk
Nicholson, James W.	10340 - INOCEX IND-CB	Operations Supervisor
Lukes, Kevin A.	10340 - INOCEX IND-CB	Operations Supervisor
Council, Stephany	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Lopez, Walter	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Graham, John	10340 - INOCEX IND-CB	WMS Support Technician
Romero Munoz, Liria	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Almanza Guerrero, Maria	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Perez-Torres, Miguel A.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Baughn, Victoria	10340 - INOCEX IND-CB	Quality Assurance Specialist I
Plodzik, Konrad F.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Escorcia, Marisol	10350 - INOCNE IND-CB	Cycle Counter/Replenisher
Brooks, Matthew C.	10340 - INOCEX IND-CB	Account Manager
Mendoza, Sonia	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Vincent, Gary	10340 - INOCEX IND-CB	Facilities Coordinator
Surber, Chad	10340 - INOCEX IND-CB	Account Manager
Dragoo, Scott M.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Tiger, Licci	10360 - INOCSS IND-CB	Receptionist
Millette, Roland J.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping

Moyosore, Abiodun A.	10350 - INOCNE IND-CB	Cycle Counter/Replenisher
Gruber, Alexander J.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Merino Neri, Rafael	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Garcia, Fatima A.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Crose, Kristin	10340 - INOCEX IND-CB	Quality Assurance Specialist I
Valdez, Maria	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Nield, Tyler C.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Edwards, Andrew N.	10350 - INOCNE IND-CB	Warehouse Personuel - Shipping
Nunez, Andrew	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Arnold, Amber	10360 - INOCSS IND-CB	Warehouse Lead - Receiving
Bell, Aaron M.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
McVicker, Micah M.	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Placido, Paolo A.	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Heylmann, Chris	10360 - INOCSS IND-CB	Inventory Control Specialist
O'Hara, Charles M.	10340 - INOCEX IND-CB	Operations Supervisor
Ayala-Mosqueda, Victorio	10350 - INOCNE IND-CB	Warehouse Lead - Receiving
Bronson, Curtis	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Crose, Nicholas	10340 - INOCEX IND-CB	Account Manager
King, William	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Baynard, Barry	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Douglas, Robert M.	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Ritchey, Madisyn	10360 - INOCSS IND-CB	Warehouse Lead - Shipping
Garcia Esteban, Edgar A.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Austin, Brook	10340 - INOCEX IND-CB	WMS Support Technician
Munguia Jimenez, Karen Yadi	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Brooks, Jesse	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Gill, Jacee R.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Joiner, Kahlen	10340 - INOCEX IND-CB	Account Manager
Tom, Danielle	10360 - INOCSS IND-CB	Inventory Control Specialist
Acosta, Amy	10360 - INOCSS IND-CB	Receptionist
Graham, Mackenzie R.	10360 - INOCSS IND-CB	Project Coordinator
Benson Garza, Yadhira E.	10490 - INFLX IND-CB	Warehouse Personnel - Surge-Flex
Nitz, Lillian	10360 - INOCSS IND-CB	Quality Assurance Coordinator II
LeFlore, Virginia	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Santos, Jenmy	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
May, Katie M.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Harris, Alicia	10360 - INOCSS IND-CB	Inventory Control Specialist
Doss, Nikki L.	10360 - INOCSS IND-CB	Inventory Control Specialist
Houston, Lesya	10340 - INOCEX IND-CB	Human Resources Manager
Gita, Joseph L.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Morris, Jamison C.	10340 - INOCEX IND-CB	Sr. Operations Manager
Isol, Delmi	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Suarez, Samuel	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Coen, William	10340 - INOCEX IND-CB	Business Development Manager
Doty, Kimberly	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Lepe, Marylee	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Surber, Matthew B.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Classen, Lilian	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Johnson, Teri L.	10340 - INOCEX IND-CB	Quality Assurance Supervisor

Faust, Henry	10360 - INOCSS IND-CB	Warehouse Lead - Receiving
Vega, Waldemar	10350 - INOCNE IND-CB	Warehouse Personnel - Receiving
Wieder, Allison	10340 - INOCEX IND-CB	Account Manager
Ramirez, Anyolina A.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Davis, David A.	10340 - INOCEX IND-CB	Director of Operations
Zimmer, Hannah	10340 - INOCEX IND-CB	Account Management Coordinator
Pirela, Javianny M.	10350 - INOCNE IND-CB	Warehouse Personnel - Shipping
Scotten, Michael	10490 - INFLX IND-CB	Warehouse Personnel - Surge-Flex

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33

PNC

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY, STE 206
RENO, NV 89521

APPLICANT:
LIFE SCIENCE LOGISTICS, LLC
3100 OLYMPUS BLVD., SUITE 100
DALLAS, TX 75019

ATTENTION: CANDY NALLY

IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE:	18134705-00-000
AMOUNT:	USD $25,000.00
ISSUE DATE:	JUNE 18, 2021
EXPIRY DATE:	JUNE 18, 2022
EXPIRY PLACE:	OUR COUNTERS

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 18134705-00-000 IN YOUR FAVOR FOR THE ACCOUNT OF LIFE SCIENCE LOGISTICS, LLC (THE "WHOLESALE DISTRIBUTOR") WHICH SUPPORTS THE LIFE SCIENCE LOGISTICS, LLC WAREHOUSES AT 1105 E NORTHFIELD DR, BROWNSBURG, IN 46112 AND 3860 S 500 E, SUITE 200, WHITESTOWN, IN 46075 UP TO THE AGGREGATE AMOUNT OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS) AVAILABLE FOR PAYMENT AT OUR COUNTERS AT 500 FIRST AVENUE, SECOND FLOOR, P7-PFSC-02-T, PITTSBURGH, PA 15219 ATTN: INTERNATIONAL TRADE PRODUCT DELIVERY AGAINST PRESENTATION OF YOUR STATEMENT PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME/TITLE) HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS LIFE SCIENCE LOGISTICS, LLC HAS FAILED TO PROVIDE PAYMENT FOR WHOLESALE DISTRIBUTION OF PRESCRIPTION DRUGS."

THIS LETTER OF CREDIT EXPIRES AT THIS OFFICE ON JUNE 18, 2022 AT 5:00 P.M. EASTERN TIME.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT WILL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT, FOR ADDITIONAL ONE (1) YEAR PERIODS FROM THE CURRENT EXPIRATION DATE SET HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST 60 (SIXTY) DAYS PRIOR TO ANY EXPIRATION DATE, WE NOTIFY YOU BY REGISTERED OR CERTIFIED MAIL, OR OVERNIGHT COURIER SERVICE THAT WE ELECT NOT TO FURTHER EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD. UPON RECEIPT OF SUCH NOTICE YOU MAY DRAW HEREUNDER BY PRESENTATION OF A STATEMENT ON YOUR LETTERHEAD PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33

PNC

NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND DEMAND PAYMENT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS WE HAVE BEEN NOTIFIED THAT PNC BANK, NATIONAL ASSOCIATION HAS ELECTED NOT TO FURTHER EXTEND THIS LETTER OF CREDIT, AND WE HAVE NOT RELEASED LIFE SCIENCE LOGISTICS, LLC FROM THEIR OBLIGATIONS TO US AND WE HAVE NOT RECEIVED A REPLACEMENT LETTER OF CREDIT SATISFACTORY TO US."

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES 1998, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

WE HEREBY ENGAGE WITH YOU THAT DRAWING(S) PRESENTED UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TO US AT THIS OFFICE ON OR BEFORE THE EXPIRY DATE OR ANY AUTOMATICALLY EXTENDED EXPIRY DATE.

PNC BANK, NATIONAL ASSOCIATION
INTERNATIONAL TRADE PRODUCT DELIVERY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: LifeScience Logistics, LLC

Physical Address: 1105 E. Northfield Drive

City: Brownsburg State: IN Zip: 46112

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.lslog.com

Licensing Company Email: LSL@slsny.com

Section 2: Personal Information

First: David Middle: Albert Last: Davis Jr.

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Carlton Blvd., Bldg. [redacted]

City: Avon State: IN Zip: 46123

Telephone: [redacted] Email: ddavis@lslog.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials DD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Texas		1996 - 1999	
Address	City	State	Zip
1155 Union Cir	Denton	TX	76203
Diploma/Degree obtained, if any			
Logistic Training & Supervisor and Management classes			

School Name		From - To (MM/YY – MM/YY)	
The Colony High School		09/89 - 06/93	
Address	City	State	Zip
4301 Blair Oaks Dr	The Colony	TX	75056
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2018 - Present	[redacted] Carlton Blvd	Avon	IN	46123
3/1997 - 1/2018	2713 Woodlake Pkwy	Little Elm	TX	75068
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
LifeScience Logistics, LLC			2017 - Present	
Business Address		**City**	**State**	**Zip**
1105 E. Northfield Drive		Brownsburg	IN	46112
Phone	**Title**		**Number of Employed Hours**	
(317) 456-0254	Designated Representative		8,320 hrs @ 40 hrs a wk	
Description of Duties				
Designated Representative for facility. Oversee clerical, inventory control, housekeeping, delivery, maintenance, or similar functions related to the distribution or dispensing of dangerous drugs or dangerous devices. Supervise warehouse personnel and warehouse activities, which include the receipt, storage, and the shipping of materials. To meet productivity goals, operating objectives and warehouse maintenance functions.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials

I, David Albert Davis Jr., **certify that as the designated representative for**

LifeScience Logistics, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

David Albert Davis Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02 Nov 2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Albert Davis Jr.

Print Name (First, Last)

D. D

Original Signature (electronic, copies or stamps not accepted)

02 Nov 2021

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hendricks

I, David Davis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

D. D

Original Signature

02 Nov 2021

Date

Subscribed and Sworn to before me this 02 day of Nov. 2021.

Betina K Brancamp

Notary Public Signature

NOTARY PUBLIC SEAL INDIANA

Hendricks County
Betina K. Brancamp (Seal)
The UPS Store
Expires: 2/8/2023

Applicant's initials DD

Execution Version

EQUITY PURCHASE AGREEMENT AND PLAN OF MERGER

BY AND AMONG

PARENT,

BUYER,

DEBT MERGER SUB,

THE OWNERS,

THE OWNER HOLDCOS,

THE SELLERS,

THE TARGET COMPANIES,

THE LSL HOLDCOS,

AND

THE REPRESENTATIVE

October 19, 2021

Table of Contents

Page

ARTICLE I THE TRANSACTION 4

1.01. Reorganization 4
1.02. Debt Merger 4
1.03. Repayment of Funded Debt 5
1.04. Distribution of Debt Proceeds 5
1.05. Sale Transaction 6
1.06. Sale Transaction Consideration 6
1.07. Estimated Cash Payment 6
1.08. Payments 7
1.09. Cash Payment Determination 8
1.10. Preparation of Closing Statement 10
1.11. Earnout 10
1.12. Withholding 15
1.13. Rollover 15

ARTICLE II THE CLOSING AND TRANSFER OF PURCHASED SECURITIES 16

2.01. Closing 16
2.02. Closing Actions 16
2.03. Post-Closing Contribution 16

ARTICLE III REPRESENTATIONS AND WARRANTIES OF BUYER PARTIES AND OWNER PARTIES 16

3.01. Representations and Warranties of the Buyer Parties 16
3.02. Representations and Warranties of the Owner Parties 21

ARTICLE IV REPRESENTATIONS AND WARRANTIES OF THE TARGET COMPANIES 23

4.01. Corporate Status 23
4.02. Power and Authority 23
4.03. Enforceability 23
4.04. Capitalization; Stock Ownership 24
4.05. Subsidiaries 24
4.06. No Violation; Consents and Approvals 25
4.07. Financial Statements 26
4.08. Undisclosed Liabilities 26
4.09. Absence of Certain Developments 26
4.10. Litigation 28
4.11. Environmental Matters 29
4.12. Title to Properties 29
4.13. Compliance with Laws 30
4.14. Labor and Employment Matters 31
4.15. Employee Benefit Plans 32
4.16. Tax Matters 34

Table of Contents
(CONTINUED)

Page

4.17. Insurance 36
4.18. Licenses and Permits 36
4.19. Affiliated Transactions 36
4.20. Material Contracts 37
4.21. Intellectual Property 39
4.22. Customers and Suppliers 40
4.23. No Brokers 40
4.24. Regulatory Matters 40
4.25. No Other Representations and Warranties 41

ARTICLE V PRE-CLOSING COVENANTS 42

5.01. Further Assurances; Closing Conditions 42
5.02. Consents and Release of Liens 42
5.03. Regulatory Filings 42
5.04. Conduct of the Business 44
5.05. Access to Information 45
5.06. Exclusivity 45
5.07. Confidentiality Agreement 45
5.08. Financing 46
5.09. Assistance with Financing 46
5.10. Termination of Affiliate Agreements 48

ARTICLE VI POST-CLOSING COVENANTS 48

6.01. Further Assurances 48
6.02. Director and Officer Liability and Indemnification 48
6.03. Access to Books and Records 49
6.04. Employees; Benefits 50
6.05. Investment Intent of Buyer 51

ARTICLE VII TAX COVENANTS 51

7.01. Responsibility for Filing Income Tax Returns 51
7.02. Amendments, Elections, Etc. 52
7.03. Cooperation on Tax Matters 52
7.04. Transfer Taxes 53
7.05. Intended Tax Treatment; Allocation of Purchase Price 53
7.06. Income Tax Contests 54
7.07. Covered Taxes 54

ARTICLE VIII CONDITIONS TO THE OBLIGATIONS OF THE BUYER PARTIES 55

8.01. Accuracy of Representations and Warranties 55
8.02. Compliance with Obligations 56
8.03. No Adverse Ruling 56

Table of Contents
(CONTINUED)

Page

8.04. Termination of HSR Waiting Period 56
8.05. No Material Adverse Effect 56
8.06. State Licenses 56
8.07. Representative Deliveries 56
8.08. Third Party Consents 57

ARTICLE IX CONDITIONS TO THE OBLIGATIONS OF THE OWNER PARTIES 57

9.01. Accuracy of Representations and Warranties 57
9.02. Compliance with Obligations 57
9.03. No Adverse Ruling 58
9.04. Termination of Hart-Scott-Rodino Act Waiting Period 58
9.05. Buyer Deliveries 58

ARTICLE X NON-SURVIVAL OF REPRESENTATIONS; WARRANTIES AND COVENANTS 58

10.01. Non-Survival of Representations, Warranties and Covenants 58
10.02. R&W Insurance Policy 58

ARTICLE XI DEFINITIONS 59

11.01. Defined Terms 59
11.02. Other Definitional Provisions 77

ARTICLE XII TERMINATION 77

12.01. Termination 77
12.02. Effect of Termination 78
12.03. Termination Fee 78

ARTICLE XIII GENERAL PROVISIONS 80

13.01. Notices 80
13.02. Entire Agreement 81
13.03. Expenses 82
13.04. Amendment; Waiver 82
13.05. Binding Effect; Assignment 82
13.06. Counterparts 82
13.07. Interpretation; Schedules 82
13.08. Governing Law; Interpretation 83
13.09. Forum Selection and Consent to Jurisdiction 83
13.10. Specific Performance 85
13.11. Arm's Length Negotiations; Drafting 85
13.12. Confidentiality; Publicity 85
13.13. Made Available 86
13.14. Company Representation 86

Table of Contents
(CONTINUED)

Page

13.15. Severability 86
13.16. No Recourse 87
13.17. Designation of the Representative 87
13.18. Debt Financing Sources 89

SCHEDULES

Schedule 1-A	Owners
Schedule 1-B	Owner Holdco
Schedule 1-C	Rollover Investors
Schedule 1.04	Pro Rata Percentages
Schedule 1.06	Accounting Principles
Schedule 5.02	Notices and Consents
Schedule 5.04(a)	Conduct of the Business
Schedule 7.05	Purchase Price Allocation Schedule
Schedule 8.07(e)	Funded Debt to be paid at Closing
Schedule 8.07(f)	Manager and Officer Resignations

EQUITY PURCHASE AGREEMENT AND PLAN OF MERGER

This Equity Purchase Agreement and Plan of Merger (this "Agreement") is entered into as of October 19, 2021, by and among Paradigm TopCo, LLC ("Parent"), Paradigm Buyer, LLC ("Buyer"), Paradigm Debt Merger Sub, LLC ("Debt Merger Sub", and together with Parent and Buyer, the "Buyer Parties"), the Persons listed on Schedule 1-A hereto (each, an "Owner", and collectively, the "Owners"), the Persons listed on Schedule 1-B hereto, (each, an "Owner Holdco", and collectively, the "Owner Holdcos"), LSL Seller, LLC, a Delaware limited liability company ("LSL Seller" and together with LSL NY Sellers (as defined herein), the "Sellers"), LSL HoldCo, LLC, a Delaware limited liability company ("LSL Holdings"), Life Science Logistics NY, LLC, a New York limited liability company ("LSL NY", and together with LSL Holdings, the "Target Companies"), Life Science Logistics, LP, a Delaware limited partnership ("LSL"), LSL Healthcare Services, LLC, a Delaware limited liability company ("LSL Healthcare"), LSL Technology Services, LLC, a Delaware limited liability company ("LSL Technology" and together with LSL Healthcare, LSL and LSL NY, collectively the "LSL Holdcos"), Life Science Logistics Corporation, a Delaware corporation, in its capacity as the representative of the Sellers (the "Representative"). Capitalized terms used but not otherwise defined herein shall have the meanings ascribed to them in Section 11.01 of this Agreement. Parent, Buyer, Debt Merger Sub, the Owners, the Owner Holdcos, the Sellers, the Target Companies, the LSL Holdcos, and the Representative are referred to collectively herein as the "Parties" and each individually as a "Party."

RECITALS

WHEREAS, as of the date hereof, the Owners collectively own, directly or indirectly, all of the issued and outstanding equity interests of the Owner Holdcos;

WHEREAS, as of the date hereof, the Owner Holdcos collectively own, directly or indirectly, all of the issued and outstanding equity interests of the LSL Holdcos;

WHEREAS, the LSL NY Sellers (as defined herein) collectively own all of the issued and outstanding equity interests of LSL NY (the "LSL NY Securities");

WHEREAS, at least seven (7) days prior to the Closing, the Owners, the Owner Holdcos, and certain of their direct and indirect Subsidiaries shall engage in the following series of restructuring transactions:

(i) Each Owner Holdco will transfer a portion of its membership interests in LSL Healthcare, LSL LLC and Life Science Logistics, LLC ("LSL LLC"), as applicable, to limited liability companies formed on or around August 31, 2021;

(ii) LSL Holdings will form LSL GP, LLC, a Delaware limited liability company ("LSL GP") and the Representative will assign its general partner interest in LSL to LSL GP;

(iii) (A) LSL Healthcare will contribute its membership interests in (1) Life Science Logistics FL, LLC ("LSL Florida"), (2) Life Science Logistics SC, LLC ("LSL South Carolina"), (3) Life Science Logistics TX, LLC ("LSL Texas"), (4) Life Science Logistics

CT, LLC ("LSL Connecticut") and (5) Life Science Logistics CA, LLC ("LSL California" and, together with LSL Florida, LSL South Carolina, LSL Texas, and LSL Connecticut, the "LSL Healthcare Companies") to LSL Holdings in exchange for membership interests in LSL Holdings having a value corresponding to the value of the membership interests contributed (the "LSL Healthcare Contribution"), and (B) following the LSL Healthcare Contribution, LSL Healthcare will be dissolved and the membership interests in LSL Holdings issued to LSL Healthcare will be distributed to its members (the "Dissolution");

(iv) the members of LSL Technology will contribute their membership interests in LSL Technology to LSL Holdings in exchange for membership interests in LSL Holdings having a value corresponding to the value of the membership interests contributed (the "LSL Technology Contribution");

(v) PWHC Holdings, LLC will contribute its membership interest in LSL LLC in exchange for membership interests in LSL Holdings having a value corresponding to the value of the membership interests contributed (the "PWHC Holdings Contribution");

(vi) the limited partners of LSL will contribute their limited partnership interests in LSL to LSL Holdings in exchange for membership interests in LSL Holdings having a value corresponding to the value of the limited partnership interests contributed (together with the PWHC Holdings Contribution, the LSL Technology Contribution and the LSL Healthcare Contribution, the "Initial Contributions") and following such contribution, LSL Holdings will own, directly or indirectly, all of the outstanding equity interests in LSL LLC;

(vii) immediately following the effectiveness of the Initial Contributions and the Dissolution, each of the then-existing members of LSL Holdings (other than David Helffrich) will contribute a portion of their LSL Holdings Securities equal to the total number of LSL Holdings Securities held by them as of such time less the aggregate number of Rollover Securities (such contributed LSL Holdings Securities, the "LSL Holdings Purchased Securities" and together with the LSL NY Securities, collectively, the "Purchased Securities"), to LSL Seller in exchange for membership interests in LSL Seller having a value corresponding to the value of the membership interests contributed; and

(viii) immediately following the effectiveness of the Initial Contributions and the Dissolution, David Helffrich will contribute his LSL Holdings Securities to LSL Seller in exchange for a promissory note (the "Helffrich Promissory Note") having an aggregate principal amount equal to the value of the LSL Holdings Securities contributed by him; provided that, notwithstanding the forgoing, the principal amount of such Helffrich Promissory Note shall be no more than $2,000,000 (such contribution, together with the transactions described in clauses (i) through (vii) of this Recital, the "Reorganization");

WHEREAS, on the terms and subject to the conditions set forth in this Agreement, on the Closing Date but prior to the Distribution and the Sale Transaction, Parent and the Owner Parties desire to cause Debt Merger Sub to merge with and into LSL Holdings with LSL Holdings as the surviving company;

WHEREAS, immediately following the effectiveness of the Reorganization and immediately following the Debt Merger Closing, (i) LSL Seller will own all of the issued and outstanding LSL Holdings Purchased Securities, (ii) the LSL NY Sellers will own all of the issued and outstanding LSL NY Securities, and (iii) LSL Holdings will own a portion of the interests of LSL LLC (the remainder of which will be owned by LSL) and all of the issued and outstanding equity interests of LSL GP, LSL (other than the general partner interest which will be owned by LSL GP), the LSL Healthcare Companies and LSL Technology;

WHEREAS, immediately following the Debt Merger Effective Time but prior to the Rollover Closing, the Owner Parties desire to cause LSL Holdings to make the Distribution;

WHEREAS, immediately following the consummation of the Distribution but prior to the Sale Transaction Closing, each Person identified on Schedule 1-C (the "Rollover Investors") shall contribute (and cause its Affiliates to contribute) such number of LSL Holdings Securities (in the aggregate with respect to all Rollover Investors, the "Rollover Securities") with an aggregate Rolled Value (as defined in the applicable Rollover Contribution Agreement) as set forth in the applicable Rollover Contribution Agreement to LSL RO Aggregator LLC (the "LSL Rollover Aggregator"), which Rollover Securities shall be subsequently contributed by LSL Rollover Aggregator to Parent in consideration for Class A limited liability company interests in Parent ("Parent Units") pursuant to the applicable Rollover Contribution Agreement (the "Rollover Contribution" and the closing of such Rollover Contribution, the "Rollover Closing");

WHEREAS, on the terms and subject to the conditions set forth in this Agreement, Buyer desires to purchase from Sellers, and the Owner Parties desire to cause Sellers to sell to Buyer, the Purchased Securities;

WHEREAS, concurrently with the execution of this Agreement, and as a condition and inducement to the Buyer Parties' willingness to enter into this Agreement, each of the Sellers and the Rollover Investors has delivered to Parent an executed Restrictive Covenant Agreement;

WHEREAS, concurrently with the execution of this Agreement, and as a condition and inducement to the Buyer Parties' willingness to enter into this Agreement, Richard Beeny has delivered to Parent an executed Retention and Transition Agreement and Steve Solomon has delivered to Parent an executed Consulting Agreement; and

WHEREAS, concurrently with the execution of this Agreement, and as a condition and inducement to the Owner Parties' willingness to enter into this Agreement, (i) the Equity Investors have delivered to the Representative the Equity Commitment Letter pursuant to which the Equity Investors have committed to provide the Equity Financing in an amount sufficient to satisfy all of Buyer's obligations to pay the cash purchase price under this Agreement and (ii) Guarantors have delivered to the Representative the Guaranty pursuant to which Guarantors have agreed to guarantee certain obligations of Buyer hereunder, each on the terms and conditions set forth therein.

NOW, THEREFORE, in consideration of the mutual covenants, representations and warranties herein made, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

ARTICLE I
THE TRANSACTION

1.01. Reorganization. On the terms and subject to the conditions set forth in this Agreement, at least seven (7) days prior to the Closing Date, the Owner Parties will consummate the Reorganization and will provide drafts of all documentation relating to the Reorganization to Parent reasonably in advance of the Closing Date and will consider Parent's comments, if any, on such documentation in good faith.

1.02. Debt Merger.

(a) On the terms and subject to the conditions set forth in this Agreement, at the Debt Merger Effective Time, at Parent's sole discretion, Debt Merger Sub shall be merged with and into LSL Holdings in accordance with the Delaware LLC Act, including Section 18-209 thereof (the "Debt Merger"), and the separate corporate existence of Debt Merger Sub shall thereupon cease and LSL Holdings shall be the surviving company in the Debt Merger (sometimes hereinafter referred to as the "Surviving Company").

(b) Debt Merger Effective Time. On the Closing Date (but prior to the Rollover Closing or the Sale Transaction Closing), at Parent's sole discretion, Parent, the Owner Parties and Debt Merger Sub shall cause a certificate of merger with respect the Debt Merger, in a form reasonably acceptable to Parent and the Owner Parties (the "Certificate of Merger"), to be executed, acknowledged and filed with the Secretary of State of the State of Delaware in accordance with the terms and conditions of the Delaware LLC Act and shall take all such other actions as may be required by Law to make the Debt Merger effective as promptly as practicable. The Debt Merger shall become effective at the time that the Certificate of Merger is accepted for filing by the Secretary of State of the State of Delaware or at such later date and time as is specified in the Certificate of Merger (such time and date being referred to herein as the "Debt Merger Effective Time").

(c) Effects of the Debt Merger.

(i) The Debt Merger shall have the effects set forth in this Agreement, the Certificate of Merger and the applicable provisions of the Delaware LLC Act. Without limiting the generality of the foregoing and subject thereto, by virtue of the Debt Merger and without further act or deed by any Party, at the Debt Merger Effective Time, all of the property, rights, privileges, immunities, powers and franchises of LSL Holdings and Debt Merger Sub shall vest in the Surviving Company, and all debts, liabilities, obligations and duties of the LSL Holdings and Debt Merger Sub shall become the debts, liabilities, obligations and duties of the Surviving Company.

(ii) Effect on Debt Merger Sub Units. At the Debt Merger Effective Time, each limited liability company interest in Debt Merger Sub issued and outstanding immediately prior to the Debt Merger Effective Time shall, by virtue of the Debt Merger and without any action on the part of the holder thereof, be canceled and nothing shall be issued in respect thereof.

(iii) Effect on LSL Holdings Units. At and immediately following the Debt Merger Effective Time, each limited liability company interest in LSL Holdings (each, a "LSL Holdings Unit") issued and outstanding immediately prior to the Debt Merger Effective Time shall, by virtue of the Debt Merger and without any action on the part of the holder thereof, be cancelled and converted into the right to receive one limited liability company interest in the Surviving Company.

(d) Certificate of Formation and Limited Liability Company Agreement of the Surviving Company. The certificate of formation of LSL Holdings as in effect immediately prior to the Debt Merger Effective Time shall be the certificate of formation of the Surviving Company (the "Surviving Company Charter"), until duly amended as provided in the Surviving Company Charter, the Surviving Company LLC Agreement or by applicable Law. The limited liability company agreement of LSL Holdings as in effect immediately prior to the Debt Merger Effective Time shall be the limited liability company agreement of the Surviving Company (the "Surviving Company LLC Agreement"), until duly amended as provided in the Surviving Company Charter, the Surviving Company LLC Agreement or by applicable Law.

(e) Officers of the Surviving Company. The officers of LSL Holdings as of immediately prior to the Debt Merger Effective Time shall be the officers of the Surviving Company, each to hold office in accordance with the Surviving Company Charter and Surviving Company LLC Agreement until their respective successors are duly elected or appointed and qualified or until their earlier death, resignation or removal.

1.03. Repayment of Funded Debt. Immediately following the consummation of the Debt Merger (the "Debt Merger Closing") and prior to the Rollover Closing and the Sale Transaction Closing, and contingent upon the occurrence of the Debt Merger Closing, LSL Holdings shall use the proceeds of the Debt Financing to repay the Funded Debt listed on Schedule 8.07(e) (the amount of such Funded Debt, the "Funded Debt Repayment Amount"), pursuant to the payoff letters delivered to the Buyer Parties pursuant to Section 8.07(e).

1.04. Distribution of Debt Proceeds. Immediately following the repayment of Funded Debt pursuant to Section 1.03 and prior to the Rollover Closing and the Sale Transaction Closing, and contingent upon the occurrence of the Debt Merger Closing, LSL Holdings shall distribute to its members in accordance with the Surviving Company Charter and Surviving Company LLC Agreement an amount in cash designated by Parent, at its sole discretion, not to exceed an amount equal to (a) the proceeds of the Debt Financing less (b) the Estimated LSL NY Cash Payment less (c) the Funded Debt Repayment Amount (such distribution, the "Distribution" and such amount, the "Distribution Amount"). To the extent that the distribution of the Distribution Amount *pro rata* to the holders of LSL Holdings Securities results in any Rollover Investor receiving more cash than the portion of the Estimated Cash Payment to which they would otherwise have been entitled if such Distribution had not occurred and the purchase price for the LSL Holdings Purchased Securities was equal to the Estimated LSL Holdings Cash Payment, such Rollover Investor shall be treated for U.S. federal Income Tax purposes (and any other applicable Tax purposes) as having acquired the LSL Holdings Purchased Securities attributable to such excess amount from the other holders of LSL Holdings Purchased Securities *pro rata* in a deemed exchange occurring as of immediately prior to the Distribution; provided that for purposes of this

sentence, "Estimated LSL Holdings Purchase Price" shall be read without giving effect the deduction of the Distribution Amount in clause (b) thereof.

1.05. Sale Transaction.

(a) Immediately following the Rollover Closing, in accordance with the terms and upon the conditions contained in this Agreement, LSL Seller shall sell, transfer, assign, convey and deliver to Buyer all right, title and interest in and to all of the LSL Holdings Purchased Securities, free and clear of all Liens and Restrictions (the "LSL Holdings Sale Transaction"). Immediately following the consummation of the LSL Holding Sale Transaction, (i) LSL Seller shall repay in full the Helffrich Promissory Note and (ii) LSL Holdings shall distribute to Buyer a portion of the proceeds of the Debt Financing (or in the event that there is no Debt Financing, cash) in an amount equal to the Estimated LSL NY Cash Payment.

(b) Immediately following the repayment of the Helffrich Promissory Note pursuant to Section 1.05(a), in accordance with the terms and upon the conditions contained in this Agreement, each LSL NY Seller shall sell, transfer, assign, convey and deliver to Buyer all right, title and interest in and to all of such Sellers' LSL NY Securities, free and clear of all Liens and Restrictions, which Buyer shall purchase using (i) first, the proceeds of the Debt Financing and (ii) second, to the extent the amount in clause (i) is less than the LSL NY Cash Payment, any other cash held by Buyer (together with the LSL Holdings Sale Transaction, the "Sale Transaction").

(c) In no event shall the sum of the Distribution Amount and the Estimated Cash Payment exceed the Estimated Purchase Price.

1.06. Sale Transaction Consideration. (a) The purchase price for the LSL Holdings Purchased Securities shall be an amount equal to the sum of LSL Holdings Cash Payment and the portion of the payment, if any, made to the Representative pursuant to Section 1.11 that is distributed by the Representative to the LSL Seller, and (b) the purchase price for the LSL NY Securities shall be an amount equal to the sum of the LSL NY Cash Payment (which payment shall be made using (i) first, the proceeds of the Debt Financing and (ii) second, to the extent the amount in clause (i) is less than the LSL NY Cash Payment, any other cash held by Buyer) and the portion of the payment, if any, made to the Representative pursuant to Section 1.11 that is distributed by the Representative to the LSL NY Sellers, in each case subject to adjustment as provided in this Article I.

1.07. Estimated Cash Payment. Not less than five (5) Business Days prior to the Closing Date, the Representative shall deliver to Buyer a statement which shall set forth a calculation of the Estimated Cash Payment and its components (the "Estimated Closing Statement"). After delivery of the Estimated Closing Statement and until the Closing, Buyer and its accountants and other representatives shall be permitted to (x) make inquiries of, and shall have access to, Representative, each Seller and each Target Company and their respective accountants and employees, in each case, who were involved in the preparation of the Estimated Closing Statement and (y) have access to accounting records and work papers of such persons, in each case of clauses (x) and (y), regarding questions concerning or disagreements with the Estimated Closing Statement arising in the course of their review thereof (subject to customary access letters or confidentiality agreements). If, in the two (2) Business Days following the delivery of the Estimated Closing

Statement, Buyer disagrees with any portion of the Estimated Closing Statement, Buyer and the Representative shall cooperate in good faith to resolve Buyer's disagreements and the Estimated Closing Statement shall be updated for any items so resolved (and such updated Estimated Closing Statement shall be deemed to be the Estimated Closing Statement regardless of when delivered). If Buyer and the Representative fail to resolve any of Buyer's disagreements, the Estimated Closing Statement and the calculation thereof as originally delivered by the Representative (together with any modifications agreed between Buyer and the Representative) shall be conclusive and binding upon Buyer for purposes of determining the Estimated Cash Payment for Closing.

1.08. Payments.

(a) Sale Transaction Closing Payments. At the Sale Transaction Closing, Buyer shall pay (or cause to be paid):

(i) to LSL Seller, the Estimated LSL Holdings Cash Payment;

(ii) to the LSL NY Sellers, their Pro Rata Percentage of the LSL NY Estimated Cash Payment (which shall, for the avoidance of doubt, occur following the payment to LSL Seller of the Estimated LSL Holdings Cash Payment in accordance with Section 1.05(a));

(iii) solely to the extent not already repaid pursuant to Section 1.03, the outstanding amount of all Funded Debt, if any, of LSL Holdings and its Subsidiaries (on a consolidated basis) and LSL NY, pursuant to the payoff letters delivered to the Buyer Parties pursuant to Section 8.07(e);

(iv) the non-compensatory portion of the Transaction Expenses Amount required to be paid at the Closing pursuant to the direction of the Representative;

(v) the Escrow Amount to the escrow account established to satisfy any purchase price adjustment in respect of the Final Cash Payment pursuant to the terms and conditions of this Agreement and the Escrow Agreement; and

(vi) the Representative Expense Fund to the Representative pursuant to the direction of the Representative.

(b) Cash Payment Adjustment. Within five (5) Business Days after the Cash Payment becomes final and binding in accordance with Section 1.09 below:

(i) if the Cash Payment is equal to the Estimated Cash Payment, then Buyer and the Representative shall deliver joint written instructions to the Escrow Agent instructing the Escrow Agent to release the entire Escrow Amount to the Representative (on behalf of the Sellers) for further distribution by the Representative to the Sellers in accordance with their Pro Rata Percentages;

(ii) if the Cash Payment exceeds the Estimated Cash Payment, then (A) Buyer shall pay (or cause to be paid) such excess in cash to the Representative (on

behalf of the LSL Seller or the LSL NY Sellers, as applicable) and (B) Buyer and the Representative shall deliver joint written instructions to the Escrow Agent instructing the Escrow Agent to release the Escrow Amount to the Representative (on behalf of the LSL Seller or the LSL NY Sellers, as applicable) for further distribution by the Representative to the LSL Seller or the LSL NY Sellers, as applicable, in accordance with such Sellers' Pro Rata Percentages; or

(iii) if the Estimated Cash Payment exceeds the Cash Payment (such amount, the "Excess Amount"), then Buyer and the Representative (on behalf of the LSL Seller or the LSL NY Sellers, as applicable) shall deliver joint written instructions to the Escrow Agent instructing the Escrow Agent to release the Excess Amount from the Escrow Amount to Buyer, and if the Excess Amount is less than the Escrow Amount, such joint written instructions shall also instruct the Escrow Agent to release to the Representative (on behalf of the LSL Seller or the LSL NY Sellers, as applicable) the remaining Escrow Amount after payment of the Excess Amount to Buyer for further distribution by the Representative to the LSL Seller or the LSL NY Sellers, as applicable, in accordance with such Sellers' Pro Rata Percentages.

(c) Final Cash Payment. All payments to the Sellers or the Representative pursuant to this Section 1.08 shall be made by wire transfer of immediately available funds to an account or accounts (but not to exceed five accounts total) designated by the Representative in writing. All payments to Buyer pursuant to Section 1.08(b)(iii) shall be made by wire transfer of immediately available funds to an account or accounts designated by Buyer in writing. Buyer agrees that Sellers' maximum aggregate liability for any amounts payable to Buyer pursuant to this Section 1.08(b)(iii) shall be the Escrow Amount and, notwithstanding any other term of this Agreement, the Escrow Amount shall be Buyer's sole source of recovery for any adjustments to the Estimated Cash Payment or the Cash Payment (as finally determined in accordance with Section 1.09 below), even if the Estimated Cash Payment exceeds the Cash Payment (as finally determined in accordance with Section 1.09 below) by an amount that is greater than the amount of the Escrow Amount.

1.09. Cash Payment Determination. As promptly as possible, but in any event within ninety (90) days after the Closing Date, Buyer shall prepare and deliver to the Representative (a) a statement setting forth Buyer's good faith calculation of (i) the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (ii) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (iii) the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Closing Date, and (iv) the Transaction Expenses Amount as of the Closing Date and, based on such amounts, the LSL Holdings Cash Payment and the LSL NY Cash Payment (the "Closing Statement") and (b) reasonable supporting detail for the information set forth in the Closing Statement. If Buyer does not deliver the Closing Statement within ninety (90) days after the Closing Date, the Representative may elect to either (x) deliver a Closing Statement to Buyer within an additional thirty (30) days thereafter (and the procedures below shall apply with Buyer and the Representative switching roles) or (y) designate the Estimated Cash Payment as the final Cash Payment (in which event "Final Cash Payment" shall mean the Estimated Cash Payment). If the Representative elects to prepare the Closing Statement in accordance with the

immediately preceding sentence, then all subsequent references in this Section 1.09 to Buyer, on the one hand, and the Representative, on the other hand, will be deemed to be references to the Representative, on the one hand, and Buyer, on the other hand, respectively. After delivery of the Closing Statement and throughout the period preceding the final determination of the Cash Payment in accordance with this Section 1.09, the Representative and its accountants shall be permitted to (x) make inquiries of, and shall have access to, Buyer and each Target Company and their respective accountants and employees, in each case, who were involved in the preparation of the Closing Statement and (y) have access to accounting records and work papers of such persons, in each case of clauses (x) and (y), regarding questions concerning or disagreements with the Closing Statement arising in the course of their review thereof (subject to customary access letters or confidentiality agreements). If the Representative has any objections to the Closing Statement, then the Representative shall deliver to Buyer a statement (an "Objection Statement") setting forth its disputes or objections (the "Objection Disputes") to the Closing Statement and, to the extent practical, the Representative's proposed resolution of each such Objection Dispute. If an Objection Statement is not delivered to Buyer within thirty (30) days after receipt of the Closing Statement by the Representative, then the Closing Statement as originally received by the Representative shall be final, binding and non-appealable by the Parties. If an Objection Statement is timely delivered, then Buyer and the Representative shall negotiate in good faith to resolve any Objection Disputes and set forth their agreement with respect thereto in writing, which written resolution shall be final and binding on the Parties. If Buyer and the Representative do not reach a final resolution with respect to all Objection Disputes within thirty (30) days after the delivery of the Objection Statement, the Representative and Buyer shall submit each unresolved Objection Dispute to Duff & Phelps (the "Independent Auditor") to resolve such unresolved Objection Disputes, in which case the Independent Auditor shall act as an expert and not as an arbitrator. In the event that Duff & Phelps refuses or is otherwise unable to act as the Independent Auditor, then Parent and the Representative shall cooperate in good faith to appoint a boutique specialty firm with an active practice area focused on post-mergers and acquisitions purchase price dispute resolution mutually agreeable to Parent and the Representative within ten (10) Business Days (in which event "Independent Auditor" shall mean such firm). Any retainer required by the Independent Auditor shall be paid fifty percent (50%) by Buyer and fifty percent (50%) by the Representative, subject to offset and reimbursement, if applicable, pursuant to the final allocation of the fees, costs and expenses of the Independent Auditor in accordance with this Section 1.09. The scope of the Independent Auditor's review shall be limited to the unresolved Objection Disputes and the Independent Auditor shall be instructed to (I) disregard all negotiations and settlement offers exchanged between Buyer and the Representative in the course of reaching, or attempting to reach, an agreement with respect to an Objection Dispute, (II) set forth a procedure to provide for prompt resolution of any unresolved Objection Disputes and (III) to make its determination in respect of the unresolved Objection Disputes within thirty (30) days following its retention. The Independent Auditor's determination of the unresolved Objection Disputes shall be treated as expert determinations or appraisals under Law of the State of Delaware and such expert determinations shall be final and binding upon the Parties and not subject to review by a court or other tribunal; provided, however, that no such determination with respect to any item reflected in the Objection Statement shall be any more favorable to Buyer than is set forth in the Closing Statement or any more favorable to the Representative than is proposed in the Objection Statement (to the extent it was practical for the Representative to propose a resolution in the Objection Statement) or in the written presentation provided by the Representative to the Independent

Auditor (to the extent it was not practical for the Representative to propose a resolution in the Objection Statement). If any unresolved Objection Disputes are submitted to the Independent Auditor, then, for purposes of this Section 1.09, the fees, costs and expenses of the Independent Auditor shall be borne by Buyer and the Representative in inverse proportion to the unresolved Objection Disputes that are decided by the Independent Auditor in favor of Buyer or the Representative, respectively (e.g., if there are $200,000 of disputed items to be determined by the Independent Auditor and the Independent Auditor determines that Buyer's claims prevail with respect to $125,000 and the Representative's claims prevail with respect to $75,000, then Buyer shall owe 37.5% of the Independent Auditor's fees, costs and expenses, and the Representative shall owe 62.5% of the Independent Auditor's fees, costs and expenses). The final Closing Statement, however determined pursuant to this Section 1.09, will produce each of (i) the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (ii) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (iii) the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Closing Date, and (iv) the Transaction Expenses Amount as of the Closing Date and, based on such amounts, the LSL Holdings Cash Payment and the LSL NY Cash Payment (collectively, the "Final Cash Payment"). The process set forth in this Section 1.09 shall be the exclusive remedy of the Parties for any disputes related to items required to be reflected on the Closing Statement or included in the calculation of, with respect to each of (i) the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (ii) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (iii) the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Closing Date, and (iv) the Transaction Expenses Amount as of the Closing Date, whether or not the underlying facts and circumstances constitute a breach of any representations or warranties.

1.10. Preparation of Closing Statement. The Closing Statement (and all calculations of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis), the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis), the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis), and Transaction Expenses) shall be prepared and calculated in accordance with the Accounting Principles, except that the Closing Statement (and all calculations of such amounts) shall not include any purchase accounting arising out of the consummation of the transactions contemplated by this Agreement. Notwithstanding anything in this Agreement to the contrary, it is the intent of the Parties that no double counting shall occur with respect to amounts taken into account in the determination of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis), the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis), the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis), and Transaction Expenses and this Agreement shall be interpreted consistent therewith.

1.11. Earnout.

(a) Additional Earnout Consideration. Subject to Section 1.11(b) and Section 1.11(c), as further consideration for the sale and transfer of the Purchased Securities to Buyer in accordance with the terms of this Agreement:

(i) Upon the occurrence of the First Earnout Milestone, Buyer shall pay (or cause to be paid) to the Representative an amount equal to the First Earnout Amount for further distribution by the Representative to the Sellers in accordance with such Sellers' Pro Rata Percentages.

(ii) Upon the occurrence of the Second Earnout Milestone, Buyer shall pay (or cause to be paid) to the Representative an amount equal to the Second Earnout Amount for further distribution by the Representative to the Sellers in accordance with such Sellers' Pro Rata Percentages.

(iii) Notwithstanding the foregoing, the amount of an Earnout Amount payable to the Representative shall be reduced by any advisory fees payable to UBS Securities LLC pursuant to the UBS Engagement Letter with respect to the applicable Earnout Amount (such fees, the "Earnout Financial Advisor Fees").

(iv) If (A) the First Earnout Milestone has not been achieved by the Parent Exit Date, and (B) such First Earnout Milestone would be achieved if (x) the definition of "Actual EBITDA" were deemed to be read to refer to "unaudited financial statements" in each instance where the term "Audited Financials" appears and (y) the definition of "Earnout Period" herein were deemed to be mean "a 12-calendar month period that ends on the date on which the Parent Exit Event first occurred", then the First Earnout Milestone will be deemed to have been achieved on the Parent Exit Date. If (I) the Second Earnout Milestone has not been achieved by the Parent Exit Date, and (II) such Second Earnout Milestone would be achieved if (1) the definition of "Actual EBITDA" were deemed to be read to refer to "unaudited financial statements" in each instance where the term "Audited Financials" appears and (2) the definition of "Earnout Period" herein were deemed to be mean "a 12-calendar month period that ends on the the date on which the Parent Exit Event first occurred", then the Second Earnout Milestone will be deemed to have been achieved on the Parent Exit Date. The provisions of Section 1.11(b) shall apply to the determination of whether the First Earnout Milestone or the Second Earnout Milestone will be deemed to have been achieved in accordance with this Section 1.11(a)(iv) (including with respect to the delivery of an Earnout Statement and the resolution of any objections thereto), *mutatis mutandis*.

(v) For the avoidance of doubt, (A) if there is no Earnout Period for which the First Earnout Milestone has been achieved, there shall be no additional amounts payable under this Section 1.11, (B) the First Earnout Milestone and Second Earnout Milestone may be achieved with respect to the same Earnout Period or in different Earnout Periods, (C) each Earnout Milestone shall occur only once, if at all, and (D) the aggregate amount payable under this Section 1.11 shall be limited to the sum of the First Earnout Amount and Second Earnout Amount (less any Earnout Financial Advisor Fees).

(b) Determination of Actual EBITDA.

(i) For each Earnout Period until both the First Earnout Amount and Second Earnout Amount have been paid in accordance with Section 1.11(a), as promptly as practicable, but in any event no later than thirty (30) calendar days following the receipt by Buyer from Buyer's outside auditing firm of the completed audited financial statements of the Target Companies and their Subsidiaries on a consolidated basis for such Earnout Period (the "Audited Financials"), Buyer shall deliver to the Representative (A) a copy of the applicable Audited Financials (if and to the extent the Representative is not already in possession thereof) and (B) a statement setting forth Buyer's good faith calculation of (I) the Actual EBITDA with respect to the applicable Earnout Period derived therefrom, (II) the First Target EBITDA (to the extent the First Earnout Amount has not yet been paid by Buyer) and the Second Target EBITDA, (III) the Earnout Financial Advisor Fees, if any, and (IV) any resulting aggregate amount payable pursuant to Section 1.11(a) (any such statement, an "Earnout Statement").

(ii) Upon receipt of the applicable Earnout Statement, the Representative and its representatives shall have the right during the succeeding thirty (30) day period (the "Earnout Review Period") to examine the Earnout Statement. Until the Earnout Statement has been finally determined pursuant to this Section 1.11(b), Buyer, the Representative and the Target Companies and their Subsidiaries shall afford one another and their respective representatives and advisors access upon reasonable notice and at reasonable times during normal business hours to the books and records used to prepare the applicable Audited Financials; provided, however, that the independent accountants of the Target Companies and their Subsidiaries shall not be obligated to make any working papers available to the Representative unless and until the Representative has signed a customary confidentiality and hold harmless agreement in favor of such independent accountants relating to such access to working papers in form and substance reasonably acceptable to such independent accountants. If the Representative objects to the calculation of Actual EBITDA, the First Target EBITDA or the Second Target EBITDA, as applicable, in the applicable Earnout Statement, then the Representative shall so notify Buyer in writing (any such notice, an "Earnout Disagreement Notice") on or before the last day of the Earnout Review Period. Any such Earnout Disagreement Notice shall set forth a written description in reasonable detail (with all reasonable supporting documentation with respect thereto) of the Representative's objection(s) and its good faith calculation of the applicable Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, after taking into account such objection(s). If no Earnout Disagreement Notice is delivered within the applicable Earnout Review Period, then the applicable Earnout Statement and Buyer's calculation of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, therein shall be deemed to have been accepted by the Representative and the Sellers, and shall be final, conclusive, and binding on Buyer, the Representative and the Sellers, and not subject to further review or collateral attack.

(iii) If any Earnout Disagreement Notice is delivered in accordance with Section 1.11(b), then Buyer and the Representative shall attempt to resolve the objections set forth therein during the succeeding forty-five (45) day period through good faith discussions. The objections set forth in an Earnout Disagreement Notice that are resolved by Buyer and the Representative in accordance with this Section 1.11(b)(iii) are referred to as "Resolved Earnout Objections". The Resolved Earnout Objections shall be final, conclusive, and binding on Buyer, the Representative, and the Sellers and not subject to further review or collateral attack. The applicable Earnout Statement and the calculation of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, therein shall be adjusted to reflect any Resolved Objections, and as so adjusted shall be final, conclusive, and binding on Buyer, the Representative, and the Sellers and not subject to further review or collateral attack, subject to the provisions of Section 1.11(b)(v) below.

(iv) If Buyer and the Representative are unable to resolve all the objections set forth in any Earnout Disagreement Notice within such forty-five (45) day period referred to in Section 1.11(b)(iii), then they shall jointly appoint a boutique specialty firm with an active practice area focused on post-mergers and acquisitions purchase price dispute resolution (the "Independent Earnout Expert") within five (5) days of the end of such forty-five (45) day period to resolve any remaining objections. The Independent Earnout Expert, acting as an expert and not as an arbitrator, shall review the objections set forth in any Earnout Disagreement Notice that are not Resolved Earnout Objections (collectively, the "Earnout Differences"). For the avoidance of doubt, the Independent Earnout Expert shall not review any accounts or make any determination with respect to any matter other than those matters specifically set forth in the applicable Earnout Disagreement Notice that are not Resolved Earnout Objections. The Independent Earnout Expert shall work in good faith to determine, within fifteen (15) Business Days of its appointment, based on the requirements set forth in this Section 1.11(b) and only with respect to the Earnout Differences, whether and to what extent the Earnout Statement and the calculation of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, therein require adjustment; provided, however, that in no event shall any determination by the Independent Earnout Expert of any Earnout Difference result in an adjustment in excess of the higher, nor less than the lower, of the amounts advocated by Buyer and the Representative with respect to such Earnout Difference in the applicable Earnout Disagreement Notice. Buyer, the Representative and the Sellers shall cooperate in good faith with the Independent Earnout Expert and provide the Independent Earnout Expert with any information reasonably requested by it; provided, however, that the independent accountants of Buyer and the Representative shall not be obligated to make any working papers available to the Independent Earnout Expert unless and until the Independent Earnout Expert has signed a customary confidentiality and hold harmless agreement in favor of such independent accountant relating to such access to working papers in form and substance reasonably acceptable to such independent accountants. The Independent Earnout Expert's resolution of the Earnout Differences shall be final, conclusive, and binding upon Buyer, the Representative and the Sellers and not subject to further review or collateral attack for any reason

other than manifest error or fraud. The Earnout Differences resolved by the Independent Earnout Expert in accordance with this Section 1.11(b)(iv) are referred to as "Firm-Determined Earnout Differences". The applicable Earnout Statement and the calculation therein of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, and any resulting payment due pursuant to Section 1.11(a) shall be adjusted to reflect any Firm-Determined Earnout Differences, and as so adjusted shall be final, conclusive, and binding on Buyer, the Representative and the Sellers and not subject to further review or collateral attack.

(v) With respect to any Earnout Statement, the fees and expenses of any Independent Earnout Expert shall be borne 50% by Buyer and 50% by the Representative.

(c) Conduct of Business during the Earnout Periods. The Parties (including the Representative on behalf of the Sellers) acknowledge and agree that: (i) the Buyer Parties, the Target Companies and their respective Affiliates shall have the right to operate their respective businesses in the sole discretion of the Buyer Parties, the Target Companies and their respective Affiliates, (ii) the Buyer Parties, the Target Companies and their respective Affiliates shall have no obligation to operate their businesses in order to maximize Actual EBITDA, minimize the First Target EBITDA or the Second Target EBITDA, achieve any Earnout Milestone or pay any Earnout Amount, (iii) the payment by the Buyer Parties, and the receipt by the Representative (and related distribution to Sellers), of the Earnout Amounts is speculative and subject to numerous factors outside the control of the Buyer Parties, the Target Companies and their respective Affiliates, (iv) there is no assurance that the Representative will receive any Earnout Amount (or that the Sellers will receive any distribution thereof from the Representative); (v) none of the Buyer Parties, the Target Companies or any of their respective Affiliates owe a fiduciary duty or express or implied duty to the Representative or the Sellers (and any such fiduciary duty is irrevocably waived by the Representative and the Sellers); (vi) the contingent right of the Representative to receive any Earnout Amount (and the contingent right of the Sellers to receive a distribution thereof from the Representative) is not an investment in the Buyer Parties, the Target Companies or their Affiliates and this Section 1.11 shall not entitle any the Representative or any of the Sellers to any rights as an equityholder of the Buyer Parties, the Target Companies or their Affiliates; (vii) the Parties intend the express provisions of this Agreement to govern all of their rights and obligations, if any, with respect to payment of any Earnout Amounts pursuant to this Section 1.11; (viii) nothing herein will prohibit the Buyer Parties, the Target Companies or their respective Affiliates from engaging in any business or opportunity either with or without the Buyer Parties, the Target Companies or their respective Affiliates or acquiring, entering into joint ventures, investing in, or otherwise cooperating with other Persons, including Persons that may have interests adverse to or otherwise compete, directly or indirectly, with the Target Companies and their Subsidiaries; (ix) none of the Buyer Parties, the Target Companies or their respective Affiliates is under any obligation to continue any aspect of the Target Companies and their Subsidiaries' businesses or to operate the Target Companies, their Subsidiaries or their respective businesses consistent with past practice; (x) none of the Representative (on behalf of itself or any Seller) or any of the Sellers shall have any right to claim or assert any lost Earnout Amount or other damages pursuant to this Agreement or otherwise, including this Section 1.11, as a result of any conduct, decisions or other actions or inactions of the Buyer Parties, the Target Companies or their respective Affiliates (other than a claim for breach of the payment obligations under this Section 1.11 to the extent any Earnout

Amount is payable hereunder and not paid when due and payable); (xi) nothing shall prohibit, prevent or otherwise restrict the Buyer Parties, the Target Companies or their respective Affiliates from incurring any Lien with respect to the Target Companies or their respective Affiliates, any equity interest therein or any asset thereof or otherwise restrict the secured party in whose favor such Lien is granted from enforcing its rights in respect of such Lien. Notwithstanding the foregoing or anything to the contrary herein, the Buyer Parties covenant and agree that during the Earnout Period, the Buyer Parties shall not take any action (including cause the Target Companies or their Subsidiaries to take any action) the principal purpose of which is to avoid and reduce the payment of any Earnout Amount. Notwithstanding anything to the contrary herein or otherwise, the sole and exclusive remedy (whether at law, in equity, in contract, in tort or otherwise) against the Buyer Parties, the Target Companies, the Parent Equityholders or their respective Affiliates for payment of any of the Earnout Amounts is to seek the payment from the Buyer Parties in accordance with this Section 1.11.

(d) Payment of Earnout. No later than the sixtieth (60^{th}) calendar day following the final determination of an applicable Earnout Statement in accordance with this Section 1.11 (such applicable sixtieth (60^{th}) calendar day, the "Earnout Payment Deadline"), if the Representative is entitled to payment under Section 1.11(a), Buyer shall pay (or cause to be paid) such payment. Any such payment in respect of this Section 1.11 shall be made by wire transfer of immediately available funds to such account as may be designated in writing at least two (2) Business Days prior to the applicable Earnout Payment Deadline by the Representative.

(e) The obligations of the Parties under this Section 1.11 shall cease and be of no further force and effect from and after the earliest to occur of (i) the Parent Exit Date and (ii) the date as of which an aggregate amount equal to the sum of the First Earnout Amount and the Second Earnout Amount has been paid hereunder.

1.12. Withholding. Each of Parent, Buyer and the Escrow Agent (and their Affiliates and agents) shall be entitled to deduct and withhold from any payments made pursuant to this Agreement such amounts as it is required to deduct and withhold with respect to the making of any such payment under any applicable Tax law. To the extent that amounts are so withheld, and paid to the proper Governmental Authority pursuant to any applicable Tax law, such withheld amounts shall be treated for all purposes of this Agreement as having been paid to such holder in respect of which such deduction and withholding was made. Before making any deduction or withholding pursuant to this Section 1.12 from any payment by Buyer pursuant to this Agreement, Buyer shall use commercially reasonable efforts to give the Representative reasonable advance notice of any anticipated deduction or withholding and reasonably cooperate with the Representative in good faith to attempt to reduce any amounts that would otherwise be deducted and withheld pursuant to this Section 1.12.

1.13. Rollover. For the avoidance of doubt, no portion of the Estimated Cash Payment shall be payable to the Rollover Investors in respect of their LSL Holdings Units at the Closing. Notwithstanding the foregoing, each Rollover Investor will retain all of the rights of a holder of LSL Holdings Units as of the Closing to receive, following the Closing, the applicable Pro Rata Percentage of the amounts payable, if any, in respect of such LSL Holdings Units upon disbursement of the purchase price adjustment pursuant to the terms of Section 1.08(b).

ARTICLE II
THE CLOSING AND TRANSFER OF PURCHASED SECURITIES

2.01. Closing. The closing of the Sale Transaction (the "Sale Transaction Closing" and together with the Debt Merger Closing, the "Closing") shall take place at the offices of McDermott Will & Emery LLP in Miami, Florida, at 10:00 a.m. Eastern Standard Time, or via remote exchange of documents, on the later to occur of (x) the second (2nd) Business Day following the satisfaction or waiver of all conditions set forth in Article VIII and Article IX (other than conditions with respect to actions the respective Parties will take at the Closing itself or that by their nature or terms are to be satisfied at the Closing; provided that all such conditions are satisfied or (to the extent permitted by applicable Law) waived at the Closing) and (y) the date that is 45 days after the date of this Agreement (or, in the sole discretion of Parent, a shorter number of days elected by Parent in writing at least two Business Days prior to the Closing) or at such other time or place as may be mutually agreed upon by the Parties (the "Closing Date").

2.02. Closing Actions. At the Closing, (a) the Buyer Parties shall deliver the various certificates, instruments and documents referred to in Article IX, and (b) the Sellers will sell, assign, transfer and convey the Purchased Securities, free and clear of all Liens or Restrictions, and deliver the various certificates, instruments and documents referred to in Article VIII.

2.03. Post-Closing Contribution. Immediately following the Sale Transaction Closing, Buyer shall contribute all of its LSL NY Securities to LSL Holdings in exchange for the issuance by LSL Holdings to Buyer of LSL Holdings Units representing the aggregate value of the contributed LSL NY Securities.

ARTICLE III
REPRESENTATIONS AND WARRANTIES OF BUYER PARTIES AND OWNER PARTIES

3.01. Representations and Warranties of the Buyer Parties. Each of the Buyer Parties represents and warrants to the Target Companies and the Owner Parties that, as of the date hereof and as of the Closing Date:

(a) Status. Such Buyer Party is a limited liability company duly organized, validly existing and in good standing under the Laws of the State of Delaware.

(b) Power and Authority. Such Buyer Party has all requisite limited liability company power and authority to execute and deliver this Agreement, to perform its obligations hereunder and to consummate the transactions contemplated hereby. All limited liability company acts or proceedings required to be taken by such Buyer Party to authorize the execution and delivery of this Agreement and the performance of such Buyer Party's obligations hereunder have been properly taken.

(c) Enforceability. This Agreement has been duly authorized, executed and delivered by such Buyer Party and, assuming the due and valid authorization, execution and delivery of this Agreement by the other Parties, this Agreement constitutes the legal, valid and binding obligation of such Buyer Party, enforceable against it in accordance with its terms, except as the same may be limited by applicable bankruptcy, insolvency, reorganization, moratorium or

similar Laws affecting or relating to creditors' rights generally and general equitable principles (the "Bankruptcy and Equity Exceptions").

(d) No Violations; Consents and Approvals. The execution and delivery of this Agreement by such Buyer Party, and the consummation by it of the transactions contemplated hereby will not (i) violate any provision of the organizational documents of such Buyer Party, (ii) violate any material Law applicable to, binding upon or enforceable against such Buyer Party, (iii) result in any material breach of, or constitute a material default (or an event which would, with the passage of time or the giving of notice or both, constitute a material default) under, or give rise to a right of payment under or the right to terminate, amend, modify, abandon or accelerate, any Contract to which such Buyer Party is a party or bound, (iv) result in the creation or imposition of any Lien upon any of the material property or material assets of such Buyer Party or (v) other than compliance with the Hart-Scott-Rodino Act and those consents and approvals listed on Schedule 5.02, require the consent or approval of any Governmental Authority or any other Person, except, in the case of clauses (ii) through (v), for any violation (in the case of clause (ii)), any breach, default or right (in the case of clause (iii)), any Lien (in the case of clause (iv)) or any consent or approval for which the failure to obtain such consent or approval (in the case of clause (v)) has not had, and would not reasonably be expected to have, individually or in the aggregate, a Buyer Material Adverse Effect.

(e) Brokers. Such Buyer Party has not incurred any obligation for any finder's or broker's or agent's fees or commissions or similar compensation in connection with the transactions contemplated hereby for which the Target Companies may be liable prior to the Closing.

(f) Financing.

(i) Buyer has delivered to the Owner Parties a true, correct, and complete copy of an executed commitment letter from Blackstone Tactical Opportunities Fund III – NQ L.P. and Blackstone Tactical Opportunities Fund III – NQ Lux SCSp (the "Equity Investors"), dated as of the date hereof (the "Equity Commitment Letter", and the commitments thereunder, the "Equity Financing Commitments") (A) providing that the Owner Parties are third party beneficiaries thereof entitled to specific performance and (B) pursuant to which the Equity Investors have committed to provide Buyer (directly or indirectly) with cash in the aggregate amount set forth therein, in each case of clauses (A) and (B), subject to the terms and conditions therein (the "Equity Financing" or the "Financing").

(ii) As of the date of this Agreement, the Equity Commitment Letter is in full force and effect and has not been withdrawn, rescinded, or terminated, or otherwise amended or modified in any respect and is a legal, valid and binding obligation of Buyer and, to the knowledge of Buyer, the other parties thereto, enforceable in accordance with its terms, subject to the Bankruptcy and Equity Exceptions. Except for customary engagement letters or customary fee letters with respect to the Financing, there are no other agreements, side letters or arrangements relating to the Equity Financing Commitment that could affect the availability of the Financing or the timing of the Closing other than as expressly set forth in the

Equity Commitment Letter furnished to the Owner Parties pursuant to Section 3.01(f)(i) (none of which impairs or adversely affects the conditionality or enforceability of the Financing). As of the date of this Agreement, (x) Buyer is not in breach of any of the terms or conditions set forth in the Equity Commitment Letter, (y) no event has occurred that, with or without notice, lapse of time or both, would constitute a default or breach on the part of Buyer or any of its Affiliates under any term or condition of the Equity Commitment Letter and (z) Buyer does not have any reason to believe that it shall be unable to satisfy, on a timely basis, any term or condition to the availability or funding of the Financing to be satisfied by it contained in the Equity Commitment Letter, or that the Financing shall not be available in full to Buyer on the Closing Date. Assuming (a) the Financing is funded in accordance with the Equity Commitment Letter on the Closing Date and (b) the satisfaction of the conditions set forth in Article VIII, the aggregate proceeds from the Financing, when funded in accordance with the Equity Commitment Letter on the Closing Date, shall be sufficient for the payment of the Estimated Cash Payment (including the payment of amounts contemplated to be paid by Buyer pursuant to Section 1.08(a)), and the payment of all associated costs and expenses (including the Transaction Expenses and any such costs and expenses incurred by Buyer and related to this Agreement and the transactions contemplated hereby). Buyer has no reason to believe that, as of the date hereof, (x) any fact or occurrence exists that would constitute a default or breach, of a failure of any condition, under the Equity Commitment Letter or otherwise cause the Equity Commitment Letter to be ineffective or (y) any of the conditions to the Financing shall not be satisfied.

(iii) Notwithstanding anything to the contrary contained in this Agreement, the obligations of Buyer under this Agreement and the other agreements contemplated hereby to which Buyer is, or is specified to be, a party are not subject to any conditions regarding Buyer's, its Affiliates' or any other Person's ability to obtain financing for the consummation of the transactions contemplated by this Agreement (including, for the avoidance of doubt, the Equity Financing or any debt financing).

(iv) Concurrently with the execution of this Agreement, the Equity Investors or an Affiliate thereof (the "Guarantors") have duly executed a guaranty with respect to certain payment obligations of Buyer under this Agreement (the "Guaranty") and delivered to the Owner Parties a true, correct and complete copy thereof. As of the date of this Agreement, (w) the Guaranty is in full force and effect and constitutes the valid, binding obligation of the Guarantors enforceable against the Guarantors in accordance with its terms, (x) no event has occurred that, with or without notice, lapse of time or both, would constitute a default or breach on the part of the Guarantors under the Guaranty, (y) the Guaranty has not been withdrawn, rescinded, or terminated, or otherwise amended or modified in any respect (and no such withdrawal, rescission, termination, amendment or modification is contemplated) and (z) there is no fact, occurrence, circumstance or condition that would reasonably be expected to cause the Guaranty to terminate or be withdrawn, modified, repudiated or rescinded or to be or become ineffective.

(g) Due Diligence. Such Buyer Party has completed such investigations of the Target Companies and their Subsidiaries as it deems necessary and appropriate and has received information from the Owner Parties and the Target Companies and their Subsidiaries in connection with the execution and delivery of this Agreement and the consummation of the transactions contemplated by this Agreement.

(h) Investment Representation. Buyer is acquiring the Purchased Securities for its own account with the present intention of holding the Purchased Securities for investment purposes and not with a view to or for sale in connection with any public distribution of such securities in violation of any federal or state securities Laws. Buyer is an "accredited investor" as defined in Rule 501 of Regulation D promulgated by the Securities and Exchange Commission under the Securities Act. Buyer understands and acknowledges that (i) none of the Purchased Securities have been registered under the Securities Act or any state or foreign securities Laws, in reliance upon specific exemptions thereunder for transactions not involving any public offering, (ii) none of the Purchased Securities are traded or tradable on any securities exchange or over-the-counter, and (iii) the Purchased Securities may not be sold, transferred, offered for sale, pledged, hypothecated or otherwise disposed of unless such transfer, sale, assignment, pledge, hypothecation or other disposition is pursuant to the terms of an effective registration statement under the Securities Act and are registered under any applicable state or foreign securities Laws or pursuant to an exemption from registration under the Securities Act and any applicable state or foreign securities Laws.

(i) Non-Reliance; Independent Investigation. Such Buyer Party acknowledges and agrees that the representations and warranties made by the Owner Parties and the Target Companies in this Agreement (as qualified by the Disclosure Schedules) or in any ancillary agreement or certificate delivered under this Agreement supersede, replace and nullify in every respect the data set forth in any other document, material or statement, whether written or verbal, made available to such Buyer Party or any of its directors, officers, employees, Affiliates, controlling persons, agents or representatives. Except as expressly set forth in Section 3.02 or Article IV (as qualified by the Disclosure Schedules) or in any ancillary agreement or certificate delivered under this Agreement or in the case of fraud, such Buyer Party acknowledges and agrees that (i) no Owner Party or Target Company is making, nor has made, any promise, guaranty, covenant, representation or warranty, expressed or implied, at law or in equity, in respect of such Person's businesses, assets, liabilities, operations, prospects, or conditions (financial or otherwise), including with respect to merchantability or fitness for any particular purpose of any assets, the nature or extent of any liabilities, the prospects of the business, the effectiveness or the success of any operations, or the accuracy or completeness of any documents, projections, material or other information (financial or otherwise) regarding the Owner Parties or Target Companies furnished, or made available, to such Buyer Party and its representatives in any "data room" or in any other form in expectation of, or in connection with, the transactions contemplated hereby, or in respect of any other matter or thing whatsoever, (ii) no director, officer, employee, Affiliate, controlling person, agent, representative or employee of the Owner Parties or the Target Companies or any of their respective Affiliates has any authority, express or implied, to make any representations, warranties or agreements not specifically set forth in this Agreement and subject to the remedies herein provided, (iii) such Buyer Party specifically disclaims that it is relying, or has relied, upon any such other representations or warranties that may have been made by any Person, and acknowledges and agrees that the Owner Parties and the Target Companies have specifically

disclaimed, and do hereby specifically disclaim, any such other representation or warranty made by any Person (i.e., those not contained in Section 3.02, Article IV or any ancillary agreement or certificate delivered under this Agreement), and (iv) such Buyer Party has conducted, and is relying on, its own investigation of the Owner Parties and the Target Companies.

(j) Solvency. Assuming (a) the representations and warranties set forth in Section 3.02 and Article IV are true and correct in all material respects (without giving effect to any "Knowledge", "material" or "Material Adverse Effect" qualifications or exceptions) and (y) the estimates, projections and forecasts provided to the Buyer Parties have been prepared in good faith on assumptions that were and continue to be reasonable, immediately after giving effect to the transactions contemplated by this Agreement, Parent, the Target Companies and their respective Subsidiaries, taken as a whole, shall (i) be able to pay their respective debts as they become due; (ii) own property which has a fair saleable value greater than the amounts required to pay their respective debts (including a reasonable estimate of the amount of all contingent liabilities); and (iii) have adequate capital to carry on their respective businesses. No transfer of property is being made and no obligation is being incurred in connection with the transactions contemplated by this Agreement with the intent to hinder, delay or defraud either present or future creditors of Parent, Buyer and the Target Companies.

(k) Litigation. There are no actions, suits or proceedings pending or, to Buyer's actual knowledge, expressly threatened in writing against such Buyer Party, at law or in equity, or before or by any Governmental Authority, which reasonably would be expected to affect the legality, validity or enforceability of this Agreement or which has had or would reasonably be expected to have, individually or in the aggregate, a Buyer Material Adverse Effect.

(l) NO OTHER REPRESENTATIONS AND WARRANTIES. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS SECTION 3.01, SUCH BUYER PARTY ACKNOWLEDGES ANDS AGREES THAT NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES NOR ANY OTHER PERSON MAKES ANY REPRESENTATIONS OR WARRANTIES, WRITTEN OR VERBAL, STATUTORY, EXPRESS OR IMPLIED, WITH RESPECT TO THE TARGET COMPANIES, THEIR SUBSIDIARIES OR THEIR RESPECTIVE BUSINESS, OPERATIONS, ASSETS, STOCK, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS. EXCEPT IN THE CASE OF FRAUD, SUCH BUYER PARTY HEREBY EXPRESSLY WAIVES ANY CLAIMS AND CAUSES OF ACTION AND ANY OTHER REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, AT COMMON LAW, BY STATUTE OR OTHERWISE IN EACH CASE RELATING TO THE ACCURACY, COMPLETENESS OR MATERIALITY OF ANY INFORMATION, DATA OR OTHER MATERIALS (WRITTEN OR VERBAL) HERETOFORE FURNISHED TO SUCH BUYER PARTY AND ITS REPRESENTATIVES BY OR ON BEHALF OF THE OWNER PARTIES, THE TARGET COMPANIES OR THEIR SUBSIDIARIES OTHER THAN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES) OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. WITHOUT LIMITING THE FOREGOING AND EXCEPT TO THE EXTENT EXPRESSLY ADDRESSED IN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES) OR IN ANY

ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT, NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES NOR ANY OTHER PERSON IS MAKING ANY REPRESENTATION OR WARRANTY TO SUCH BUYER PARTY WITH RESPECT TO ANY FINANCIAL PROJECTION OR FORECAST RELATING TO THE BUSINESS, OPERATIONS, ASSETS, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS OF THE TARGET COMPANIES OR THEIR SUBSIDIARIES. EXCEPT IN THE CASE OF FRAUD, NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES NOR ANY OTHER PERSON WILL HAVE OR BE SUBJECT TO ANY LIABILITY TO SUCH BUYER PARTY OR ANY OF ITS AFFILIATES OR EQUITY HOLDERS OR ANY OTHER PERSON RESULTING FROM THE DISTRIBUTION TO SUCH BUYER PARTY, OR ITS REPRESENTATIVES, OR SUCH BUYER PARTY'S OR ITS REPRESENTATIVE'S USE OF, ANY SUCH PROJECTION OR FORECAST AND ANY INFORMATION, DOCUMENT OR MATERIAL MADE AVAILABLE TO SUCH BUYER PARTY OR ITS REPRESENTATIVE'S OR THEIR RESPECTIVE AFFILIATES IN CERTAIN "DATA ROOMS," MANAGEMENT PRESENTATIONS OR ANY OTHER FORM IN EXPECTATION OF THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT.

3.02. Representations and Warranties of the Owner Parties. Each Owner Party represents and warrants to the Buyer Parties that, as of the date hereof and as of the Closing Date:

(a) Status. Section 3.02(a) of the Disclosure Schedule sets forth the legal form (if applicable) of such Owner Party and such Owner Party's jurisdiction of formation or organization (if applicable). Such Owner Party is duly organized, validly existing and in good standing under the laws of its respective jurisdiction of formation or organization (if applicable) listed opposite such Owner Party's name on Section 3.02(a) of the Disclosure Schedule.

(b) Power and Authority. Such Owner Party has all requisite limited liability company power, partnership power, trust power, or legal capacity, as applicable, and authority to execute and deliver this Agreement, to perform its obligations hereunder and to consummate the transactions contemplated hereby. All limited liability company acts, partnership acts, trust acts, or proceedings required to be taken by such Owner Party to authorize the execution and delivery of this Agreement and the performance of such Owner Party's obligations hereunder have been properly taken.

(c) Enforceability. This Agreement has been duly authorized, executed and delivered by such Owner Party. Assuming the due and valid authorization, execution and delivery of this Agreement by the other Parties, this Agreement constitutes the legal, valid and binding obligation of such Owner Party, enforceable against such Owner Party in accordance with its terms, except as enforceability may be limited by the Bankruptcy and Equity Exceptions.

(d) No Violations; Consents and Approvals. Except as set forth on Section 3.02(d) of the Disclosure Schedule, the execution and delivery of this Agreement by such Owner Party, and the consummation by such Owner Party of the transactions contemplated hereby will not (i) violate any provision of the organizational documents of such Owner Party, (ii) violate in any material respect any Law applicable to, binding upon or enforceable against such Owner Party, (iii) result in any material breach of, or constitute a material default (or an event which would, with

the passage of time or the giving of notice or both, constitute a material default) under, or give rise to a right of payment under or the right to terminate, amend, modify, abandon or accelerate, any Contract to which such Owner Party is a party or bound, (iv) result in the creation or imposition of any Lien upon any of Purchased Securities held (directly or indirectly) by such Owner Party or (v) other than compliance with the Hart-Scott-Rodino Act and those consents and approvals listed on Schedule 5.02, require the consent or approval of any Governmental Authority or any other Person, and those consents and approvals listed on Schedule 5.02, except, in the case of clauses (ii), (iii) and (v), for any violation (in the case of clause (ii)), any breach, default or right (in the case of clause (iii)) or any consent or approval for which the failure to obtain such consent or approval (in the case of clause (v)) would not reasonably be expected, individually or in the aggregate, to materially impair or materially delay such Owner Party's ability to perform its obligations hereunder.

(e) Brokers. Except as set forth on Section 3.02(e) of the Disclosure Schedule, such Owner Party has not incurred any obligation for any finder's or broker's or agent's fees or commissions or similar compensation in connection with the transactions contemplated hereby for which any Buyer Parties or any Target Company may be liable after the Closing other than to UBS Securities LLC. A true and correct copy of the Contract setting forth all arrangements and obligations with UBS Securities LLC (other than the fee amounts set forth therein, which have been redacted) has been made available to the Buyer Parties (such Contract, the "UBS Engagement Letter").

(f) Purchased Securities. Section 3.02(f)(ii) of the Disclosure Schedule sets forth the record and beneficial owner of the Purchased Securities as of the date hereof. Such Owner Party is not a party to any option, warrant, purchase right or other Contract or commitment that could require such Owner Party to (directly or indirectly) sell, transfer, or otherwise dispose of any Purchased Securities (other than this Agreement, including with respect to the Reorganization). Such Owner Party is not a party to any voting trust, proxy or other Contract with respect to the voting of any Purchased Securities.

(g) NO OTHER REPRESENTATIONS AND WARRANTIES. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT, NO OWNER PARTY NOR ANY OTHER PERSON MAKES ANY REPRESENTATIONS OR WARRANTIES, WRITTEN OR VERBAL, STATUTORY, EXPRESS OR IMPLIED, WITH RESPECT TO ANY OWNER PARTY OR ITS BUSINESS, OPERATIONS, ASSETS, STOCK, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS. EXCEPT IN THE CASE OF FRAUD, THE BUYER PARTIES HEREBY EXPRESSLY WAIVES ANY CLAIMS AND CAUSES OF ACTION AND ANY OTHER REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, AT COMMON LAW, BY STATUTE OR OTHERWISE IN EACH CASE RELATING TO THE ACCURACY, COMPLETENESS OR MATERIALITY OF ANY INFORMATION, DATA OR OTHER MATERIALS (WRITTEN OR VERBAL) HERETOFORE FURNISHED TO THE BUYER PARTIES AND THEIR RESPECTIVE REPRESENTATIVES BY OR ON BEHALF OF ANY OWNER PARTY OTHER THAN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES) OR SET FORTH IN ANY

ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. WITHOUT LIMITING THE FOREGOING, NO OWNER PARTY NOR ANY OTHER PERSON IS MAKING ANY REPRESENTATION OR WARRANTY TO THE BUYER PARTIES WITH RESPECT TO ANY FINANCIAL PROJECTION OR FORECAST RELATING TO THE BUSINESS, OPERATIONS, ASSETS, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS OF ANY OWNER PARTY. EXCEPT IN THE CASE OF FRAUD, NO OWNER PARTY NOR ANY OTHER PERSON WILL HAVE OR BE SUBJECT TO ANY LIABILITY TO THE BUYER PARTIES OR ANY OF ITS AFFILIATES OR EQUITY HOLDERS OR ANY OTHER PERSON RESULTING FROM THE DISTRIBUTION TO THE BUYER PARTIES OR THEIR REPRESENTATIVES, OR THE BUYER PARTIES' OR THEIR REPRESENTATIVE'S USE OF, ANY SUCH PROJECTION OR FORECAST AND ANY INFORMATION, DOCUMENT OR MATERIAL MADE AVAILABLE TO THE BUYER PARTIES OR THEIR REPRESENTATIVE'S OR THEIR RESPECTIVE AFFILIATES IN CERTAIN "DATA ROOMS," MANAGEMENT PRESENTATIONS OR ANY OTHER FORM IN EXPECTATION OF THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT.

ARTICLE IV
REPRESENTATIONS AND WARRANTIES OF THE TARGET COMPANIES

The Target Companies hereby represent and warrant to the Buyer Parties that, as of the date hereof and as of the Closing Date (or such other time as expressly set forth herein):

4.01. Corporate Status. The Target Companies are limited liability companies duly organized, validly existing and in good standing under the laws of the State of Delaware. The Target Companies have all requisite limited liability company power and authority to own or lease their properties, rights and assets and to carry on their business as now being conducted. The Target Companies are legally qualified to transact business as foreign companies in all jurisdictions where the nature of their properties or the conduct of their business as now conducted require such qualification, except where the failure to be so qualified has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect. The Target Companies have delivered to the Buyer Parties accurate and complete copies of the organizational documents of the Target Companies.

4.02. Power and Authority. The Target Companies have all limited liability company power and authority to execute and deliver this Agreement, to perform their obligations hereunder and to consummate the transactions contemplated hereby. All company acts or proceedings required to be taken by the Target Companies to authorize the execution and delivery of this Agreement and the performance of the Target Companies' obligations hereunder have been properly taken.

4.03. Enforceability. This Agreement has been duly authorized, executed and delivered by the Target Companies and, assuming the due and valid authorization, execution and delivery of this Agreement by the other Parties, this Agreement constitutes the legal, valid and binding obligation of the Target Companies, enforceable against it in accordance with its terms, except as enforceability may be limited by the Bankruptcy and Equity Exceptions.

4.04. Capitalization; Stock Ownership. Section 4.04 of the Disclosure Schedule sets forth the number of issued and outstanding equity interests and other equity securities of each Target Company as of the date hereof. All of the Purchased Securities are, and following the Reorganization will have been, duly authorized and validly issued, fully paid and non-assessable, issued in compliance with all applicable state and federal securities Laws. Other than the Purchased Securities, there will be no other equity interests or other equity securities of the Target Companies issued or outstanding following the Reorganization. Except as contemplated by this Agreement (including with respect to the Reorganization) or as set forth on Section 4.04 of the Disclosure Schedule, there are no (x) outstanding rights, options, warrants, convertible securities, subscription rights, conversion rights, exchange rights, purchase rights or other rights or commitments relating to any equity interests of any Target Company, (y) Contracts, commitments, understandings or other agreements that require any Target Company to issue or sell (or make any payment in respect of the value of) any equity interests (or securities convertible into or exchangeable for equity interests) or to redeem or otherwise acquire any of its outstanding equity interests or (z) authorized or outstanding bonds, debentures, notes or other indebtedness the holders of which have the right to vote (or convertible into, exchangeable for, or evidencing the right to subscribe for or acquire securities having the right to vote) with the holders of the equity interests of any Target Company on any matter. The Purchased Securities will be free and clear of all Liens and Restrictions at Closing. There are no outstanding or authorized stock appreciation, phantom stock, profit participation, or other similar rights with respect to any Target Company (whether payable in shares, cash or otherwise). No holder of equity interests or other equity securities of any Target Company has any appraisal rights, dissenters' rights or other similar right to receive fair value (whether arising under Law, Contract or otherwise) for such holders' equity interests or other equity securities. No Target Company has violated any preemptive or other similar rights of any Person in connection with the issuance, repurchase or redemption of any of its equity interests.

4.05. Subsidiaries.

(a) Section 4.05(a)(i) of the Disclosure Schedule sets forth a true and complete list of each Subsidiary (if any) of each Target Company as of the Closing, together with the jurisdiction of organization or formation of each such Subsidiary. The capitalization of each such Subsidiary is as set forth on Section 4.05(a)(ii) of the Disclosure Schedule. A Target Company, or a Subsidiary of a Target Company, as applicable, is the record owner of all of the outstanding equity interests of the Subsidiary of a Target Company set forth opposite its name on Section 4.05(a)(ii) of the Disclosure Schedule, and all such equity interests are validly issued, fully paid and non-assessable (to the extent such concept is applicable to such equity interests). No Target Company nor any of its Subsidiaries owns or holds the right to acquire any stock, partnership interest, joint venture interest or other equity ownership interest in any other Person. There are no (A) outstanding rights, options, warrants, convertible securities, subscription rights, conversion rights, exchange rights, purchase rights or other rights or commitments relating to any equity interests of any Subsidiary of a Target Company, or Contracts, commitments, understandings or other agreements that require any Subsidiary of a Target Company to issue or sell (or make any payment in respect of the value of) any of its equity ownership interests (or securities convertible into or exchangeable for shares of their equity ownership interests), (B) preemptive rights or other similar rights in respect of any equity interests in any Subsidiary of a Target Company, (C) outstanding or authorized stock appreciation, phantom stock, profit participation, or other similar rights with respect to any

Subsidiary of any Target Company (whether payable in shares, cash or otherwise) or (D) authorized or outstanding bonds, debentures, notes or other indebtedness the holders of which have the right to vote (or convertible into, exchangeable for, or evidencing the right to subscribe for or acquire securities having the right to vote) with the holders of the equity interests of such Subsidiary of a Target Company on any matter.

(b) Each of the Subsidiaries of the Target Companies is duly formed or organized, validly existing and in good standing (to the extent such concept is applicable) under the applicable laws of its jurisdiction of formation or organization. The Subsidiaries of the Target Companies have all requisite limited liability company or other applicable power and authority to own or lease its properties, rights and assets and to carry on their business as now being conducted. Such Subsidiaries are legally qualified to transact business as a foreign entity in all jurisdictions where the nature of their properties or the conduct of their business as now conducted requires such qualification, except where the failure to be so qualified has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

(c) Each of LSL GP and LSL Holdings was formed solely for the purpose of effecting the transactions contemplated by this Agreement and has not engaged in any business or other activities or conducted any operations other than in connection with the transactions contemplated by this Agreement. Prior to giving effect to the Reorganization, neither LSL GP nor LSL Holdings have any Subsidiaries. At all times prior to the consummation of the Reorganization, neither LSL GP nor LSL Holdings has had any assets or liabilities (other than obligations pursuant to this Agreement).

(d) LSL has not engaged in any business or other activities or conducted any operations other than holding equity interests in LSL LLC and in connection with the transactions contemplated by this Agreement. At all times prior to the consummation of the Reorganization, LSL has not had any assets (other than its equity interests in LSL LLC) or liabilities (other than obligations pursuant to this Agreement).

4.06. No Violation; Consents and Approvals. The execution and delivery of this Agreement by the Target Companies does not, and the consummation by them of the transactions contemplated hereby will not violate, or result in a default under, any provision of the organizational documents of the Target Companies. Except as set forth on Section 4.06 of the Disclosure Schedule and except as would not reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect, the execution and delivery of this Agreement by the Target Companies does not, and the consummation by them of the transactions contemplated hereby will not (a) violate any Law applicable to, binding upon or enforceable against the Target Companies, (b) result in any breach of, or constitute a default (or an event which would, with the passage of time or the giving of notice or both, constitute a default) under, or give rise to a right of payment under or the right to terminate, amend, modify, abandon or accelerate, any Material Contract, (c) result in the creation or imposition of any Lien upon any of the property or assets of the any Target Company, or (d) other than compliance with the Hart-Scott-Rodino Act and those consents and approvals listed on Schedule 5.02, require the consent or approval of any Governmental Authority.

4.07. Financial Statements. Attached as Section 4.07 of the Disclosure Schedule are copies of (a) the audited combined balance sheets, statements of operations, statement of members' equity and statements of cash flows of the LSL Holdcos (other than LSL) and LSL LLC (such entities, collectively, the "LSL Opcos") as of and for the fiscal years ended December 31, 2018, December 31, 2019 and December 31, 2020 (collectively, the "Year-End Financial Statements") and (b) the unaudited combined balance sheet as of June 30, 2021 (the "Latest Balance Sheet") and the related income statement of the LSL Opcos for the six (6) month period ended June 30, 2021 (the "Interim Financial Statements" and collectively with the Year-End Financial Statements, the "Financial Statements"). The Financial Statements fairly present, in accordance with the past practice of the LSL Opcos, in all material respects the financial position of the LSL Opcos at each of the balance sheet dates and the results of operations for each of the periods covered thereby. The Financial Statements have been prepared in accordance with GAAP, in all material respects, as consistently applied by the LSL Opcos, except that the Interim Financial Statements do not contain footnote disclosures and other presentation items. All accounts receivable of the LSL Opcos constitute bona fide receivables resulting from the sale of inventory, vendor rebates or other services or other obligations in favor of the LSL Opcos as to which performance has been fully rendered. Each of the LSL Opcos maintain systems of internal accounting controls that are designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with GAAP in all material respects. There are no material weaknesses or significant deficiencies (as such terms are defined in Regulation S-X) in any of the LSL Opcos' internal controls likely to adversely affect in any material respect such LSL Opco's ability to record, process, summarize and report financial information. Since January 1, 2018, there has not been any fraud, whether or not material, that involves management or other employees of any of the LSL Opcos who have a significant role in such LSL Opco's internal control over financial reporting.

4.08. Undisclosed Liabilities. None of the Target Companies or their Subsidiaries have any liability, including those of the type that would be required to be shown on a consolidated balance sheet of the Target Companies or their Subsidiaries prepared in accordance with GAAP, except for (a) liabilities reflected in the most recent Year-End Financial Statements (including footnotes), (b) liabilities that have arisen after the date of the Interim Financial Statements in the ordinary course of business, to the Knowledge of the Target Companies, none of which results from or arises out of any breach of contract, breach of warranty, tort, infringement or violation of Law, and (c) liabilities that would not have or reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

4.09. Absence of Certain Developments. (a) Since the date of the Latest Balance Sheet through the date hereof, the Target Companies and their Subsidiaries have conducted their businesses in the ordinary course and in a manner consistent with past practice, (b) since December 31, 2020 through the date hereof, there has not occurred any change or event that has had, or would reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect and (c) except as otherwise expressly required by this Agreement, as contemplated by the Reorganization or as set forth on Section 4.09 of the Disclosure Schedule, since the date of the Latest Balance Sheet, neither the Target Companies nor their Subsidiaries has taken any of the following actions (except, solely following the date hereof with the written consent of Parent or as otherwise expressly required by the terms of this Agreement):

(a) incurred any Funded Debt in respect of borrowed money;

(b) other than sales of inventory in the ordinary course of business, (A) sold, transferred, leased, mortgaged, pledged, assigned, conveyed, licensed, abandoned, let lapse or otherwise disposed of any property, rights or assets (tangible or intangible), other than sales of inventory or non-exclusive licenses in the ordinary course of business, (B) subjected to any Lien (other than Permitted Liens), or allow to suffer any Lien (other than Permitted Liens) to be placed on any material portion of their assets or property (tangible or intangible), taken as a whole, or (C) forgive or cancel any debts or actions owed to, or waive release any right or claims held by the Target Companies or their Subsidiaries;

(c) amended or otherwise modified the organizational documents of the Target Companies or their Subsidiaries;

(d) made, changed or revoked any entity classification election or taken any other action to change the status of the Target Companies or their Subsidiaries (as a partnership or disregarded entity) for federal, state or local Income Tax purposes, have not filed any amended Tax Return, entered into any closing agreement, settled or compromised any proceeding with respect to any material Tax claim or assessment relating to any Target Company or its Subsidiaries, surrendered any right to claim a material refund of Taxes, requested any ruling or initiated any voluntary disclosure with respect to Taxes, or consented to any extension or waiver of the limitation period applicable to any Taxes, in each case, unless required by applicable Law;

(e) entered into any Contract that would constitute a Material Contract had it been entered into prior to the date hereof or terminated or modified any existing Material Contract in a manner adverse to the Target Companies or their Subsidiaries;

(f) except for a settlement that both (i) does not involve injunctive or equitable relief against any Target Company or any of its Subsidiaries or any admission of guilt and (ii) does not involve liability against, or any payment by, any Target Company or any of its Subsidiaries, commenced, compromised or settled any pending or threatened action, investigation, suit or proceeding, including disputes with any customer, supplier or vendor;

(g) taken any action that would cause any insurance policy of any Target Company or any of its Subsidiaries to lapse or be revoked;

(h) suffered any damage, destruction or loss, whether or not covered by insurance, with respect to the property and assets of the Target Companies or their Subsidiaries having a replacement cost of more than $2,500,000;

(i) materially increased the salary payable or to become payable by it to any employee of the Target Companies or their Subsidiaries whose annual base salary is in excess of $250,000, or materially increased the coverage or benefits available to such employees under any severance pay, termination pay, deferred compensation, bonus or other incentive compensation plan or arrangement, except (i) as required by applicable Law, (ii) for increases in the ordinary course of business consistent with past practice, (iii) pursuant to any Plan, program or agreements existing as of the date hereof, and (iv) for bonuses payable to certain officers and employees of the

Target Companies and their Subsidiaries in connection with the consummation of the transactions contemplated by this Agreement (which will be included as part of the Transaction Expenses);

(j) (A) established, adopted, entered into, amended or terminated any Plan or any plan, program or agreement that would be a Plan if in effect on the date hereof, (B) increased or committed to increase the compensation or other benefits payable to any current or former employee, officer, director or individual independent contractor of the Target Companies or their Subsidiaries, including pursuant to any severance or retirement plans or policies thereof, (C) hired or terminated the employment of any employee, officer, director or individual contractor of the Target Companies or their Subsidiaries (other than terminations for "cause"), (D) granted to any current or former employee, officer, director, or independent contractor of the Target Companies or their Subsidiaries any right to reimbursement, indemnification or payment for any Taxes, including any Taxes incurred under Section 409A or Section 4999 of the Code or (E) granted or accelerated the vesting, exercisability, funding or payment or benefit under any Plan, including any equity or equity-based awards, to any current or former employee, director or individual contractor of the Target Companies or their Subsidiaries, in each case, other than (x) as required under the terms of any Plan in existence as of the date hereof or (y) as required by applicable Law;

(k) taken action that resulted in any material change in their accounting or Tax reporting methods, periods, principles or policies, except as required by Law or GAAP or interpretations thereof;

(l) acquired (by merger, consolidation, stock or asset purchase or otherwise) any Person or any business, division or material assets of any Person or entered into, adopted or agreed upon any plan of merger, consolidation, reorganization, liquidation or dissolution;

(m) filed a petition in bankruptcy under any provisions of federal or state bankruptcy Law or consented to the filing of any bankruptcy petition against it under any similar Law;

(n) engaged in any "mass layoff" or "plant closing" which would trigger the notification requirements of the WARN Act;

(o) except as required by applicable Law, recognized or certified any employee representative body or entered into a collective bargaining agreement or similar agreement;

(p) made any material adverse change to any publicly posted privacy policy or the security of any IT Assets, except as required by applicable Law; or

(q) authorized, agreed, resolved or committed to do any of the foregoing.

4.10. Litigation. Except as set forth on Section 4.10 of the Disclosure Schedule, there are no actions, suits, investigations, claims, inquiries, investigations or proceedings pending or, to the Knowledge of the Target Companies, threatened against the Target Companies or their Subsidiaries, at law or in equity, before or by any Governmental Authority, which would reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect, and neither the Target Companies nor their Subsidiaries are subject to any outstanding judgment, order or decree of any Governmental Authority.

4.11. Environmental Matters.

(a) Except as set forth on Section 4.11(a) of the Disclosure Schedule: (i) the Target Companies and their Subsidiaries are in material compliance with all, and in the past five (5) years have not violated in any material respects any, Environmental Laws and (ii) neither the Target Companies nor their Subsidiaries have, within the past five (5) years, received any written notice of violation of Environmental Laws or any material liability arising under Environmental Laws or any investigation, remediation or corrective obligation or other material obligation regarding Hazardous Materials, relating to the Target Companies, their Subsidiaries or their respective current or former facilities, which is unresolved (or if resolved, entails further material obligation).

(b) The Target Companies and their Subsidiaries have not disposed, arranged for the disposal of, discarded or released any Hazardous Materials, and no Hazardous Materials are otherwise present, at, on or under any of the Leased Real Property (as defined herein), any formerly owned or leased real property, or any other location for which any of them may be liable, except for disposal, arrangement for disposal, discard, release or presence in compliance in all material respects with Environmental Laws and in a manner and under circumstances that would not reasonably be expected to result in a material liability under Environmental Laws or any Contract, or otherwise materially and adversely affect the operations of the Target Company or any of their Subsidiaries.

(c) The Target Companies and their Subsidiaries have not assumed or retained as a result of any Contract any liability under any Environmental Law or regarding any Hazardous Materials, which would reasonably be expected to be material to any of the Target Companies or their Subsidiaries.

(d) The Target Companies have made available to the Buyer Parties copies of all environmental or health-and-safety reports, including reports of any environmental or health-and safety compliance, audits, environmental site assessments, environmental investigations, environmental remediation, environmental impact reviews, or other similar environmental or health-and-safety documents, containing information pertaining to the Target Companies or any of their Subsidiaries or any Leased Real Property, that are within any Target Company's or any of its Subsidiaries' possession or control, except for such environmental or health-and-safety reports that do not discuss conditions or otherwise contain information that individually or in the aggregate would reasonably be expected to be material to the use of any Leased Real Property or to the Target Companies and their Subsidiaries, taken as a whole.

4.12. Title to Properties.

(a) Except as set forth on Section 4.12(a) of the Disclosure Schedule, either the Target Companies or their Subsidiaries have valid title to, or a valid leasehold interest in (or other right to use), all of the tangible personal property shown to be owned by the Target Companies or their Subsidiaries on the Interim Financial Statements, free and clear of all Liens, except for Permitted Liens, or assets disposed of in the ordinary course of business since the date of the Interim Financial Statements, and such tangible personal property is sufficient for the operation of the businesses of the Target Companies and their Subsidiaries as presently operated in all material respects.

(b) The real property leased by the Target Companies and their Subsidiaries pursuant to the leases described on Section 4.12(b) of the Disclosure Schedule (the "Leased Real Property") constitutes all of the real property leased by the Target Companies and their Subsidiaries. The Target Companies have made available to the Buyer Parties complete and accurate copies of each of such leases (the "Leases"), and none of such leases have been modified in any material respect, except to the extent that such modifications are disclosed by the copies made available to the Buyer Parties. Except as set forth on Section 4.12(b) of the Disclosure Schedule, (i) assuming that the Leases are a valid and binding obligation of the other parties thereof, the Leases constitute valid and binding obligations of the Target Companies or their Subsidiaries, as applicable, enforceable in accordance with their terms, except as enforceability may be limited by the application of any Bankruptcy and Equity Exceptions, (ii) neither the Target Companies nor any of their Subsidiaries are in default, in any material respect, under any of such Leases or have received written or, to the Knowledge of the Target Companies, any other notice of any existing material defaults thereunder by the Target Companies or their Subsidiaries (as applicable), nor, to the Knowledge of the Target Companies, are there any existing material defaults by the lessor therefor, (iii) neither the Target Companies nor any of their Subsidiaries have received any written notice from the other party to any such Lease of the termination or proposed termination thereof, (iv) neither the Target Companies nor any of their Subsidiaries have received any written notice from any Governmental Authority (x) of any pending or threatened expropriation, condemnation or eminent domain proceedings or their local equivalent affecting or relating to such Leased Real Property or (y) that the use and occupancy of such Leased Real Property, as currently used and occupied, and by the conduct of the business thereon, as currently conducted, violate in any material respect the applicable Leases or applicable Laws, (v) there is no lease, sublease, license, use, occupancy or similar agreement granting to any party (other than a Target Company or its Subsidiary) any occupancy or use rights for any Leased Real Property, and as of the Closing Date, no party, other than the relevant Target Company or its Subsidiary, will hold leasehold title to or occupancy rights or be in possession of any Leased Real Property, (vi) there has been no rent deferred under any Lease due to COVID-19 or otherwise that is currently unpaid or outstanding and (vii) all of the Leased Real Property and tangible assets and properties of the Target Companies or the Subsidiaries located on the Leased Real Property are in all material respects in serviceable operating condition and repair (giving due account to the age and length of use of the same, ordinary wear and tear excepted) and are adequate for the conduct of the businesses of the Target Companies and their Subsidiaries substantially in the same manners as it has heretofore been conducted.

(c) Neither the Target Companies nor their Subsidiaries own any real property.

4.13. Compliance with Laws.

(a) Except as set forth on Section 4.13(a) of the Disclosure Schedule, (i) to the Knowledge of the Target Companies, the Target Companies and their Subsidiaries are, and have been in the past five (5) years, in compliance with all applicable Laws, (ii) the Target Companies and their Subsidiaries are otherwise in compliance with all applicable Laws except where the failure to so comply has not been, and would not reasonably be expected to be, material to the business of the Target Companies and their Subsidiaries, taken together, and (iii) neither the Target Companies nor any of their Subsidiaries has, during the past five (5) years, been cited, fined or otherwise notified in writing by any Governmental Authority of any pending or threatened action

or proceeding against it alleging any material failure to comply with any applicable Laws that has not been paid or cured, except where such fines or noncompliance did not have, or would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

(b) Neither the Target Companies nor any of their Subsidiaries, nor any affiliate, director, officer, manager, employee or agent of the Target Companies or any of their Subsidiaries, has in the past five (5) years made any unlawful payment or given, offered, promised or authorized or agreed to give, any money or thing of value, directly or indirectly, to any government official or other Person in violation of the Anti-Corruption Laws. The Target Companies and their Subsidiaries have maintained complete and accurate books and records in all material respects with respect to any payments made to any agents, consultants, representatives, third parties, and government officials.

(c) Neither the Target Companies nor their Subsidiaries, nor any of their respective officers, employees, or agents or, to the Knowledge of the Target Companies, its agents, contractors or any other person acting on behalf of the Target Companies or its Subsidiaries in the past five (5) years, (i) is or was a Sanctioned Person, (ii) has transacted business directly or indirectly with any Sanctioned Person or in any Sanctioned Country, except pursuant to a license from the United States, or (iii) has violated any applicable Sanctions Laws or Export Control Laws.

(d) Neither the Target Companies nor their Subsidiaries, nor any of their respective officers, employees, or agents is the subject of any prosecution or other enforcement action or, to the Knowledge of the Target Companies, any allegation, voluntary disclosure, or investigation related to any applicable Anti-Corruption Laws, Sanctions Laws, or Export Control Laws.

(e) The Target Companies and their Subsidiaries have implemented, maintained, and adhered to a system of internal controls sufficient to provide reasonable assurance that violations of applicable Anti-Corruption Laws, Sanctions Laws, and Export Control Laws will be prevented, detected, and deterred.

(f) Neither the Target Companies nor any of their Subsidiaries, nor their respective, officers, employees, or agents made, or has caused any other Person to make, any false certification or false claim for payment to any Governmental Authority.

4.14. Labor and Employment Matters.

(a) The Target Companies have made available to the Buyer Parties the name and rate of compensation of all employees of the Target Companies and their Subsidiaries as of a recent date with total annual compensation in excess of $100,000.

(b) Except as set forth on Section 4.14 of the Disclosure Schedule, (i) neither the Target Companies nor any of their Subsidiaries is a party to or bound by any collective bargaining agreement or other written agreement with a labor union, works council or other labor organization nor is any such agreement presently being negotiated, (ii) to the Knowledge of the Target Companies, there is currently no organized effort by any labor union or similar labor organization to organize any employees of the Target Companies or any of their Subsidiaries into one or more collective bargaining units, nor has there been so far the prior three (3) years (iii) neither the Target Companies nor any of their Subsidiaries has experienced any strikes, work stoppages, walkouts,

lockouts, material grievance, or other material labor dispute or claim of unfair labor practices during the past three (3) years and none are pending or, to the Knowledge of the Target Companies, threatened and (iv) neither the Target Companies nor any of their Subsidiaries has committed any unfair labor practice during the past three (3) years.

(c) The Target Companies and all of their Subsidiaries are, and for the past three (3) years have been in material compliance with all Laws relating to the retention and employment of labor, including provisions thereof relating to wages, hours, equal opportunity and collective bargaining.

(d) As of the date of this Agreement, there are no, and for the past three (3) years have not been any, material actions, suits or proceedings against the Target Companies or any of their Subsidiaries pending or, to the Knowledge of the Target Companies, threatened by or before any Governmental Authority based on the hiring, employment or termination of employment of any employee or other worker.

(e) Each person who is a current or former service provider of the Target Companies and any of their Subsidiaries has at all times during the past three years, in all material respects, been properly classified: (i) as either an employee or independent contractor under applicable Law; and (ii) for employees, overtime exempt or non-exempt under applicable Law.

(f) During the past three (3) years, neither the Target Companies nor any of their Subsidiaries has taken any action which would constitute a "plant closing" or "mass layoff" within the meaning of the Workers Adjustment and Retraining Notification Act or any similar state or local Law (collectively, the "WARN Act"), issued any notification of a plant closing or mass layoff required by the WARN Act, or incurred any liability or obligation under the WARN Act that remains unsatisfied.

(g) Every employee of the Target Companies and all of their Subsidiaries has all work permits, immigration permits, visas, or other authorizations required by applicable Law and the applicable Target Companies or Subsidiaries has a correct and current Form I-9 on file for every such employee.

(h) During the past three (3) years, no Target Company nor any of their Subsidiaries has been a party to a settlement agreement with a current or former employee that relates primarily to allegations of sexual harassment. To the Knowledge of the Target Companies, during the past three (3) years, no material allegation of sexual harassment in violation of applicable Law has been made against any officer, director or employee of the Target Companies or any of their Subsidiaries.

(i) With respect to the transactions contemplated by this Agreement, the Target Company and all Subsidiaries have, or prior to the Closing will have satisfied, in all material respects all notice and bargaining obligations they owe to any labor unions, works councils or other labor organizations representing their employees under applicable Law or any collective bargaining agreement or other agreement.

4.15. Employee Benefit Plans.

(a) Section 4.15(a) of the Disclosure Schedule sets forth a list of all material Plans. "Plans" means any employee benefit, welfare, supplemental unemployment benefit, bonus, pension, profit sharing, executive compensation, deferred compensation, incentive compensation, stock compensation, stock purchase, stock option, stock appreciation, phantom stock, restricted stock, employment, consulting, change-in-control, severance, vacation, paid time off, employee loan, fringe benefit, health or other medical, dental, life, disability or other insurance plan, program, agreement or arrangement (including any "employee benefit plan" within the meaning of Section 3(3) of ERISA, whether or not subject to ERISA), whether written or unwritten, (x) sponsored, maintained or contributed to or required to be contributed to by the Target Companies and their Subsidiaries for the benefit of their employees, officers, directors or individual independent contractors, or former employees, officers, directors or individual independent contractors, and their dependents or beneficiaries or (y) under which any Target Company or any Subsidiary has or could have any obligation or liability, other than plans established pursuant to statute.

(b) Each of the Plans that is intended to be qualified under Section 401(a) of the Code has received either a favorable determination letter from the IRS or is a pre-approved prototype or volume submitter plan and can rely on an opinion letter from the Internal Revenue Service to the prototype plan sponsor, to the effect that such Plan is so qualified and that the plan and the trust related thereto are exempt from federal income Taxes under Sections 401(a) and 501(a), respectively, of the Code, and, nothing has occurred that could reasonably be expected to cause the revocation of such determination letter from the Internal Revenue Service or the unavailability of reliance on such opinion letter from the Internal Revenue Service. The Plans and related trusts have been established and maintained in compliance, in all material respects, with the requirements of the Code, ERISA and all applicable Laws.

(c) With respect to the Plans, all required contributions have been made or properly accrued in accordance with the terms of the applicable Plan, all applicable Laws and GAAP, in all material respects.

(d) The Target Companies have made available to the Buyer Parties true and complete copies of, with respect to each Plan and as applicable, (i) plan documents, amendments and related trust, insurance, annuity or other funding agreements, or if such Plan is not in writing, a written description thereof, (ii) all material correspondence with all Governmental Authorities for the past three (3) years, (iii) the most recent annual report (Form 5500 Annual Reports) filed (and attached schedules), (iv) the most recent Summary Plan Description and all Summaries of Material Modifications related thereto, and (v) the latest financial statements for the Plans.

(e) No Plan is, and none of the Target Companies nor their Subsidiaries has ever, sponsored, maintained, contributed to, or been required to contribute to, or otherwise participate in or have any liability with respect to (i), any defined benefit pension plan or any plan, program or arrangement subject to Section 302 or Title IV of ERISA or Section 412 of the Code, (ii) any "multiemployer plan" (as defined in Section 3(37) of ERISA), (iii) a "multiple employer plan" (within the meaning of Section 4063 or Section 4064 of ERISA or Section 413(c) of the Code), or (iv) a "multiple employer welfare arrangement" (as defined in Section 3(40) of ERISA) .

(f) All required reports and descriptions (including Form 5500 Annual Reports, Summary Annual Reports, and Summary Plan Descriptions) have been filed or distributed in compliance with the applicable requirements of ERISA and the Code with respect to each Plan.

(g) Other than as required under Section 4980B of the Code or other applicable Law, no Plan provides, and none of the Target Companies or their Subsidiaries has any liability in respect of, benefits or coverage in the nature of health, life or disability insurance following retirement or other termination of employment (other than death benefits when termination occurs upon death).

(h) No action, suit, audit, inquiry, proceeding, hearing or investigation with respect to the administration or the investment of the assets of any such Plan (other than routine claims for benefits) is pending or, to the Knowledge of the Target Companies, threatened.

(i) Neither the execution, delivery or performance of this Agreement nor the consummation of the transactions contemplated by this Agreement (whether alone or in connection with any other event) could reasonably be expected to (i) entitle any current or former employee, officer, director, individual independent contractor or other service provider to any payment or any increase in payment under any Plan, (ii) accelerate the time of payment or vesting or the funding of any benefit under any Plan or (iii) result in any payment or benefit that would constitute an "excess parachute payment" (as defined in Section 280G(b)(1) of the Code) to any Person. No Plan provides for the gross-up or reimbursement of Taxes under Section 409A or Section 4999 of the Code, or otherwise.

(j) No Plan is maintained outside of the jurisdiction of the United States or covers any current or former employee, officer, director or individual independent contractor of the Target Companies or their Subsidiaries who resides or works outside the United States.

4.16. Tax Matters.

(a) (i) The Target Companies and their Subsidiaries have timely filed all Income Tax Returns and other material Tax Returns that are required to be filed by them (taking into account any extensions of time to file that have been duly perfected) and all such Tax Returns are true, correct and complete in all material respects, (ii) all Taxes that are due and owing by the Target Companies and their Subsidiaries (whether or not shown as payable on such Tax Returns) have been fully and timely paid, (iii) the provision for Taxes on the Interim Financial Statements is sufficient as determined in accordance with GAAP for all accrued and unpaid Taxes as of the date thereof and (iv) all amounts of Taxes that the Target Companies or their Subsidiaries are obligated to withhold from amounts owing to any employee, independent contractor, creditor, current or former unitholder, shareholder or other Person have been fully and timely paid.

(b) Neither the Target Companies nor their Subsidiaries have been during the past three (3) years or are currently the subject of any audit, investigation, dispute, claim or other examination or administrative or judicial proceeding by any Taxing Authority and no such audit, investigation, dispute, claim or other examination or proceeding is currently pending or, to the Knowledge of the Target Companies, contemplated or threatened, and neither the Target Companies nor their Subsidiaries have received any written notice that any such audit, dispute,

investigation, claim, or other examination or proceeding is threatened. No deficiency with respect to Taxes has been proposed, asserted or assessed in writing against a Target Company or any of its Subsidiaries that has not been paid in full. No written claim has been made by a Taxing Authority in a jurisdiction in which a Target Company or one of its Subsidiaries does not file a specific type of Tax Return that such Target Company or Subsidiary is or may be required to file a Tax Return in, or subject to taxation by, such jurisdiction, which claim is unresolved.

(c) Neither the Target Companies nor their Subsidiaries have waived in writing any statute of limitations in respect of Taxes payable by any of them or in respect to any Tax Return required to be filed by any of them, or agreed to or been granted any extension of time for filing any Tax Return that has not been filed (other than ordinary course extensions for filing Income Tax Returns that do not require the consent of a Taxing Authority), which waiver or extension is currently in effect.

(d) None of the Target Companies or their Subsidiaries (i) is or have ever been a member of any affiliated, combined, consolidated, unitary or similar group for Tax purposes (other than a group the parent of which is a Target Company and consisting solely of one or more of the Target Companies or their Subsidiaries), (ii) are liable for the Taxes of another Person under Treasury Regulations Section 1.1502-6 (or comparable provisions of state, local or non-U.S. Tax law), as a transferee or successor, or otherwise as a matter of Law, or (iii) are currently party to or have any obligation under any Tax allocation, Tax sharing, Tax indemnity, Tax reimbursement agreement or similar arrangement with respect to Taxes (other than credit agreements, lease agreements or other customary commercial agreements entered into in the ordinary course of business, the principal purpose of which is not related to Taxes).

(e) There are no Liens for Taxes (other than Liens for Taxes not yet due and payable) on any of the assets or properties of the Target Companies or their Subsidiaries.

(f) None of the Target Companies nor any of their Subsidiaries will be required to include any material item of income in, or exclude any material item of deduction from, taxable income for any Post-Closing Tax period as a result of any (i) change in or use of an incorrect method of accounting for a taxable period ending on or prior to the Closing Date, (ii) closing agreement" as described in Section 7121 of the Code (or any corresponding or similar provision of state, local, or non-U.S. law) entered into on or prior to the Closing Date, (iii) installment sale or open transaction disposition made on or prior to the Closing Date, or (iv) prepaid amount received or paid, or deferred revenue accrued, on or prior to the Closing Date.

(g) No Target Company or Subsidiary of a Target Company (i) has within the last two (2) years distributed the securities of another Person, or has had its securities distributed by another Person, in a transaction that was purported or intended to be governed in whole or in part by Section 355 or 361 of the Code, (ii) has any outstanding material obligation in respect of escheat or unclaimed property obligations, (iii) has made any election to defer any Payroll Taxes under the COVID-19 Relief Laws, or (iv) is or has been, party to or participated in any "listed transaction" as defined in Section 6707A(c)(2) of the Code and Treasury Regulations Section 1.6011-4(b)(2).

(h) Each Target Company and Subsidiary of a Target Company has collected all material sales and use Taxes required to be collected by it, and has remitted, or will remit on a

timely basis, such amounts to the appropriate Taxing Authority, or has been furnished properly completed exemption certificates.

(i) No Target Company or Subsidiary of a Target Company that is a partnership for U.S. federal Income Tax purposes has made any election to apply the provisions of Section 1101 of the Bipartisan Budget Act of 2015 (Partnership Audits and Adjustments) for any taxable period prior to January 1, 2018.

(j) Each of the Target Companies and their Subsidiaries has since its formation been, and is currently, properly treated as having the U.S. federal Income Tax status indicated opposite its name on Section 4.16(j) of the Disclosure Schedule.

4.17. Insurance. Section 4.17 of the Disclosure Schedule lists each material insurance policy maintained by the Target Companies and their Subsidiaries, including the name of the insurer and policy number (the "Insurance Policies"). The Insurance Policies are in full force and effect and all premiums due and payable thereon have been paid, and neither the Target Companies nor any of their Subsidiaries is in material breach or material default under such policies or has taken any action or failed to take any action which, with notice or the lapse of time, could constitute such a breach or default or permit termination or modification of any of the Insurance Policies. During the past twelve (12) months, no policy limits for any insurance policy of the Target Companies or their Subsidiaries has been exhausted or materially reduced. As of the date of this Agreement, neither the Target Companies nor their Subsidiaries has received any written notice of termination, cancellation or non-renewal of any Insurance Policies nor, to the Knowledge of the Target Companies, has the termination, cancellation or non-renewal of any Insurance Policies been threatened within the past year. There is no material action pending or, to the Knowledge of the Target Companies, threatened under any Insurance Policy as to which coverage has been denied or disputed by the underwriters of such policies.

4.18. Licenses and Permits. Except as set forth on Section 4.18 of the Disclosure Schedule, the Target Companies and their Subsidiaries possess all licenses, approvals, registrations, accreditations, consents, permits or similar authorizations issued by a Governmental Authority (collectively, the "Permits") necessary to operate their business in all material respects as currently conducted. Each such Permit is valid, binding and in full force and effect and neither the Target Companies nor any of their Subsidiaries is in default or violation under any of the Permits, except for those defaults or violations that would not reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect. There are no actions, investigations, audits, suits or proceedings pending or, to the Knowledge of the Target Companies, threatened relating to the suspension, revocation or modification of any of the Permits, and there is no reasonable basis for the suspension, revocation, non-renewal or adverse modification of any such Permits.

4.19. Affiliated Transactions. Except as set forth on Section 4.19 of the Disclosure Schedule, to the Knowledge of the Target Companies, no officer, director, stockholder or Affiliate of the Target Companies or their Subsidiaries or any individual in such officer's, director's or stockholder's immediate family is a party to any Contract (other than employment agreements) with the Target Companies or any Subsidiary of the Target Companies or has any interest in any property owned or used by the Target Companies or any Subsidiary of the Target Companies or has engaged in any transaction (other than, solely with respect to any officers or employees of any

of the Target Companies or their Subsidiaries (excluding any such officer or employees who are also employees of Seller or any Affiliate thereof), those related to employment, compensation or arrangements entered into in the ordinary course of business) with any of the Target Companies or their Subsidiaries (any such Contract, interest or transaction, a "Related Party Arrangement").

4.20. Material Contracts.

(a) Section 4.20(a) of the Disclosure Schedule sets forth a list of all Contracts, including all amendments and supplements thereto, to which the Target Companies or any of their Subsidiaries is a party or by which the Target Companies or any of their Subsidiaries is bound, meeting any of the descriptions set forth below (collectively referred to herein as, the "Material Contracts"):

(i) all collective bargaining agreements, Contracts and any other written agreements with any labor union, works council, group of employees of any Target Company or any Subsidiary of a Target Company or other labor organization;

(ii) all written Contracts for the employment of any current officer or individual employee with required annual payments in excess of $100,000;

(iii) all Contracts relating to Funded Debt and guaranties of any obligation for Funded Debt;

(iv) all Leases with annual lease payments in excess of $200,000;

(v) all Intellectual Property and IT Asset Contracts that are material to the operation of the business of the Target Companies and the their Subsidiaries (other than non-exclusive licenses to "off the shelf" software which require the Target Companies or any of its Subsidiaries to make annual payments of less than $250,000 or non-exclusive licenses to customers in the ordinary course of business);

(vi) all Contracts that (A) limit or purport to limit the Target Companies or any of their Subsidiaries or their Affiliates from (I) freely engaging or competing in any line of business or competing with any Person anywhere in the world (other than customer Contracts and non-disclosure Contracts entered into in the ordinary course of business that contain non-solicitation obligations) or (II) soliciting or hiring any Person (whether for employment, a commercial relationship or otherwise), other than customer Contracts and non-disclosure Contracts entered into in the ordinary course of business that contain non-solicitation obligations, (B) contain exclusivity obligations or similar restrictions binding on and material to any of the Target Companies and their Subsidiaries or their Affiliates, (C) contain any right of first refusal, right of first offer or similar rights or (D) grant a most-favored-nation status or similar pricing provision in favor of any Person other than the Target Companies and their Subsidiaries in a manner that is material to the Target Companies, taken as a whole;

(vii) Contracts relating to any acquisition or disposition of any business, or all or substantially all of the assets or equity interest of any other Person or any material real property (whether by merger, sale of stock, sale of assets or otherwise) entered into at any time during the last five (5) years or otherwise containing ongoing performance or "earn-out" or contingent payment obligations of any of the Target Companies or their Subsidiaries (which, for the avoidance of doubt, shall include amounts to be released out of escrow);

(viii) Contracts that relate to any joint venture, partnership, strategic alliance, limited liability (other than a limited liability company agreement of any of the Target Companies' wholly owned Subsidiaries) or other similar Contracts or arrangements relating to the formation, creation, operation, management or control of any joint venture or partnership;

(ix) all Contracts involving any resolution or settlement of any litigation or other governmental proceeding involving the Target Companies or their Subsidiaries with any outstanding obligation or liability (excluding releases in favor of the Target Companies or their Subsidiaries and excluding all confidentiality obligations);

(x) Contracts requiring any capital commitment or capital expenditure (or series of capital expenditures) by any of the Target Companies or any of their Subsidiaries in an amount in excess of $200,000 on an annual basis or $500,000 in the aggregate;

(xi) any Related Party Arrangement;

(xii) all Contracts evidencing any obligations of the Target Companies or their Subsidiaries with respect to the issuance, sale, transfer, repurchase or redemption of any equity interest of any of the Target Companies or any of their Subsidiaries;

(xiii) all Contracts (other than purchase orders providing for sales of products or services in the ordinary course of business) with any Material Customer or Material Supplier; and

(xiv) all Contracts with or for any Governmental Authority.

(b) The Target Companies have made available to the Buyer Parties true and correct copies of all written Material Contracts. Neither the Target Companies nor their Subsidiaries, nor, to the Knowledge of the Target Companies, any other party to any Material Contract, are in breach of, or in default or violations under, any Material Contract and no event has occurred that with or without notice or lapse of time, or both would constitute such a breach, default or violation, except where such breach, default or violation would not, individually or in the aggregate, have a Material Adverse Effect. None of the Target Companies nor any of their Subsidiaries has received notice of (i) a breach, default or violation on the part of such Target Company or Subsidiary of a Target Company or (ii) the existence of any event or condition which constitutes, or, with or without notice or lapse of time or both, will constitute, a breach, default or

violation on the part of such Target Company or Subsidiary of a Target Company under any Material Contract, except, in case, where such breach, default or violation would not, individually or in the aggregate, have a Material Adverse Effect. Except as set forth on Section 4.20(b) of the Disclosure Schedule, to the Knowledge of the Target Companies, each Material Contract is valid, binding and in full force and effect, except for such failures to be valid, binding or in full force and effect that would not reasonably be expected to result in a Material Adverse Effect.

(c) None of the Target Companies or any of their respective Subsidiaries are party to, bound by or currently performing any Contracts with or for any Governmental Authority that are set aside for small businesses. Each of the Target Companies and each of the Target Companies' Subsidiaries is, and has been for the past six (6) years, in compliance with all of its obligations, representations, and certifications under all Contracts to which it is a party or by which it is bound that is with or for any Governmental Authority.

4.21. Intellectual Property.

(a) Section 4.21(a) of the Disclosure Schedule contains a list of all of the issued or registered Intellectual Property and all applications therefor owned by the Target Companies and the Subsidiaries used in the conduct of the Target Companies or any of their Subsidiaries' respective businesses, as currently conducted. Except as set forth in Section 4.21(b) of the Disclosure Schedule or as would not reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect, (a) the Target Companies or their Subsidiaries exclusively own, free and clear of all Liens other than Permitted Liens, all of their material proprietary Intellectual Property and possess all right, title and interest in and to, or possess the valid and enforceable right to use, all other Intellectual Property and applications therefor used in the operation of the businesses of the Target Companies or their Subsidiaries as currently conducted, (b) during the three (3) year period prior to the date of this Agreement, neither the Target Companies nor any of their Subsidiaries has received any written notices of infringement or misappropriation from any third party with respect to the Target Companies' or any of their Subsidiary's use of any Intellectual Property, (c) to the Knowledge of the Target Companies, no third party is materially infringing or misappropriating any registered Intellectual Property owned by the Target Companies or any Subsidiary of the Target Companies and (d) to the Knowledge of the Target Companies, none of the Intellectual Property or products or conduct of the business of the Target Companies or any Subsidiary of the Target Companies as currently conducted materially infringes upon any other Person's Intellectual Property.

(b) Except as set forth in Section 4.21(b) of the Disclosure Schedule or as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect: (i) all Persons who invented or created material Intellectual Property for the Target Companies or their Subsidiaries have assigned in writing to such entities all of their rights in same; (ii) the Target Companies and their Subsidiaries have not distributed, conveyed or made available to others any proprietary software that is subject to any "open source" or similar license that requires the availability or licensing of source code in such circumstances; and (iii) no Persons, other than employees or service providers who are providing services to the Target Companies and their Subsidiaries subject to reasonable confidentiality arrangements, have the current or contingent right to access any material proprietary source code of such entities.

(c) Except as set forth in Section 4.21(c) of the Disclosure Schedule or as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect: (i) the Target Companies and their Subsidiaries take all reasonable actions to protect the integrity, security, redundancy and continuous operation of the IT Assets used in their businesses (and all information, including personal or personally identifiable information, stored therein or processed thereby), and there have been no breaches, outages, violations, interruptions or unauthorized use of or access to the foregoing; (ii) the above IT Assets are sufficient to operate such businesses, are fully functional and conform with their specifications, and are free of viruses, malware, defects and other contaminants or corruptants; and (iii) the Target Companies and their Subsidiaries comply in all material respects with all Laws, binding industry standards and their own posted or public policies relating to privacy, personal information and data security.

4.22. Customers and Suppliers.

(a) Section 4.22(a) of the Disclosure Schedule lists each of the ten (10) largest third-party suppliers (by dollar volume) of the Target Companies and their Subsidiaries, taken as a whole during fiscal year 2020 (each, a "Material Supplier") and the aggregate dollar value of purchases from each Material Supplier during such period.

(b) Section 4.22(b) of the Disclosure Schedule lists each of the ten (10) largest third-party customers (by dollar value) of the Target Companies and their Subsidiaries, taken as a whole, during fiscal year 2020 (each, a "Material Customer") and the aggregate dollar value of sales to each Material Customer during such period.

(c) Except as set forth on Section 4.22(c) of the Disclosure Schedule, during the twelve (12) month period prior to the date hereof, (i) neither the Target Companies nor any of their Subsidiaries have received any written or verbal notice from any Material Supplier or Material Customer stating that such customer or supplier (A) will, or intends to, cease to use or supply products or services to the Target Companies or any of their Subsidiaries or vary its relationship with the Target Company or any of their Subsidiaries in any manner adverse to the Target Companies and their Subsidiaries, or (B) will, or intends to, materially reduce its use or supply of products or services to the Target Companies or their Subsidiaries taken as a whole and (ii) no Material Supplier or Material Customer has ceased to use or supply, or materially reduced its use or supply, of products or services to the Target Companies or any of their Subsidiaries.

4.23. No Brokers. Except for UBS Securities LLC, no broker, finder or similar intermediary has acted for or on behalf of the Target Companies or their Subsidiaries in connection with this Agreement or the transactions contemplated hereby, and no broker, finder, agent or similar intermediary is entitled to any brokerage commissions, finders' fees or similar compensation in connection with the transactions contemplated by this Agreement based on any arrangement or agreement made by or on behalf of the Target Companies or for which the Target Companies or their Subsidiaries may otherwise be liable. A true and correct copy of the Contract setting forth all arrangements and obligations with UBS Securities LLC (other than the fee amounts set forth therein, which have been redacted) has been made available to the Buyer Parties.

4.24. Regulatory Matters.

(a) Except as would not, individually or in the aggregate, reasonably be expected to result in a Material Adverse Effect, none of the Target Companies, their Subsidiaries, or any of their respective officers, directors or employees, or, to the knowledge of the Target Companies, any of their respective agents or suppliers, are excluded, debarred or suspended, or have been threatened in writing with exclusion, debarment or suspension by any Governmental Authority, including exclusion, debarment or suspension from participation in governmental healthcare programs such as Medicare or Medicaid.

(b) None of the Target Companies, their Subsidiaries, or any of their respective officers, directors or employees, has (i) made any untrue statement of material fact or fraudulent statement to any Governmental Authority, (ii) failed to disclose a material fact required to be disclosed to any Governmental Authority or (iii) committed an act, made a statement, or failed to make a statement that would reasonably be expected to provide a basis for the FDA or any other Governmental Authority to invoke its policy in respect of "Fraud, Untrue Statements of Material Facts, Bribery, and Illegal Gratuities," as set forth in 56 Fed. Reg. 46191 (September 10, 1991).

(c) Each of the Target Companies, their Subsidiaries, and their respective officers, directors or employees, has, in the past five (5) years, been in material compliance with all applicable federal and state Laws and regulations relating to or regulating political contributions made by Persons that have or are trying to obtain Contracts with any Governmental Authority (collectively, "Pay to Play Laws") and during the past five (5) years have made all disclosures required by applicable Pay to Play Laws.

4.25. No Other Representations and Warranties. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS ARTICLE IV OR SECTION 3.02, AS APPLICABLE, (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT, NONE OF THE TARGET COMPANIES, THEIR SUBSIDIARIES, THE OWNER PARTIES, NOR ANY OTHER PERSON MAKES ANY REPRESENTATIONS OR WARRANTIES, WRITTEN OR VERBAL, STATUTORY, EXPRESS OR IMPLIED, WITH RESPECT TO THE TARGET COMPANIES, THEIR SUBSIDIARIES, OR THEIR RESPECTIVE BUSINESS, OPERATIONS, ASSETS, EQUITY INTEREST, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS. EXCEPT IN THE CASE OF FRAUD, EACH BUYER PARTY HEREBY EXPRESSLY WAIVES ANY CLAIMS AND CAUSES OF ACTION AND ANY OTHER REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, AT COMMON LAW, BY STATUTE OR OTHERWISE IN EACH CASE RELATING TO THE ACCURACY, COMPLETENESS OR MATERIALITY OF ANY INFORMATION, DATA OR OTHER MATERIALS (WRITTEN OR VERBAL) HERETOFORE FURNISHED TO THE BUYER PARTIES AND THEIR RESPECTIVE REPRESENTATIVES BY OR ON BEHALF OF THE TARGET COMPANIES AND THEIR SUBSIDIARIES OTHER THAN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN SECTION 3.02 OR THIS ARTICLE IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. WITHOUT LIMITING THE FOREGOING, NONE OF THE TARGET COMPANIES, THEIR SUBSIDIARIES, THE OWNER PARTIES, NOR ANY OTHER PERSON IS MAKING ANY REPRESENTATION OR WARRANTY TO THE BUYER

PARTIES WITH RESPECT TO ANY FINANCIAL PROJECTION OR FORECAST RELATING TO THE BUSINESS, OPERATIONS, ASSETS, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS OF THE TARGET COMPANIES OR THEIR SUBSIDIARIES EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS ARTICLE IV OR SECTION 3.02, AS APPLICABLE, (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. EXCEPT IN THE CASE OF FRAUD, NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES, NOR ANY OTHER PERSON WILL HAVE OR BE SUBJECT TO ANY LIABILITY TO THE BUYER PARTIES OR ANY OF ITS AFFILIATES OR EQUITY HOLDERS OR ANY OTHER PERSON RESULTING FROM THE DISTRIBUTION TO THE BUYER PARTIES OR THEIR REPRESENTATIVES, OR THE BUYER PARTIES' OR THEIR REPRESENTATIVE'S USE OF, ANY SUCH PROJECTION OR FORECAST AND ANY INFORMATION, DOCUMENT OR MATERIAL MADE AVAILABLE TO THE BUYER PARTIES OR THEIR REPRESENTATIVE'S OR THEIR RESPECTIVE AFFILIATES IN CERTAIN "DATA ROOMS," MANAGEMENT PRESENTATIONS OR ANY OTHER FORM IN EXPECTATION OF THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT.

ARTICLE V
PRE-CLOSING COVENANTS

The Parties agree as follows with respect to the period between the execution of this Agreement and the Closing:

5.01. Further Assurances; Closing Conditions. Prior to Closing, the Parties shall, as promptly as practicable, (a) execute and deliver, or cause to be executed and delivered, such additional instruments and other documents and shall take such further actions as may be reasonably requested by the other Parties as necessary or appropriate to effectuate, carry out and comply with all of the terms of this Agreement and the transactions contemplated hereby and (b) use their reasonable best efforts to cause the conditions set forth in Article VIII and Article IX to be satisfied and to consummate the transactions contemplated herein; provided, that, notwithstanding anything to the contrary in this Agreement, none of the Owner Parties, the Target Companies, the Subsidiaries of the Target Companies or the Representative shall be required to expend any funds to obtain any third party consents.

5.02. Consents and Release of Liens. Without limiting the generality of Section 5.01, prior to Closing, (a) the Target Companies will take any and all actions necessary or advisable (which shall include the payment of a consent or similar fee) to obtain the third-party consents set forth on Schedule 5.02 and to obtain the release letters required to be delivered by the Target Companies to Parent pursuant to Section 8.07(e)(ii), and (b) the Buyer Parties will cooperate in all reasonable respects with the Target Companies and use reasonable best efforts to assist the Target Companies in obtaining all such consents.

5.03. Regulatory Filings.

(a) Each of the Buyer Parties, the Sellers, and the Target Companies shall use all reasonable best efforts to, as promptly as practicable (i) obtain from any Governmental Authority

any consent, approval, authorization, declaration, waiver, franchise, Permit, certificate or order required to be obtained by the Buyer Parties, the Sellers, or the Target Companies in connection with the authorization, execution and delivery of this Agreement and the consummation of the transactions contemplated herein, (ii) make all necessary filings, and thereafter make any other required submissions, with respect to this Agreement required under any applicable Law, including the Hart-Scott-Rodino Act and any other Antitrust Laws, FDA registrations and listings, Drug Enforcement Agency licenses, and state third-party logistics, wholesale distribution and controlled substance licenses and (iii) take any action necessary to avoid any action or proceeding by any Governmental Authority related to this Agreement or the transactions contemplated hereby. The Buyer Parties, the Sellers, and the Target Companies shall cooperate with each other in connection with the making of all such filings and submissions and the taking of such other actions, including by providing copies of all non-proprietary documents to the non-filing Party and its advisors prior to filing and, if requested, to accept all reasonable additions, deletions or changes suggested in connection therewith. The Buyer Parties, the Sellers, and the Target Companies shall promptly furnish to each other all information required for any application or other filing to be made by the other pursuant to any applicable Law in connection with the transactions contemplated by this Agreement. The Buyer Parties, the Sellers and the Target Companies agree to make, and to cause their Subsidiaries to make, any necessary filings under the Hart-Scott-Rodino Act and any other Antitrust Laws no later than ten (10) Business Days after execution of this Agreement, which filings shall include a request for early termination of the applicable waiting period, if applicable, under such other Antitrust Laws. The Buyer Parties, the Sellers and the Target Companies agree to submit, or cause their Subsidiaries to submit, to the applicable state Governmental Authorities the necessary state third-party logistics, wholesale distribution and controlled substance licenses no later than ten (10) Business Days after execution of this Agreement. The Buyer Parties will not, and will not permit their Subsidiaries to, consent or agree to any voluntary delay of the consummation of the transactions contemplated by this Agreement without the prior written consent of the Representative, which consent shall not be unreasonably withheld. The Buyer Parties shall be responsible for the payment of all filing fees under the Hart-Scott-Rodino Act and any other Antitrust Laws.

(b) The Buyer Parties shall, and shall cause its Subsidiaries to, comply as promptly as practicable with any request under the Hart-Scott-Rodino Act to provide information, documents or other materials requested by any Governmental Authority with respect thereto. The Buyer Parties shall, and shall cause its Subsidiaries to use reasonable best efforts to, (x) take all actions necessary to obtain early termination or expiration of the applicable waiting period under such Antitrust Laws as promptly as practicable or otherwise bring about, as promptly as practicable, the expiration or termination of the waiting period under the Hart-Scott-Rodino Act, without challenge by any Governmental Authority (collectively, the "Antitrust Conditions") (including divesting or holding separate assets or voting securities, terminating or modifying existing relationships or contractual rights, or entering into a consent decree requiring the divestiture or holding separate of assets or voting securities or the termination or modification of existing relationships and contractual rights), (y) resolve as soon as practicable objections, if any, asserted by any such Governmental Authority with respect to this Agreement or the transactions contemplated by this Agreement under any such Antitrust Laws, in each case to enable the transaction to be completed by the End Date. Further, each party shall coordinate and cooperate with the other party in connection with their respective efforts to obtain all requisite clearances and approvals under the Hart-Scott-Rodino Act and to otherwise satisfy the Antitrust Conditions,

including (A) cooperating in all respects with each other in connection with any investigation or other inquiry, (B) keeping each party promptly informed of any material communication received by the other party or any of its Subsidiaries from any Governmental Authority, including the Federal Trade Commission or U.S. Department of Justice or similar foreign Governmental Authority, regarding any of the transactions contemplated hereby, (C) providing each party with a reasonable opportunity to (1) review all proposed communications by the other party with any Governmental Authority, (2) consult with the other party prior to any meeting or conference with any Governmental Authority, and (3) to the extent permitted by such Governmental Authority, permitting the other party to attend and participate in such meetings or conferences, and (D) providing such other information and assistance as the other party may reasonably request in connection with the foregoing.

(c) Other than as set forth in Section 5.03(d), the Parties' obligations in this Section 5.03 are cumulative, and a Party's obligations in any specific clause of this Section 5.03 shall not be interpreted to limit in any way the Parties' obligations in any other clause.

(d) Notwithstanding anything in this Section 5.03 or any other provision of this Agreement, nothing in this Agreement (including this Section 5.03) will require the Buyer Parties or any of its Affiliates to take or commit to take any action, including any action contemplated by Section 5.03(b), (1) unless such action is conditioned on the occurrence of the Closing or is only effective after the Closing or (2) with respect to any of the Buyer Parties' Affiliates (including Blackstone Inc. ("Blackstone") and any investment funds or investment vehicles Affiliated with, or managed or advised by Affiliates of, Blackstone or any portfolio company (as such term is commonly understood in the private equity industry) or investment of Blackstone or of any such investment fund or investment vehicle); or any interest therein, other than with respect to the Target Companies. Further, in no event shall the Sellers or the Target Companies propose, negotiate, effect or agree to any action, including any action contemplated by Section 5.03(b), without the prior written consent of Parent.

5.04. Conduct of the Business.

(a) From the date hereof until the Closing Date, except as set forth on Schedule 5.04(a) and except as otherwise expressly required by this Agreement, pursuant to the Reorganization, required by Law or consented to in writing by Parent (which consent will not be unreasonably withheld, delayed or conditioned), the Target Companies and their Subsidiaries shall each (i) use its commercially reasonable efforts to carry on its business in the ordinary course of business and substantially in the same manner as previously conducted, except any action reasonably taken in response to COVID-19 (including to comply with Laws resulting from or relating to COVID-19) shall not result in a violation of this clause (i), and (ii) not take any action that would result in a violation of Section 4.09 of this Agreement; provided, however, that, notwithstanding the foregoing clause (i) or (ii), the Target Companies and their Subsidiaries may use all available cash to repay any Funded Debt and Transaction Expenses prior to the Closing.

(b) Notwithstanding anything to the contrary in this Agreement, between the Measurement Time and the Closing, none of the Target Companies or their Subsidiaries shall take any action (or omit to take any action) with the purpose of modifying the Cash Amount or Working Capital (in each case as if such amounts were measured as of immediately prior to the Closing

rather than as of the Measurement Time) in order to increase the Cash Payment payable to Representative (or Sellers).

(c) Nothing in this Section 5.04 is intended to result in the Sellers, the Target Companies, or the Subsidiaries of the Target Companies ceding control to the Buyer Parties of the Target Companies' or the Subsidiaries of the Target Companies' basic ordinary course of business and commercial decisions prior to the Closing Date.

5.05. Access to Information. From the date hereof until the Closing Date, the Target Companies shall provide the Buyer Parties and their authorized agents and representatives reasonable access at reasonable times during normal business hours, and upon reasonable notice, to the executive officers, properties and books and records of the Target Companies and their Subsidiaries; provided that (a) such access shall be coordinated on reasonable advance notice, (b) such access shall be subject to the reasonable security measures and insurance requirements of each Target Company and their Subsidiaries and shall not unreasonably interfere with the operations of any Target Company or any Subsidiary of the Target Companies, (c) except for communications unrelated to the transactions contemplated by this Agreement or for general market diligence, which market diligence shall not reference the identities of the Buyer Parties or their Affiliates or solely the Target Companies or their Affiliates to the exclusion of other businesses in the applicable market, the Buyer Parties and their authorized agents and representatives shall not contact or otherwise communicate with the customers or suppliers of the Target Companies or their Subsidiaries unless, in each instance, approved in writing in advance by the Target Companies or the Representative and (d) nothing herein shall require the Sellers or the Target Companies to furnish to the Buyer Parties or provide the Buyer Parties with access to information that legal counsel for the Sellers or the Target Companies reasonably conclude may give rise to antitrust or competition Law issues or that is subject to attorney-client privilege; provided, that the Sellers and the Target Companies will reasonably cooperate with the Buyer Parties to attempt to find a way to allow disclosure of such information to the extent doing so would not (in the reasonable judgment of the Sellers and the Target Companies after consultation with counsel) reasonably be likely to violate any Law or result in the loss of any attorney-client privilege.

5.06. Exclusivity. During the period from the date hereof through the Closing Date or the earlier termination of this Agreement pursuant to Section 12.01, the Owner Parties and the Target Companies shall not, and shall direct their respective Affiliates, directors, officers, employees, investment bankers and other representatives not to, (a) solicit, initiate or knowingly encourage the initiation of any Acquisition Proposal or (b) participate in any discussions or negotiations with any third party regarding, or furnish to any third party any information in connection with, any Acquisition Proposal. In furtherance of the foregoing, promptly after the execution of this Agreement, the Target Companies shall request that each Person that received confidential information (other than the Buyer Parties and their representatives) in connection with any Acquisition Proposal return or destroy such information in accordance with the confidentiality agreement entered into by such Person.

5.07. Confidentiality Agreement. The Parties acknowledge and agree that as of the date hereof, and continuing through the Closing Date, the Parties and each of their respective Affiliates, employees and advisors are and remain bound to the confidentiality agreement executed on June

25, 2021 by the Parties (or on their behalf) (the "Confidentiality Agreement"); provided, further, that the Confidentiality Agreement is hereby amended to permit any investor, potential investor, funding source or insurer to be a "Representative" of a party or a party's Affiliates (without any further action or consent on the part of any Person).

5.08. Financing.

(a) Buyer acknowledges that it shall be fully responsible for obtaining the Equity Financing and shall take (or cause to be taken) all actions, and do (or cause to be done) all things, necessary, proper or advisable to obtain the Equity Financing, including taking all actions necessary to (i) maintain in effect the Equity Commitment Letter in accordance with the terms thereof, (ii) satisfy on a timely basis all conditions in such Equity Commitment Letter, (iii) consummate the Equity Financing at or prior to the Closing and (iv) fully enforce its rights under the Equity Commitment Letter. Prior to the Closing, Buyer shall not agree to, or permit, any amendment or modification of, or waiver under, the Equity Commitment Letter without the prior written consent of the Owner Parties.

(b) Buyer acknowledges and agrees that the obtaining of the Financing is not a condition to the Closing, and reaffirms its obligations under this Section 5.08.

5.09. Assistance with Financing.

(a) The Target Companies agree (and shall cause their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, legal counsel, agents and other representatives) to use best efforts to take, or cause to be taken, all actions and to do, or cause to be done, all things necessary, proper or advisable and cooperate with the Buyer Parties in respect of all cooperation reasonably requested by any of the Buyer Parties and/or the Debt Financing Sources to the extent customary in connection with the arrangement of any potential debt financing for the transactions contemplated hereby that may be sought by the Buyer Parties or their Affiliates, including any potential debt financing of Debt Merger Sub (the "Debt Financing"), including (i) having senior management assist in preparation for and participation in a reasonable number of lender marketing meetings and calls and a reasonable number of other due diligence sessions with prospective lenders and ratings agencies in each case in connection with obtaining the Debt Financing, (ii) assisting with the preparation of customary materials for rating agency presentations, bank information memoranda, lender presentations, and similar documents in connection with the Debt Financing, including execution and delivery of customary representation and authorization letters in connection with bank information memoranda (authorizing the distribution of information to prospective lenders or investors and containing customary representations, including with respect to the presence or absence of material nonpublic information about the Target Companies and their Subsidiaries and regarding the accuracy of the information provided by, or with respect to, the Target Companies and their Subsidiaries), (iii) furnishing the Buyer Parties and the Debt Financing Sources as promptly as reasonably practicable with financial and other pertinent information regarding the Target Companies and their Subsidiaries as may be reasonably requested by the Buyer Parties to the extent available and customarily included in a bank information memorandum or lender presentation in connection with the arrangement of financings similar to the Debt Financing, including (x) the unaudited consolidated balance sheets of the Target Companies and their Subsidiaries as of the end of, and

the related consolidated statements of income and cash flows of the Target Companies and their Subsidiaries for, any fiscal quarter occurring after September 30, 2021 and ending forty-five (45) days prior to the Closing Date, (y) the audited consolidated balance sheets of the Target Companies and their Subsidiaries as of the end of, and the related consolidated statements of income and cash flows of the Target Companies and their Subsidiaries for the fiscal year ending December 31, 2021 if ending ninety (90) days prior to the Closing Date and (z) financial information necessary for the Buyer Parties to prepare a pro forma balance sheet and related pro forma statement of income for Target Companies as of and for the twelve (12)-month period ending on the last day of the most recently completed four-fiscal quarter period ended prior to the Closing; provided, that the such information shall not include, and the Buyer Parties shall be responsible for, any post-Closing or pro forma cost savings, synergies, capitalization, ownership, or other post-Closing pro forma adjustments desired to be incorporated into any information used in connection with the Debt Financing, (iv) providing such corporate resolutions, certificates and other documents (which may state that they are conditioned on the occurrence of the Closing) and customary corporate authorizations as may be reasonably requested by the Buyer Parties in connection with the Debt Financing (including a certificate of the chief financial officer of the Target Companies with respect to solvency matters as of the Closing on a pro forma basis), (v) obtaining such consents, approvals and authorizations which may be reasonably requested by the Buyer Parties in connection with the Debt Financing and collateral arrangements in connection therewith solely to the extent such consents, approvals or authorizations are conditions to the closing of the Debt Financing, (vi) providing pertinent and customary information regarding the Target Companies and their Subsidiaries, including information required under "know your customer", anti-money laundering rules and beneficial ownership rules and regulations, and other pertinent financial information and (vii) assisting in making arrangements for the pledge and perfection of liens (including the release, identification, grant or perfection of any liens on the assets of the Target Companies and any of their Subsidiary) and the providing of guarantees supporting the Debt Financing that are required for closing under the Debt Financing; provided, that, in each case of the foregoing clauses, (A) neither the Target Companies, nor any of their Subsidiaries nor any of their respective officers, directors, managers, employees, accountants, consultants, legal counsel, agents and other representatives shall be required to pay (or agree to pay) any commitment or other fee, provide any indemnities or incur any liability or enter into any agreement in connection with the Debt Financing (other than agreements entered into and liability incurred by the Target Companies and their Subsidiaries that only become effective upon the consummation of the Closing), (B) no personal liability shall be imposed on the officers, directors, managers, employees, accountants, consultants, legal counsel, agents or other representatives of the Target Companies or any of their Subsidiaries involved, and (C) the Target Company and their Subsidiaries and their respective officers and employees shall not be required to take any action that would unreasonably interfere with the operation of the business of the Target Companies and their Subsidiaries. The Target Companies and their Subsidiaries hereby consent to the use of their logos solely in connection with the Debt Financing.

(b) The Buyer Parties shall promptly, upon request by the Target Companies, reimburse the Target Companies, their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives for all reasonable out-of-pocket and documented costs and expenses incurred by them in connection with the cooperation of the Target Companies, their Subsidiaries, and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives contemplated by

this Section 5.09. The Buyer Parties shall indemnify, defend, and hold harmless the Target Companies, their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives from and against any and all damages, liabilities, claims, actions or other actual losses arising in whole or in part out of actions or omissions undertaken by the Target Companies, their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives pursuant to this Section 5.09; provided, that the Buyer Parties shall not have any obligation to indemnify and hold harmless any such party to the extent that any such damages, liabilities, claims, actions or other actual losses suffered or incurred arose from (A) information provided by the Target Companies, their Subsidiaries or their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives; or (B) the gross negligence, bad faith or willful misconduct by any of the Target Companies, their Subsidiaries or their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives.

5.10. Termination of Affiliate Agreements. Except as set forth on Schedule 5.10, the Owner Parties and the Target Companies shall, prior to the Closing, terminate or settle in full (without any payments by any Buyer Party or any Target Company or any of its Subsidiaries) all Related Party Arrangements, pursuant to documentation that is reasonably acceptable to Buyer such that as of the Closing, all such contracts, transactions, or other obligations or liabilities shall be of no further force or effect and without any liability to any Buyer Party or any Target Company or any of its Subsidiaries notwithstanding any terms thereof to the contrary.

ARTICLE VI
POST-CLOSING COVENANTS

The Parties agree as follows with respect to the period following the Closing:

6.01. Further Assurances. From and after the Closing, upon the reasonable request of the other Party and at such requesting Party's expense, each of the Buyer Parties, the Target Companies, the Owner Parties and the Representative shall execute, acknowledge and deliver, or cause to be executed, acknowledged and delivered, all such further documents and instruments and shall take, or cause to be taken, all such further actions as the requesting Party may reasonably deem necessary or desirable to evidence and effectuate the transactions contemplated by this Agreement.

6.02. Director and Officer Liability and Indemnification.

(a) For a period of six (6) years after the Closing, Parent shall not, and shall not permit the Target Companies or any of their Subsidiaries to, amend, repeal or modify any provision in the Target Companies' or any of their Subsidiaries' organizational documents relating to the exculpation or indemnification of any officers, directors or managers (unless required by Law), it being the intent of the Parties that the officers, directors and managers of the Target Companies and their Subsidiaries shall continue to be entitled to such exculpation and indemnification to the full extent of the Law (it being expressly agreed that the officers, directors and managers to whom this Section 6.02 applies shall be third party beneficiaries of this Section 6.02, each of whom may enforce the provisions of this Section 6.02). Parent shall pay all reasonable costs and expenses,

including attorney's fees that may be incurred by any such officer, director or manager in enforcing this Section 6.02.

(b) Parent shall, or shall cause the Target Companies and their Subsidiaries, as applicable, to, at Parent's expense, at the Closing obtain and fully pay for, and following the Closing, maintain in effect, a director and officer liability run-off policy, providing coverage for a coverage period of at least six (6) years from the Closing Date to the individuals who were officers, directors or managers of the Target Companies or their Subsidiaries prior to Closing, comparable to the coverage provided as of the date hereof under the policy or policies maintained by the Target Companies or their Subsidiaries, as applicable, for the benefit of such individuals; provided that Parent shall not be required to pay for such "tail" insurance policies an aggregate amount in excess of 250% of the last annual premium paid by the Target Companies for directors' and officer's liability insurance; provided, further, that if the aggregate cost of such "tail" insurance policies would exceed such amount, Parent shall only be required to obtain "tail" insurance policies with the greatest coverage available for a cost not exceeding such amount. Parent will not, and will cause the Target Companies and their Subsidiaries not to, cancel or change such insurance policies in any respect. Parent will make available to the Sellers and any officers, directors or managers covered under such policies, upon request, proof of compliance with this Section 6.02(b).

(c) In the event that all or substantially all of the equity or assets of the Target Companies or their Subsidiaries are sold, or the Target Companies or any of their Subsidiaries merges or otherwise combines with another Person, in each case whether in one transaction or a series of transactions, then Parent will cause the successors and assigns of the Target Companies or their Subsidiaries, as applicable, to assume the obligations set forth in this Section 6.02 (to the extent not assumed by operation of law). The provisions of this Section 6.02(c) will apply to all of the successors and assigns of the Target Companies and their Subsidiaries.

6.03. Access to Books and Records. From and after the Closing, Parent shall, and shall cause the Target Companies and their Subsidiaries to, provide the Owner Parties and its authorized representatives with reasonable access (for the purpose of examining and copying), during normal business hours, to the books and records of the Target Companies and their Subsidiaries with respect to periods prior to the Closing Date to the extent reasonably required for its accounting, Tax or legal defense needs. Nothing herein shall require the Buyer Parties, the Target Companies or their Subsidiaries to furnish to the Owner Parties or its authorized representatives with access to information that legal counsel for Parent or the Target Companies reasonably concludes may give rise to antitrust or competition Law issues or that is subject to attorney-client privilege; provided, that Parent and the Target Companies will reasonably cooperate with the Owner Parties to attempt to find a way to allow disclosure of such information to the extent doing so would not (in the reasonable judgment of Parent and the Target Companies after consultation with counsel) reasonably be likely to violate any Law or result in the loss of any attorney-client privilege. Unless otherwise consented to in writing by the Representative, Parent shall not permit the Target Companies or their Subsidiaries, for a period of seven (7) years following the Closing Date (or for such longer period that may be required under applicable Law), to destroy or otherwise dispose of any books and records of the Target Companies or their Subsidiaries, or any portions thereof, relating to periods prior to the Closing Date without first giving reasonable prior written notice to the Representative (on behalf of the Sellers) and offering to surrender to the Owner Parties such books and records or such portions thereof.

6.04. Employees; Benefits.

(a) Parent shall not, at any time prior to ninety (90) days after the Closing Date, effectuate a "mass layoff" as that term is defined in the WARN Act, affecting in whole or in part any persons who were employed by the Target Companies or any of their Subsidiaries immediately preceding the Closing Date, including those on vacation, leave of absence or disability (the "Company Employees") or any facility, site of employment or operating unit of the Target Companies or any of their Subsidiaries without complying fully with the requirements of the WARN Act.

(b) For all purposes under the employee benefit plans of Parent providing benefits after the Closing Date, each Company Employee shall be credited with his or her years of service with the Target Companies or the applicable Subsidiary of the Target Companies before the Closing Date, to the same extent as such Company Employee was entitled, before the Closing Date, to credit for such service under any similar Plans, except (x) to the extent such credit would result in a duplication of benefits or (y) for benefit accruals under any defined benefit pension plan or for purposes of qualifying for subsidized early retirement benefits. In addition, and without limiting the generality of the foregoing: (i) Parent shall use commercially reasonable efforts to cause each Company Employee to be immediately eligible to participate, without any waiting time, in any and all employee benefit plans sponsored by Parent and its Subsidiaries for the benefit of employees (such plans, collectively, the "New Plans") to the extent coverage under such New Plan replaces coverage under a comparable Plan in which such Company Employee participated immediately before the Closing Date (such Plans, collectively, the "Old Plans"), and (ii) for purposes of each New Plan providing medical, dental, pharmaceutical or vision benefits to any Company Employee, Parent shall use commercially reasonable efforts to cause all pre-existing condition exclusions and actively-at-work requirements of such New Plan to be waived for such Company Employee and his or her covered dependents, and Parent shall use commercially reasonable efforts to cause any eligible expenses incurred by such Company Employee and his or her covered dependents during the portion of the plan year of the Old Plan ending on the date such Company Employee's participation in the corresponding New Plan begins to be taken into account under such New Plan for purposes of satisfying all deductible, coinsurance and maximum out-of-pocket requirements applicable to such Company Employee and his or her covered dependents for the applicable plan year as if such amounts had been paid in accordance with such New Plan.

(c) Before the Closing, the Target Companies shall use commercially reasonable efforts to seek, prior to the initiation of the approval by the stockholders described in the next sentence, from each Person to whom any payment or benefit is required or proposed to be made that could constitute "parachute payments" under Section 280G(b)(2) of the Code, a written agreement waiving such Person's right to receive or retain some or all of such payment or benefit (such amounts, the "Waived Benefits"), to the extent necessary so that all remaining payments and benefits applicable to such Person shall not be deemed a parachute payment, and accepting in substitution for the Waived Benefits, the right to receive the Waived Benefits only if approved by the stockholders in a manner that complies with Section 280G(b)(5) of the Code (the "280G Stockholder Vote"). Before the Closing, with respect to each "disqualified individual" (as defined in Section 280G(c) of the Code) (each, a "Disqualified Individual") from which the Target Companies have obtained any necessary waivers and consents, the Target Companies will take all necessary actions to submit for approval by the members of such Target Companies, in a manner

that satisfies Section 280G(b)(5) of the Code, the right of each such Disqualified Individual to receive or retain, as applicable, that portion of any payments and benefits (whether in cash or property or the vesting of property) that, together with any other payments and benefits the applicable Disqualified Individual may become entitled to receive that may be considered "parachute payments" under Section 280G(b)(2) of the Code ("Section 280G Payments"), exceeds 299% of such Disqualified Individual's "base amount" (as defined in Section 280G(b)(3) of the Code) such that the deduction of such Section 280G Payments will not be limited by the application of Section 280G(a) of the Code. The Target Companies shall make available to the Buyer Parties, prior to submission to the stockholders, copies of all documents prepared by the Target Companies in connection with this Section 6.04(c) for its review and comment and shall consider in good faith any reasonable comments thereon. Prior to the Closing, the Target Companies shall deliver to the Buyer Parties and their counsel evidence that an effective 280G Stockholder Vote was solicited and that either (i) the requisite number of stockholder votes was obtained and the Waived Benefits shall be made or retained or (ii) the requisite number of stockholder votes was not obtained and no Waived Benefits shall be made or retained.

(d) The provisions of this Section 6.04 are solely for the benefit of the Parties and no provision of this Section 6.04, express or implied, is intended or shall be construed to create any third party beneficiary or other rights in any current or former Company Employee (including any dependent or beneficiary thereof) in respect of the terms and conditions of employment with, or any benefits that may be provided by, Parent or any of its Subsidiaries.

6.05. Investment Intent of Buyer. Buyer will refrain from transferring or otherwise disposing of any of the Purchased Securities acquired by it, or any interest therein, in such manner as to violate the Securities Act or any applicable state or foreign securities Law regulating the disposition thereof. Buyer agrees that any certificates representing the Purchased Securities may bear legends to the effect that the Purchased Securities have not been registered under the Securities Act or such other state or foreign securities Laws, and that no interest therein may be transferred or otherwise disposed of in violation of the provisions thereof.

ARTICLE VII
TAX COVENANTS

7.01. Responsibility for Filing Income Tax Returns.

(a) Buyer shall prepare and file or cause to be prepared and filed all Tax Returns for the Target Companies and their Subsidiaries (other than Flow-Through Tax Returns for taxable periods ending on or before the Closing Date) that are filed after the Closing Date. Any such Tax Return described in the preceding sentence that is a Flow-Through Tax Return for any taxable period that includes (but does not end on) the Closing Date (a "Seller Review Return") shall be prepared, and all elections with respect to such Flow-Through Tax Returns shall be made, in a manner consistent with the prior practice of the Target Companies and their Subsidiaries, except as otherwise required by applicable Law. Buyer shall provide the Representative with completed drafts of any Seller Review Returns for Representative's review and comment at least twenty (20) days prior to the due date for filing thereof (or with respect to any such Tax Return that is due within twenty (20) days of Closing, as soon as reasonably practicable), and shall make such revisions to such Tax Returns as are reasonably requested by the Representative.

(b) The Representative shall be responsible for preparing and filing or causing to be prepared and filed, at its sole expense, all Flow-Through Tax Returns for the Target Companies and their Subsidiaries for taxable periods ending on or before the Closing Date that are filed after the Closing Date. The Representative shall provide Buyer with completed drafts of such Flow-Through Tax Returns for Buyer's review, comment at least twenty (20) days prior to the due date for filing thereof (or with respect to any such Tax Return that is due within twenty (20) days of Closing, as soon as reasonably practicable) and no such Tax Return shall be filed without the prior written consent of Buyer (not to be unreasonably withheld, conditioned or delayed).

(c) For the avoidance of doubt, all Transaction Tax Deductions shall be reflected as deductions in a taxable period (or portion thereof) ending on or before the Closing Date (assuming, for this purpose, that the safe harbor election provided for in IRS Revenue Procedure 2011-29 is made with respect to any Transaction Tax Deduction that constitutes a "success-based fee"), in each case, to the maximum extent permitted by applicable Law.

(d) The Target Companies and any applicable Subsidiaries of the Target Companies shall make an election under Section 754 of the Code (and any corresponding state and local elections) for the Tax year that includes the Closing Date.

7.02. Amendments, Elections, Etc. Without the consent of the Representative, which consent shall not be unreasonably withheld, conditioned or delayed, except as otherwise required by applicable Law, none of Buyer or any of its Affiliates shall (or shall cause or permit any other Person to) (a) file any Flow-Through Tax Return of a Target Company or any Subsidiary of a Target Company for a taxable period ending on or before the Closing Date other than in accordance with Section 7.01 or amend, re-file or otherwise modify any Flow-Through Tax Return relating in whole or in part to the Target Companies or any Subsidiary of the Target Companies with respect to any taxable period (or portion thereof) ending on or before the Closing Date, (b) make any Tax election or change any material Tax accounting method of the Target Companies or their Subsidiaries that has retroactive effect to any taxable period (or portion thereof) ending on or before the Closing Date or (c) file any ruling or request for a ruling with any Taxing Authority that relates to Taxes or Tax Returns of the Target Companies or any Subsidiary of the Target Companies for any taxable period (or portion thereof) ending on or before the Closing Date, in each case, (i) with respect to a Flow-Through Tax Return of the Target Companies or any Subsidiary of the Target Companies for a Pre-Closing Tax Period or (ii) to the extent such action would reasonably be expected to result in incremental Tax liability to the Sellers in respect of Covered Taxes for which the Sellers are responsible pursuant to Section 7.07.

7.03. Cooperation on Tax Matters. Buyer shall provide to the Representative, and the Representative shall provide to Buyer, such material documents and other relevant information, without charge (except for out-of-pocket costs in accordance with this Section 7.03) and in a reasonably timely fashion, as each may reasonably request of the other, in connection with the filing of Tax Returns pursuant to Section 7.01(a) and Section 7.01(b) and any audit, litigation or other proceeding with respect to Taxes imposed on the Target Companies or their Subsidiaries. Such cooperation shall include the retention and, upon the other Party's request, the provision of records and information that are reasonably relevant to any such audit, litigation or other proceeding and making employees available on a mutually convenient basis to provide additional information and explanation of any material provided hereunder. Buyer agrees (A) to retain all

books and records with respect to Tax matters pertinent to the Target Companies and their Subsidiaries relating to any taxable period (or portion thereof) ending on or before the Closing Date, and to abide by all record retention arrangements entered into with any Taxing Authority with respect thereto, and (B) to give the Representative reasonable written notice and receive the consent of Representative, which consent shall not be unreasonably withheld, prior to transferring, destroying or discarding any such books and records. The party requesting such cooperation shall bear the reasonable out-of-pocket costs of the other party.

7.04. Transfer Taxes. Buyer will pay, or cause to be paid, one hundred percent (100%) of any stamp tax, real property transfer tax, stock transfer tax, or other similar Tax (collectively, the "Transfer Taxes") imposed on the Target Companies or their Subsidiaries, as a result of the sale of the Sellers' Purchased Securities. The Representative agrees to cooperate with Buyer in the filing of any Tax Returns with respect to Transfer Taxes, including promptly supplying any information in its possession that is reasonably necessary to complete such Tax Returns and the payment of such amounts due under this Section 7.04. The Representative shall be responsible for any Transfer Taxes resulting from the Reorganization.

7.05. Intended Tax Treatment; Allocation of Purchase Price. The Parties agree that for U.S. federal Income Tax purposes, it is intended that (i) Parent shall be treated as a continuation of LSL Holdings (or, if LSL Holdings is treated as a continuation of another LSL Holdco, of such LSL Holdco), (ii) if the acquisition of the Sellers' Purchased Securities is treated in whole or in part as an "assets-over form" merger under Treasury Regulation Section 1.708-1(c)(3), then any such Purchased Securities acquired for cash shall be treated as acquired through a sale of partnership interests for cash in accordance with Treasury Regulation Section 1.708-1(c)(4), and (iii) the sale of the Sellers' Purchased Securities shall be treated as a sale of partnership interests (such treatment, the "Intended Tax Treatment"). The Parties agree that the amounts paid pursuant to Section 1.08 (as adjusted pursuant to Section 1.09 and as increased by the amounts treated as assumed liabilities of the Target Companies and their Subsidiaries for federal Income Tax purposes and other amounts treated as taxable sale consideration for federal Income Tax purposes) shall be allocated among the assets of the Target Companies and their Subsidiaries for purposes of Sections 743, 751, 755 and 1060 of the Code in a manner consistent with the methodology set forth on Schedule 7.05 (the "Purchase Price Allocation Schedule"). Within ninety (90) days after the Closing Statement is finalized pursuant to Section 1.09, the Representative will provide Buyer with a draft allocation prepared in a manner consistent with the methodology set forth on Schedule 7.05 (the "Draft Purchase Price Allocation"). The Draft Purchase Price Allocation will be binding upon Buyer, the Target Companies and their Subsidiaries, and the Representative unless Buyer, within thirty (30) days of delivery of the Draft Purchase Price Allocation to Buyer, provides to the Representative written notice of its objection to the Draft Purchase Price Allocation and the reasons therefor, in which event Buyer and the Representative shall endeavor in good faith to agree upon an allocation schedule. If Buyer and the Representative cannot resolve such objection within thirty (30) days of Buyer's notice of objection, the items in question shall be resolved by the Independent Auditor in accordance with Section 1.09, it being understood that the Independent Auditor is to resolve any such items in question in accordance with the methodology set forth on Schedule 7.05. None of Buyer, the Target Companies or their Subsidiaries, nor the Owner Parties shall take a position for federal and all applicable state Income Tax purposes on any Tax Return, before any Taxing Authority or in any judicial proceeding that is inconsistent with the allocation as finally determined in accordance with this Section 7.05 (the "Final Purchase Price Allocation")

or the Intended Tax Treatment, in each case, unless specifically required pursuant to a determination within the meaning of Section 1313(a) of the Code by an applicable Taxing Authority. If the Final Cash Payment is adjusted pursuant to this Agreement, the Final Purchase Price Allocation shall be adjusted as appropriate and Buyer and the Representative shall cooperate in good faith in making any such adjustments.

7.06. Income Tax Contests.

(a) If Buyer, the Target Companies or any Subsidiary of the Target Companies, the Representative or any Owner Party receives notice of any deficiency, proposed adjustment, assessment, audit, examination, suit, dispute or other claim by a Taxing Authority with respect to Income Taxes of, or attributable to, the Target Companies or any of their Subsidiaries for a Pre-Closing Tax Period or Straddle Period with respect to a Flow-Through Tax Return (an "Income Tax Contest"), such party will notify (within thirty (30) days of the receipt of such notice) the other parties in writing of such Income Tax Contest; provided that failure to timely provide notice will not impact the responsibility of the Sellers or any other Owner Parties for any such Taxes except to the extent such failure actually and materially prejudices the Sellers or Owner Parties.

(b) The Representative shall have the right to control the proceedings in connection with an Income Tax Contest with respect to any taxable period ending on or before the Closing Date (such Income Tax Contest, a "Representative Income Tax Contest") at its sole expense; provided that (i) the Representative shall keep Buyer reasonably informed with respect to the status and progress of such Representative Income Tax Contest, (ii) Buyer may participate in the conduct of such Representative Income Tax Contest at its own expense, and (iii) the Representative may not settle or compromise such Representative Income Tax Contest without the prior written consent of Buyer, which consent shall not be unreasonably withheld or delayed. Buyer shall control any Income Tax Contest for a Straddle Period or which Representative does not timely elect to control (such Income Tax Contest, a "Buyer Income Tax Contest") at its sole expense; provided that (i) Buyer shall keep the Representative reasonably informed with respect to the status and progress of such Buyer Income Tax Contest, (ii) the Representative may participate in the conduct of such Buyer Income Tax Contest at its own expense, and (iii) Buyer may not settle or compromise such Buyer Income Tax Contest without the prior written consent of the Representative, which consent shall not be unreasonably withheld or delayed.

(c) To the maximum extent permitted by Law, the parties hereto agree that the Target Companies and their Subsidiaries, if applicable, shall make a timely election under Section 6226(a) of the Code with respect to any Pre-Closing Tax Period or Straddle Period of the Target Companies and their Subsidiaries, and the Representative and the Owner Parties shall cooperate with respect to the foregoing.

7.07. Covered Taxes.

(a) Indemnification for Covered Taxes. Each Seller shall jointly and severally indemnify, defend and hold harmless each of Parent, Buyer, the Target Companies, their Subsidiaries and their Affiliates (each hereinafter referred to individually as an "Indemnified Party" and collectively as the "Indemnified Parties") from and against any and all liabilities, losses, damages, claims, interest, awards, judgments, Taxes, penalties, costs, and expenses (including

reasonable legal, accounting and other professional fees and expenses and other out-of-pocket expenses incurred in investigating, preparing or defending any of the foregoing) (collectively, "Losses") incurred by the Indemnified Parties, directly or indirectly, arising out of, relating to or resulting from the Covered Taxes (including any Covered Taxes required to be paid to a Governmental Authority in connection with the final settlement of a VDA and any reasonable out-of-pocket costs incurred in connection with such VDA). The obligations of the Sellers pursuant to this Section 7.07 shall survive until the date that is thirty (30) days following the expiration of the statute of limitations for any Covered Taxes.

(b) VDA Process. Notwithstanding anything to the contrary in this Agreement, Buyer may, in its sole discretion, cause the Target Companies or their Subsidiaries to initiate, pursue or enter into any voluntary disclosure programs, voluntary compliance programs, or other similar programs or agreements with the relevant Governmental Authority (a "VDA") with respect to Covered Taxes and the Representative will cooperate with any reasonable request of Buyer in connection with the foregoing; provided that (i) prior to initiating any VDA with respect to Covered Taxes, Buyer will consult with the Representative and shall consider in good faith the Representative's comments regarding the decision to initiate a VDA, and (ii) if any such VDA is initiated with respect to Covered Taxes, the Representative may participate in such VDA process at its own expense.

(c) Covered Tax Claims. If, following the Closing, Buyer, the Target Companies or any Subsidiary of the Target Companies receives notice from a Governmental Authority that it is initiating an audit or litigation in respect of Covered Taxes for which the Sellers are responsible pursuant to this Agreement (a "Covered Tax Claim"), then Buyer shall, within thirty (30) days after receipt of such notice, give written notice to the Representative of such Covered Tax Claim; provided, however, that no delay on the part of Buyer in notifying the Representative will relieve any Seller from any obligation under this Section 7.07 except to the extent such failure actually and materially prejudices the Seller or Owner Parties. The Buyer shall control the defense of any Covered Tax Claim; provided that (i) Representative may participate in the conduct of such Covered Tax Claim at its own expense, and (ii) the Buyer may not settle or compromise such Covered Tax Claim without the prior written consent of the Representative, which consent shall not be unreasonably withheld or delayed.

ARTICLE VIII
CONDITIONS TO THE OBLIGATIONS OF THE BUYER PARTIES

The obligations of the Buyer Parties to consummate the Closing and the other transactions contemplated hereby shall be subject to the satisfaction of the following conditions, any or all of which may be waived in whole or in part by the Buyer Parties:

8.01. Accuracy of Representations and Warranties. Except for those representations and warranties that address matters only as of a particular date (which need only be true and correct in all material respects as of such date), (a) the representations and warranties set forth in Section 4.09(b) shall be true and correct in all respects as of the date hereof and as of the Closing Date, (b) the representations and warranties of the Owner Parties set forth in Section 3.02 and the representations and warranties of the Target Companies set forth in Section 4.01, Section 4.02, Section 4.03, Section 4.04, Section 4.05, Section 4.06 and Section 4.23 shall be true and correct in

all respects other than *de minimis* errors as of the date hereof and as of the Closing Date and (c) all other representations and warranties of the Target Companies set forth in Article IV (without giving effect to any "materiality" or "Material Adverse Effect" qualifier) shall be true and correct in all respects as of the date hereof and as of the Closing Date except, in the case of this clause (c), as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

8.02. Compliance with Obligations. The Target Companies and the Owner Parties shall have performed in all material respects all of their respective obligations and covenants required to be performed under this Agreement at or prior to the Closing.

8.03. No Adverse Ruling. No Governmental Authority shall have enacted, promulgated, issued, entered or enforced any injunction, judgment, order or ruling enjoining, restraining or prohibiting the performance of this Agreement or the consummation of any of the transactions contemplated by this Agreement.

8.04. Termination of HSR Waiting Period. The waiting period under the Hart-Scott-Rodino Act shall have expired or been terminated.

8.05. No Material Adverse Effect. Since the date of this Agreement, there has been no Material Adverse Effect.

8.06. State Licenses. All applicable license applications to the state agencies set forth on Schedule 4.06(d) shall have been submitted and all consents and approvals of the applicable state Governmental Authority necessary for the continued operation of the businesses of the Target Companies and their Subsidiaries in the applicable state jurisdiction relating thereto, or a written statement from the applicable state Governmental Authority thereof that such consent and approval is not necessary for continued operation of the businesses of the Target Companies and their Subsidiaries following the Closing, shall have been obtained, as reasonably determined by Parent.

8.07. Representative Deliveries. The Representative shall have delivered to the Buyer Parties each of the following:

(a) a certificate from each Target Company dated as of the Closing Date, stating that the preconditions specified in Sections 8.01, 8.02, and 8.03 have been satisfied;

(b) (A) an IRS Form W-9 from each Seller, (B) a certificate from each Target Company in compliance with Treasury Regulations Section 1.1445-11T(d)(2)(i) certifying that the transactions contemplated by this Agreement are exempt from withholding under of Section 1445 of the Code and (C) an IRS Form W-9 or applicable IRS Form W-8 from each payee of Transaction Expenses;

(c) a certificate of good standing of each Target Company from the State of formation of such Target Company, dated within ten (10) days of the Closing Date;

(d) copies of the resolutions or written consent duly adopted by the governing body of each Target Company authorizing the execution, delivery and performance of this Agreement

and the other agreements contemplated hereby, and the consummation of all transactions contemplated hereby and thereby;

(e) (i) payoff and release letters from the holders of the Funded Debt listed on Schedule 8.07(e) that (A) reflect the amounts required in order to pay in full all such Funded Debt outstanding as of the Closing and (B) provide that, upon payment in full of the amounts indicated, all Liens with respect to the assets of each Target Company and their Subsidiaries shall be terminated and of no further force and effect, and (ii) release letters from the holders of any Funded Debt that is not listed on Schedule 8.07(e) or any other Person that has a Lien granted in their favor with respect to any of the assets of the Target Companies and their Subsidiaries, including the Liens set forth on Schedule 5.02, which release letters shall provide that all such Liens shall be terminated and of no further force and effect;

(f) resignations, effective as of the Closing, of each officer or manager of the Target Companies and their Subsidiaries, as applicable, listed on Schedule 8.07(f);

(g) copies of the Owner No Claims Declarations, which shall have also been provided to the insurer(s) of the R&W Insurance Policy; and

(h) a copy of the Escrow Agreement, duly executed by the Representative (on behalf of the Sellers).

8.08. Third Party Consents. All of the consents, approvals or authorizations set forth on Section 8.08 of the Disclosure Schedule shall have been obtained.

If the Closing occurs, all closing conditions set forth in this Article VIII that have not been fully satisfied as of the Closing shall be deemed to have been fully waived by the Buyer Parties.

ARTICLE IX
CONDITIONS TO THE OBLIGATIONS OF THE OWNER PARTIES

The obligations of the Target Companies and the Owner Parties to complete the transactions contemplated hereby shall be subject to the satisfaction of the following conditions, any or all of which may be waived in whole or in part by the Representative (on behalf of the Sellers):

9.01. Accuracy of Representations and Warranties. Except for those representations and warranties that address matters only as of a particular date (which need only be true and correct in all material respects as of such date), the representations and warranties of the Buyer Parties set forth in Section 3.01 (without giving effect to any "materiality" or "Buyer Material Adverse Effect" qualifier) shall be true and correct in all respects as of the date hereof and as of the Closing Date except as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Buyer Material Adverse Effect.

9.02. Compliance with Obligations. The Buyer Parties shall have performed in all material respects all of its obligations and covenants required to be performed under this Agreement at or prior to the Closing.

9.03. No Adverse Ruling. No Governmental Authority shall have enacted, promulgated, issued, entered or enforced any injunction, judgment, order or ruling enjoining, restraining or prohibiting the performance of this Agreement or the consummation of any of the transactions contemplated by this Agreement.

9.04. Termination of Hart-Scott-Rodino Act Waiting Period. The waiting period under the Hart-Scott-Rodino Act shall have expired or been terminated.

9.05. Buyer Deliveries. The Buyer Parties shall have delivered to the Representative each of the following:

(a) the payments referred to in Section 1.08(a) by wire transfer of immediately available funds;

(b) a certificate of Buyer dated as of the Closing Date in the form attached hereto as Exhibit C, stating that the preconditions specified in Sections 9.01 and 9.02 have been satisfied; and

(c) a copy of the Escrow Agreement, duly executed by Buyer and the Escrow Agent.

If the Closing occurs, all closing conditions set forth in this Article IX that have not been fully satisfied as of the Closing shall be deemed to have been fully waived by the Representative and the Sellers.

ARTICLE X
NON-SURVIVAL OF REPRESENTATIONS; WARRANTIES AND COVENANTS

10.01. Non-Survival of Representations, Warranties and Covenants. The Parties, intending to modify any applicable statute of limitations, agree that the representations and warranties of the Target Companies and the Owner Parties contained in this Agreement and any agreement or certificate delivered pursuant hereto and the covenants and agreements of the Target Companies and the Owner Parties contained in this Agreement to be performed at or prior to the Closing Date shall all terminate at, and not survive, the Closing such that no claim or claim of liability in respect of any such representation, warranty, covenant or agreement (whether in contract or under any other legal theory and regardless of the type of claim) may be brought by any party or their respective Affiliates after the Closing. Except in the case of fraud, no claim for breach of any such representation, warranty, covenant or agreement, detrimental reliance or other right or remedy (whether in contract, in tort or at law or in equity) may be brought after the Closing with respect thereto against the Owner Parties, the Target Companies, the Representative or any of their Affiliates, and there will be no liability in respect thereof, whether such liability has accrued prior to or after the Closing, on the part of the Owner Parties, the Target Companies, the Representative or any of their Affiliates. All covenants and agreements contained in this Agreement that contemplate performance thereof following the Closing will survive the Closing in accordance with their terms. Notwithstanding anything to the contrary herein, the obligations of the Sellers in respect of Covered Taxes shall survive in accordance with Section 7.07.

10.02. R&W Insurance Policy.

(a) Notwithstanding the foregoing, the Parties hereby acknowledge and agree that Parent may, at its sole cost, obtain an insurance policy in respect of, among other things, inaccuracies or breaches of the representations and warranties made in Section 3.02 and Article IV (the "Insured Representations" and such insurance policy, the "R&W Insurance Policy"). The parties intend for the R&W Insurance Policy to be the sole and exclusive remedy in respect of any losses incurred by Parent, the Target Companies, and each of their respective Subsidiaries, Affiliates, equity holders, directors, managers, officers, representatives, successors and assigns arising out of inaccuracies or breaches of the Insured Representations and that neither the Owner Parties nor any of its Affiliates shall have any liability whatsoever in respect of any such inaccuracies or breaches (or any losses or liabilities resulting therefrom). Such R&W Insurance Policy shall expressly exclude rights of subrogation against the Owner Parties and their Affiliates except in the case of fraud. Notwithstanding anything in this Agreement to the contrary, the rights of the Representative and the Sellers with respect to any claim or proceeding pursuant to this Agreement shall be subject to any rights of the insurer with respect to such claim or proceeding pursuant to the R&W Insurance Policy, unless the Sellers agree that the Sellers will be fully liable for any Losses resulting from such claim or proceeding.

(b) The Owner Parties shall, and shall cause their respective Affiliates to, reasonably cooperate and assist Parent in obtaining the R&W Insurance Policy, including through the delivery to the insurers of a customary no claims declaration as of the date on which the R&W Insurance Policy is bound and as of the Closing Date (collectively, the "Owner No Claims Declarations").

ARTICLE XI
DEFINITIONS

11.01. Defined Terms. As used herein, the following terms shall have the following meanings:

"280G Stockholder Vote" has the meaning set forth in Section 6.04(c).

"Accounting Principles" means the principles set forth on Schedule 1.06.

"Acquisition Proposal" means any inquiry, proposal or offer from any Person (other than the Buyer Parties) relating to any (a) direct or indirect acquisition (whether in a single transaction or a series of related transactions) of assets of the Target Companies or any of their Subsidiaries (excluding sales of assets in the ordinary course of business) equal to ten (10%) or more of the value of the assets of the Target Companies and their Subsidiaries or to which ten percent (10%) or more of the revenues or earnings of the Target Companies and their Subsidiaries are attributable, (b) tender offer for, or direct or indirect acquisition (whether in a single transaction or a series of related transactions) of, ten percent (10%) or more of the equity securities of the Target Companies and their Subsidiaries, or (c) merger, consolidation, share exchange, business combination, recapitalization, liquidation, dissolution or similar transaction involving the Target Companies and their Subsidiaries or involving the assets of the Target Companies and their Subsidiaries with a value set forth in clause (a) of this definition, in each case, other than the transactions contemplated by this Agreement.

"Acquired EBITDA" means, with respect to an Earnout Period, an amount equal to the sum of the net income (adjusted to exclude the items set forth in clauses (a)-(f) of the definition of "Actual EBITDA") attributable to assets or equity interests in Persons other than the Target Companies and their respective Subsidiaries, in each case, acquired by the Target Companies and their respective Subsidiaries after the date of this Agreement but prior to the end of such Earnout Period, for the 365-day period ending on the date of the closing of the applicable acquisition.

"Actual EBITDA" means, with respect to an Earnout Period, an amount equal to the net income of the Target Companies and their respective Subsidiaries on a consolidated basis for such Earnout Period as reflected on the consolidated statement of income (loss) included in the Audited Financials of the Target Companies and their Subsidiaries for such Earnout Period, but adjusted to exclude: (a) interest expense, (b) Taxes based on the Target Companies' and their Subsidiaries' net income, (c) depreciation and amortization, (d) gains, incomes, or losses resulting from the sale of assets other than in the ordinary course of business consistent with past practice; (e) the impact of purchase accounting for the acquisition (or proposed acquisition) of the stock or assets of any other entity (or a division or segment of that entity) occurring after the date of this Agreement, including the transactions contemplated by this Agreement and (f) all one time or non-recurring revenues and expenses associated with federal or state government contracts (including, for the avoidance of doubt, set up related revenue and expenses).

"Affiliate" of any particular Person means any other Person controlling, controlled by or under common control with such particular Person. For the purposes of this definition, "control" means the possession, directly or indirectly, of the power to direct the management and policies of a Person whether through the ownership of voting securities, contract or otherwise.

"Agreement" has the meaning set forth in the Preamble.

"Antitrust Conditions" has the meaning set forth in Section 5.03(b).

"Antitrust Laws" means the Sherman Act of 1980, as amended, the Clayton Act of 1914, as amended, the Hart-Scott-Rodino Act, the Federal Trade Commission Act of 1914, as amended, and all other federal, state, multinational or non-U.S. Laws, Orders, and administrative or judicial doctrines that are designed or intended to prohibit, restrict, or regulate actions having the purpose or effect of monopolization or restraint of trade or lessening competition through merger or acquisition.

"Anti-Corruption Laws" means the United States Foreign Corrupt Practices Act of 1977, as amended, and any other anti-corruption or anti-bribery laws applicable to the Target Companies and their Subsidiaries from time to time.

"Authorized Action" has the meaning set forth in Section 13.17(c).

"Bankruptcy and Equity Exceptions" has the meaning set forth in Section 3.01(c).

"Base Purchase Price" means the sum of the LSL Holdings Base Purchase Price and the LSL NY Base Purchase Price.

"Business Day" means any day, excluding Saturday, Sunday and any other day on which commercial banks in New York, New York are authorized or required by law or executive order to close.

"Buyer" has the meaning set forth in the Preamble.

"Buyer Financing Party" means, collectively, (i) any past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any of the Buyer Parties and (ii) any past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any of the foregoing.

"Buyer Income Tax Contest" has the meaning set forth in Section 7.06.

"Buyer Parties" has the meaning set forth in the Preamble.

"Buyer Material Adverse Effect" means a material adverse effect on the ability of the Buyer Parties to consummate the transactions contemplated by this Agreement and perform all of its obligations hereunder.

"Cash Amount" means, with respect to any Person as of Measurement Time, (a) the sum of all cash and cash equivalents of such Person, reduced by (b) outstanding checks written or wire transfers or drafts issued, in each case, on an account of such Person but not yet cleared (but only to the extent not included as a current liability in the calculation of Working Capital) and increased by (c) deposits made in an account of such Person but not yet cleared (but only to the extent not included as a current asset in the calculation of Working Capital), minus any Restricted Cash (to the extent otherwise included in the Cash Amount), in each case, as of the Measurement Time.

"Cash Payment" means, collectively, the LSL Holdings Cash Payment and the LSL NY Cash Payment.

"Certificate of Merger" has the meaning set forth in Section 1.02(b)

"Closing" has the meaning set forth in Section 2.01.

"Closing Date" has the meaning set forth in Section 2.01.

"Closing Statement" has the meaning set forth in Section 1.09.

"Code" means the Internal Revenue Code of 1986, as amended.

"Commitment Letters" has the meaning set forth in Section 3.01(f)(i).

"Company Employees" has the meaning set forth in Section 6.04(a).

"Confidentiality Agreement" has the meaning set forth in Section 5.07.

"Consulting Agreement" means the consulting agreement by and between Parent (or Parent's designee) and Steve Solomon, in a form reasonably acceptable to Parent and effective upon the Closing.

"Contract" means any contract, subcontract, purchase order, take order, call, agreement, arrangement, lease, license, note, indenture, pledge, mortgage, undertaking, understanding or other legally binding agreement or commitment pursuant to which the applicable Person is a party or by which the applicable Person or of its properties, rights or assets is bound.

"Covered Taxes" means any U.S. federal, state, or local sales or use Taxes of the Target Companies and their Subsidiaries for any Pre-Closing Tax Period (or any portion thereof).

"COVID-19" means the Coronavirus Disease 2019 (COVID-19) or any similar or related disease caused by the SARS-CoV-2 virus.

"COVID-19 Relief Laws" means any Laws, programs, executive orders, executive memos or similar schemes which are designed to address the impact of COVID-19 (whether coming into force before or after the date hereof), including the Coronavirus Aid, Relief, and Economic Security Act of 2020 (H.R. 748), as amended, the Consolidated Appropriations Act, 2021, the American Rescue Plan Act of 2021, Section 13(3) of the Federal Reserve Act, the Memorandum on Deferring Payroll Tax Obligations in Light of the Ongoing Covid 19 Disaster, dated August 8, 2020, and IRS Notice 2020 65, the Health and Economic Recovery Omnibus Emergency Solutions Act and the Health, Economic Assistance, Liability Protection, and Schools Act.

"Debt Financing" has the meaning set forth in Section 5.09.

"Debt Financing Sources" means the Persons that have committed to provide or arrange or have otherwise entered into agreements in connection with the Debt Financing or other financings in connection with the transactions contemplated hereby, including the parties to any related joinder agreements, credit agreements or other definitive agreements relating thereto and their respective successors and assigns, together with their respective Affiliates, and their (and their respective Affiliates') representatives and agents and their respective successors and assigns.

"Debt Merger" has the meaning set forth in Section 1.02(a).

"Debt Merger Closing" has the meaning set forth in Section 1.03.

"Debt Merger Effective Time" has the meaning set forth in Section 1.02(b)

"Debt Merger Sub" has the meaning set forth in the Preamble.

"Delaware LLC Act" means the Delaware Limited Liability Company Act.

"Designated Courts" has the meaning set forth in Section 13.09(a).

"Designated Parties" has the meaning set forth in Section 13.07(a).

"Disclosure Schedule" means the disclosure schedule delivered by the Owner Parties and the Target Companies to the Buyer Parties on the date hereof regarding certain exceptions to the representations and warranties in Section 3.02 and Article IV hereof.

"Disqualified Individual" has the meaning set forth in Section 6.04(c).

"Dissolution" has the meaning set forth in the Recitals.

"Distribution" has the meaning set forth in Section 1.04.

"Distribution Amount" has the meaning set forth in Section 1.04.

"Draft Purchase Price Allocation" has the meaning set forth in Section 7.05.

"Earnout Amount" means each of the First Earnout Amount and the Second Earnout Amount.

"Earnout Milestone" means each of the First Earnout Milestone and the Second Earnout Milestone.

"Earnout Period" means a fiscal year that ends both (a) on or after the Closing Date and (b) on or prior to the Parent Exit Date.

"End Date" has the meaning set forth in Section 12.01(b).

"Environmental Laws" means all Laws concerning pollution or protection of the environment, or human health and safety (with respect to exposure to hazardous, harmful, or deleterious materials, substances or wastes), including all those relating to the presence, use, production, generation, handling, transportation, treatment, storage, disposal, distribution, labeling, testing, processing, discharge, release, control, or cleanup of, or exposure to, any hazardous, harmful or deleterious materials, substances or wastes.

"Equity Commitment Letter" has the meaning set forth in Section 3.01(f)(i).

"Equity Financing" has the meaning set forth in Section 3.01(f)(i).

"Equity Financing Commitment" has the meaning set forth in Section 3.01(f)(i).

"Equity Investor" has the meaning set forth in Section 3.01(f)(i).

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended.

"Escrow Agent" means Citibank, N.A.

"Escrow Agreement" means an escrow agreement with the Escrow Agent, Buyer and the Representative in the form and with such terms and subject to such conditions as are reasonably acceptable to Buyer and the Representative.

"Escrow Amount" means an amount equal to $10,000,000.

"Estimated Cash Payment" means, collectively, the Estimated LSL Holdings Cash Payment and the Estimated LSL NY Cash Payment.

"Estimated Closing Statement" has the meaning set forth in Section 1.07.

"Estimated LSL Holdings Cash Payment" means an amount equal to (a) the Estimated LSL Holdings Purchase Price less (b) the aggregate Rolled Value (as defined in the applicable Rollover Contribution Agreement) for all Rollover Investors under all of the Rollover Contribution Agreements.

"Estimated LSL Holdings Purchase Price" means, the amount equal to (a) the LSL Holdings Base Purchase Price, minus (b) the Distribution Amount, if any, plus (c) (i) the Representative's good faith estimate of the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) multiplied by (ii) the LSL Holdings Percentage, minus (d) (i) the Representative's good faith estimate of all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL Holdings Percentage, minus (e) (i) the Representative's good faith estimate of the Transaction Expenses Amount multiplied by (ii) the LSL Holdings Percentage, minus (f) (i) the Escrow Amount multiplied by (ii) the LSL Holdings Percentage, minus (g) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL Holdings Percentage minus (h) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage plus (j) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage.

"Estimated LSL NY Cash Payment" means, the amount equal to (a) the LSL NY Base Purchase Price, plus (b) (i) the Representative's good faith estimate of the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) multiplied by (ii) the LSL NY Percentage, minus (c) (i) the Representative's good faith estimate of all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL NY Percentage, minus (d) the (i) Representative's good faith estimate of the Transaction Expenses Amount multiplied by (ii) the LSL NY Percentage, minus (e) (i) the Escrow Amount multiplied by (ii) the LSL NY Percentage, minus (f) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL NY Percentage minus (g) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage plus (h) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage.

"Estimated Purchase Price" means, the amount equal to (a) the LSL Holdings Base Purchase Price, plus (b) the LSL NY Base Purchase Price plus (c) the Representative's good faith estimate of the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis), minus (d) the Representative's good faith estimate of all Funded Debt of the Target

Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing, minus (e) the Representative's good faith estimate of the Transaction Expenses Amount, minus (f) the Escrow Amount multiplied by (ii) the LSL Holdings Percentage, minus (g) (i) the amount of the Representative Expense Fund minus (h) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, plus (j) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any.

"Excess Amount" has the meaning set forth in Section 1.08(b)(iii).

"Export Control Laws" means all Laws, regulations, and restrictive measures relating to the import, export, re-export, transfer of information, data, goods, and technology (including the Export Administration Regulations administered by the U.S. Department of Commerce, the International Traffic in Arms Regulations administered by the U.S. Department of State, and customs and import Laws administered by the U.S. Customs and Border Protection).

"Final Cash Payment" has the meaning set forth in Section 1.09.

"Final Purchase Price Allocation" has the meaning set forth in Section 7.05.

"Financial Statements" has the meaning set forth in Section 4.07.

"Financing" has the meaning set forth in Section 3.01(f)(i).

"Financing Commitments" has the meaning set forth in Section 3.01(f)(i).

"First Earnout Milestone" means the first Earnout Period for which the Actual EBITDA with respect to such Earnout Period exceeds the First Target EBITDA.

"First Earnout Amount" means $100,000,000.

"First Target EBITDA" means (a) $125,000,000 plus (b) with respect to an Earnout Period, the Acquired EBITDA for such Earnout Period.

"Flow-Through Tax Return" means any U.S. federal, state, or local Income Tax Returns that reports income of the Target Companies or any of their Subsidiaries that is required to be reported on a Tax Return of the direct or indirect beneficial owners of the Target Companies and with respect to which such direct or indirect beneficial owners are required to pay the related Tax (including, for the avoidance of doubt, IRS Form 1065 and any similar state or local Tax form).

"FDA" means the United States Food and Drug Administration.

"Funded Debt" means, with respect to any Person and without duplication, the sum of (a) all obligations of such Person for indebtedness for borrowed money, (b) all obligations of the such Person as lessee or lessees under leases that are capital leases as determined under GAAP, (c) all obligations of such Person under notes, bonds, debentures or other similar instruments or debt securities, (d) all payment obligations under any interest rate swap agreements, interest rate hedge

agreements or any other arrangements designed to provide protection against fluctuations in interest or currency rates to which such Person is a party (in each case, calculated at the termination value as if terminated at or immediately prior to the Closing; provided, if the termination value for any given instrument would otherwise reduce the value of "Funded Debt", such termination value shall be deemed to be zero), (e) obligations of such Person under any performance bond or letter of credit, but only to the extent drawn or called, (f) amounts owing as deferred purchase price of property or services with respect to which such Person is liable (other than ordinary course trade payables and ordinary course capital expenditures), including earn-outs, holdbacks, purchase price adjustments or other similar obligations (calculated as the full amount of possible payment outstanding), (g) all accrued payment obligations in respect of contributions, including employer matching contributions, if any, of the Target Companies or their Subsidiaries under defined contribution retirement plans, including Section 401(k) plans, (h) all obligations of the Target Companies or their Subsidiaries in respect of deferred compensation, post-retirement welfare benefits and unfunded or underfunded pensions or pension-like liabilities, (i) all obligations of the Target Companies or their Subsidiaries in respect of accrued paid time off, accrued bonuses, accrued commissions, or accrued severance or termination payments payable to any current or former employee, officer, director or individual independent contractor of the Target Companies or their Subsidiaries, including the employer portion of any payroll or other similar Taxes and tax "gross-up" payments, if any, due or payable as a result of or in connection therewith, (j) deferred Payroll Taxes of such Person pursuant to COVID-19 Relief Laws, (k) unpaid Income Tax liabilities of such Person for any Pre-Closing Tax Period (provided that such amounts shall (A) not be an amount less than zero, and (B) be calculated taking into account all Transaction Tax Deductions that are deductible in the Pre-Closing Tax Period and other Tax assets, in each case, that are available to offset such Income Taxes in such jurisdiction as a matter of applicable Law), (l) deferred revenue, (m) deferred rent (calculated as the aggregate amount by which rent expense incurred in accordance with GAAP has exceeded cash rent), (n) cash received in connection with tenant improvements for which the associated outstanding liability has not yet been paid, (o) cash due from the holders of equity interests in the Target Companies and their Subsidiaries (other than other Target Companies or other Subsidiaries thereof), (p) liabilities or other obligations relating to pending litigation or other proceedings, (q) all guaranties, direct or indirect, by such Person of all or any part of any indebtedness, liability or obligation of any other Person of a type described in one or more of the foregoing clauses (a) through (p), and (r) any unpaid principal, accrued but unpaid interest, premiums, related expenses, prepayment penalties, commitment and other fees, reimbursements, indemnities and all other amounts payable in connection with respect to the indebtedness and obligations referred to in the foregoing clauses (a) through (q), assuming the repayment in full of such indebtedness or obligation at the Closing (regardless of whether actually repaid); provided that Funded Debt shall exclude the indebtedness, liabilities and obligations set forth on Section 11.01(a) of the Disclosure Schedule. For the avoidance of doubt, Funded Debt shall not include any amounts included in the calculation of Transaction Expenses or Working Capital.

"Funded Debt Repayment Amount" has the meaning set forth in Section 1.03.

"GAAP" means United States generally accepted accounting principles as in effect (a) with respect to the Financial Statements and other financial information covering periods ending on or after the Closing Date, as of the date of this Agreement, and (b) with respect to the Financial

Statements and other financial information covering periods prior to the Closing Date, as of such applicable time.

"Governmental Authority" means any foreign, federal, state, provincial or local governmental or regulatory commission, board, bureau, agency, official, organization, department, instrumentality, regulatory or administrative body or other entity and any court, arbitrator, or other tribunal.

"Guarantor" has the meaning set forth in Section 3.01(f)(iv).

"Guaranty" has the meaning set forth in Section 3.01(f)(iv).

"Hart-Scott-Rodino Act" means the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended and the rules and regulations promulgated thereunder, and any successor to such statute, rules or regulations.

"Hazardous Materials" means any substance, material or waste defined as "hazardous," "toxic," "radioactive," a "contaminant," a "pollutant" or words of similar meaning under any Environmental Law or that is regulated pursuant to any Environmental Law due to its actual or suspected hazardous or dangerous or other harmful properties or characteristics, including any petroleum or petroleum product, asbestos or asbestos containing material, radon, toxic mold, polychlorinated biphenyls, per- and polyfluoroalkyl substances and 1,4-dioxane.

"Income Taxes" means United States federal income Tax and any United States state or local or non-U.S. net income Tax or any franchise or business profits Tax incurred in lieu of a Tax on net income.

"Income Tax Contest" has the meaning set forth in Section 7.06.

"Income Tax Return" means a Tax Return with respect to Income Taxes.

"Independent Auditor" has the meaning set forth in Section 1.09.

"Initial Contributions" has the meaning set forth in the Recitals.

"Insurance Policies" has the meaning set forth in Section 4.17.

"Insured Representations" has the meaning set forth in Section 10.02.

"Intellectual Property" means all worldwide intellectual property rights, including copyrights, patents, trademarks, trade names, trade dress, logos, product designations, service marks, domain names and other source indicators (and all associated goodwill and common-law rights), trade secrets, know-how, proprietary data, methods and processes and all applications (pending or in process) and registrations for any of the foregoing.

"Interim Financial Statements" has the meaning set forth in Section 4.07.

"IPO Corporation" means (a) Parent, (b) any successor to Parent or any surviving entity resulting from a merger, conversion, reorganization, consolidation or transfer, redomestication, redomiciliation or other movement of Parent or any successor thereof to another jurisdiction or any similar transaction involving Parent or any Subsidiary of Parent, (c) a holding company that is initially a Subsidiary of Parent whose securities are subsequently distributed to the members of Parent (including in exchange of Parent Units held by Parent's members), (d) a parent holding company that would control Parent following a Public Offering with continuing members having the right to exchange their Parent Units for cash or equity interests in such parent holding company or (e) such other suitable vehicle as determined by the board of directors or members of Parent for purposes of effecting a Public Offering.

"IRS" means the United States Internal Revenue Service.

"IT Assets" means all hardware, software, code, databases, networks, systems, websites, applications and other information technology assets and equipment.

"Knowledge" when used to qualify any representation or warranty, means that the Target Companies have no actual knowledge that such representation or warranty is not true and correct to the same extent as provided in the applicable representation or warranty. For the purpose of this definition, the "actual knowledge" of the Target Companies means the actual knowledge (after due and reasonable inquiry) of Steve Solomon, Richard Beeny, Max Kamhi, David Helffrich, Randy McCollom and Paul Hayward.

"Latest Balance Sheet" has the meaning set forth on Section 4.07.

"Law" means any order, constitution, law (including common law), ordinance, rule, regulation, statute or treaty or other pronouncement or legal requirement having the effect of law of any Governmental Authority.

"Leased Real Property" has the meaning set forth in Section 4.12(b).

"Leases" has the meaning set forth in Section 4.12(b).

"Lien" means any lien, charge, mortgage, pledge, claim or other legal or equitable encumbrance, adverse ownership interest, encumbrance, deed of trust, security interest or any other restriction on transfer (other than restrictions on transfer generally arising under federal and state securities Laws).

"Losses" has the meaning set forth in Section 7.07(a).

"LSL" has the meaning set forth in the Preamble.

"LSL LLC" has the meaning set forth in the Recitals.

"LSL California" has the meaning set forth in the Recitals.

"LSL Connecticut" has the meaning set forth in the Recitals.

"LSL Florida" has the meaning set forth in the Recitals.

"LSL GP" has the meaning set forth in the Recitals.

"LSL Healthcare" has the meaning set forth in the Preamble.

"LSL Healthcare Companies" has the meaning set forth in the Recitals.

"LSL Healthcare Contribution" has the meaning set forth in the Recitals.

"LSL Holdcos" has the meaning set forth in the Preamble.

"LSL Holdings" has the meaning set forth in the Preamble.

"LSL Holdings Units" has the meaning set forth in Section 1.02(c)(iii)

"LSL Holdings Base Purchase Price" means $615,500,000.

"LSL Holdings Cash Payment" means an amount equal to (a) the LSL Holdings Purchase Price less (b) the aggregate Rolled Value (as defined in the applicable Rollover Contribution Agreement) for all Rollover Investors under all of the Rollover Contribution Agreements.

"LSL Holdings Percentage" means the quotient of the LSL Holdings Base Purchase Price divided by the Base Purchase Price.

"LSL Holdings Purchase Price" means the amount equal to (a) LSL Holdings Base Purchase Price, minus (b) the Distribution Amount, if any, plus (c) (i) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) multiplied by (ii) the LSL Holdings Percentage, minus (d) (i) all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL Holdings Percentage, minus (e) (i) the Transaction Expenses Amount multiplied by (ii) the LSL Holdings Percentage, minus (f) (i) the Escrow Amount multiplied by (ii) the LSL Holdings Percentage, minus (g) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL Holdings Percentage minus (h) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage plus (j) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage.

"LSL Holdings Purchased Securities" has the meaning set forth in the Recitals.

"LSL Holdings Securities" has the meaning set forth in the Recitals.

"LSL NY" has the meaning set forth in the Preamble.

"LSL NY Base Purchase Price" means $12,000,000.

"LSL NY Cash Payment" means the amount equal to (a) LSL NY Base Purchase Price, plus (b) (i) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated

basis) multiplied by (ii) the LSL NY Percentage, minus (c) (i) all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL NY Percentage, minus (d) (i) the Transaction Expenses Amount multiplied by (ii) the LSL NY Percentage, minus (e) (i) the Escrow Amount multiplied by (ii) the LSL NY Percentage, minus (f) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL NY Percentage, minus (g) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage, plus (h) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage.

"LSL NY Percentage" means the quotient of the LSL NY Base Purchase Price divided by the Base Purchase Price.

"LSL NY Securities" has the meaning set forth in the Recitals.

"LSL NY Sellers" means the Owner Holdcos designated as "LSL NY Sellers" on Schedule 1-B hereto.

"LSL Opcos" has the meaning set forth in Section 4.07.

"LSL Rollover Aggregator" has the meaning set forth in the Recitals.

"LSL Seller" has the meaning set forth in the Preamble.

"LSL South Carolina" has the meaning set forth in the Recitals.

"LSL Technology" has the meaning set forth in the Preamble.

"LSL Technology Contribution" has the meaning set forth in the Recitals.

"LSL Texas" has the meaning set forth in the Recitals.

"Material Adverse Effect" means any change, effect, event, occurrence, circumstance, state of facts or development (each, an "Effect"), which, individually or in the aggregate with any other Effects, (a) prevents, materially delays or impairs, or would reasonably be expected to prevent, materially delay or impair, the ability of any Seller or any Target Company to perform its respective obligations under this Agreement or consummate the transactions contemplated by this Agreement or (b) has, or would reasonably be expected to have, a material adverse effect on the results of operations or condition (financial or otherwise) of the Target Companies and their Subsidiaries, taken as a whole, provided, that any Effect to the extent attributable to the following, either alone or in combination, shall not constitute, and shall not be taken into account in determining whether there has been or will be, a Material Adverse Effect for purposes of the foregoing clause (b): (i) the execution, delivery, announcement or pendency of this Agreement or the transactions contemplated by this Agreement; (ii) business or political conditions or conditions generally affecting the industry or segments therein in which the Target Companies and their Subsidiaries participate, the U.S. economy as a whole or the capital, credit or financial markets in general or the markets in which the Target Companies and their Subsidiaries operate; (iii) the

taking of any action expressly required by this Agreement or expressly consented to by Parent in writing; (iv) any change after the date hereof in accounting rules (including GAAP) requirements, standards or principles or any change after the date hereof in applicable Laws or the interpretation thereof by a Governmental Authority; (v) actions required to be taken under applicable Laws (including in compliance with Laws resulting from or relating to COVID-19 or other disease, virus or outbreak); (vi) any acts of war (whether or not declared), armed hostilities, sabotage or terrorism, insurrection, riots, civil disobedience, military actions or the continuation, escalation or worsening of any of the foregoing, whether or not threatened, occurring or commenced as of the date of this Agreement; (vii) any earthquakes, hurricanes, tornados, wildfires, floods or other natural disasters, epidemics, pandemics, disease outbreaks (including COVID-19 or other disease, virus or outbreak) or public health emergencies, acts of God or force majeure events, or the continuation, escalation or worsening of any of the foregoing, whether or not threatened, occurring or commenced before or after the date of this Agreement; (viii) the failure by the Target Companies or their Subsidiaries to meet any projection, estimate or budget for any period prior to, on or after the date of this Agreement (but excluding herefrom any Effect underlying such failure to the extent such Effect would otherwise constitute a Material Adverse Effect); provided, that in the case of the foregoing clauses (ii), (iv), (v), (vi) and (vii), if such Effect disproportionately affects the Target Companies and their Subsidiaries as compared to other Persons or businesses that operate in the industry in which the Target Companies and their Subsidiaries operate, then the disproportionate aspect of such effect may be taken into account in determining whether a Material Adverse Effect has occurred or will occur.

"Material Contracts" has the meaning set forth in Section 4.20(a).

"Material Customer" has the meaning set forth in Section 4.22(b).

"Material Supplier" has the meaning set forth in Section 4.22(a).

"Measurement Time" means 11:59 p.m. on the day immediately preceding the Closing Date.

"New Plans" has the meaning set forth in Section 6.04(b).

"Objection Disputes" has the meaning set forth in Section 1.09.

"Objection Statement" has the meaning set forth in Section 1.09.

"Old Plans" has the meaning set forth in Section 6.04(b).

"Owner" or "Owners" has the meaning set forth in the Preamble.

"Owner Holdco" or "Owner Holdcos" has the meaning set forth in the Preamble.

"Owner Parties" means the Owners, the Owner Holdcos and the Sellers.

"Parent" has the meaning set forth in the Preamble.

"Parent Equityholder" means each of the Equity Investors.

"Parent Exit Date" means the earlier of (a) the first date occurring after the Closing Date on which the Parent Equityholders collectively own, directly or indirectly, fifty percent (50%) or less of the then-outstanding Parent Units and (b) the date on which a Public Offering is first consummated.

"Parent Exit Event" means the consummation or, if earlier, the execution of a definitive agreement with respect to, a transaction that results in a Parent Exit Date.

"Party" or "Parties" has the meaning set forth in the Preamble.

"Payroll Taxes" mean all employer-side payroll Taxes, including social security, Medicare and unemployment Taxes, national insurance contributions and all similar Taxes, contributions or obligations, whether or not deferred or deferrable.

"Permits" has the meaning set forth in Section 4.18.

"Permitted Liens" means (a) statutory liens for current Taxes, assessments or other governmental charges not yet due and payable or the amount or validity of which is being contested in good faith by appropriate proceedings by the Target Companies and their Subsidiaries and for which appropriate reserves have been established by the appropriate Target Company or Subsidiary in accordance with GAAP; (b) mechanics', carriers', workers', repairers' and similar statutory liens arising or incurred in the ordinary course of business which are not yet due and payable; (c) zoning, entitlement, building and other land use regulations imposed by any Governmental Authority having jurisdiction over Leased Real Property which are not violated in any material respect by the current use, occupation, or operation of the Leased Real Property; (d) covenants, conditions, restrictions, easements and other similar matters of record affecting title to the Leased Real Property which do not materially impair the occupancy or use of the Leased Real Property for the purposes for which it is currently used or proposed to be used in connection with the business of the Target Companies and their Subsidiaries; and (e) other Liens arising in the ordinary course of business and not incurred in connection with the borrowing of money.

"Person" means an individual, partnership, corporation, limited liability company, business trust, joint stock corporation, estate, trust, unincorporated association, joint venture, Governmental Authority or other entity, of whatever nature.

"PWHC Holdings Contribution" has the meaning set forth in the Recitals.

"Plans" has the meaning set forth in Section 4.15(a).

"Post-Closing Tax Period" means any taxable period beginning after the Closing Date and, with respect to any Straddle Period, the portion of such Straddle Period beginning after the Closing Date.

"Pre-Closing Tax Period" means any taxable period ending on or before the Closing Date and, with respect to any Straddle Period, the portion of such Straddle Period through the end of the Closing Date.

"Pro Rata Percentage" means with respect to each Seller, the percentage set forth opposite

such Sellers' name on Schedule 1.08, as updated through the Closing, or such other percentage as may be determined by the Representative from time to time.

"Public Offering" means (a) a sale of Parent Units or any other equity securities in an IPO Corporation to the public in an underwritten offering pursuant to an effective registration statement filed with the Securities and Exchange Commission pursuant to the Securities Act (provided that, subject to clause (b), a Public Offering shall not include an offering made in connection with a business acquisition or combination or an employee benefit plan) or (b) an offering or issuance of equity securities by a special purpose acquisition company (a "SPAC") in a transaction or series of transactions in which (x) such equity securities are or will become listed on a national securities exchange and (y) Parent or any other IPO Corporation (or any of Parent's or such other IPO Corporation's Subsidiaries) would become a Subsidiary or Affiliate of or merge with such SPAC.

"Purchase Price Allocation Schedule" has the meaning set forth in Section 7.05.

"Purchased Securities" has the meaning set forth in the Recitals.

"R&W Insurance Policy" has the meaning set forth in Section 10.02.

"Reorganization" has the meaning set forth in the Recitals.

"Representative" has the meaning set forth in the Preamble.

"Representative Expense Fund" means $250,000.

"Representative Expenses" has the meaning set forth in Section 13.17(f).

"Representative Income Tax Contest" has the meaning set forth in Section 7.06.

"Restricted Cash" means, with respect to any Person, (a) any insurance proceeds or indemnification payments received by such Person with respect to any casualty loss or otherwise in respect of liabilities that have not been discharged prior to the Closing, (b) cash deposits, cash held in escrow accounts, cash held as collateral for outstanding letters of credit and any other restricted cash of such Person and (c) Taxes, fees, expenses and any other costs associated with repatriating any cash or cash equivalents of such Person held outside of the United States into the United States.

"Restrictions" means any restriction on the exercise of any rights related to the Purchased Securities, including proxies, voting agreements, transfer restrictions, agreements to sell or purchase and similar items, but excluding restrictions on transfer generally arising under federal and state securities Laws.

"Retention and Transition Agreement" means the retention and transition agreement by and between Parent (or Parent's designee) and Richard Beeny, in a form reasonably acceptable to Parent and effective upon the Closing.

"Rollover Closing" has the meaning set forth in the Recitals.

"Rollover Contribution" has the meaning set forth in the Recitals.

"Rollover Contribution Agreement" means each Contribution, Rollover and Subscription Agreement, dated as of the date hereof, between Parent and a Rollover Investor, as amended, supplemented or modified from time to time.

"Rollover Investors" has the meaning set forth in the Recitals.

"Rollover Securities" has the meaning set forth in the Recitals.

"Sale Transaction" has the meaning set forth in Section 1.05.

"Sale Transaction Closing" has the meaning set forth in Section 2.01.

"Sanctioned Country" means any of the Crimea region of Ukraine, Cuba, Iran, North Korea, and Syria.

"Sanctioned Person" means any Person located, organized, or resident in a Sanctioned Country; any Person named on any sanctions list administered by the U.S. Department of Treasury Office of Foreign Assets Control ("OFAC"), including OFAC's Specially Designated Nationals List, the Sectoral Sanctions Identifications List, and the Foreign Sanctions Evaders List; any other Person who is the target of Sanctions Laws; and any Person directly or indirectly 50% or more owned or controlled by one or more Sanctioned Persons.

"Sanctions Laws" means all economic sanctions and regulations administered and maintained by OFAC, including OFAC's Specially Designated Nationals List, the Sectoral Sanctions Identifications List, and the Foreign Sanctions Evaders List; economic or financial sanctions or trade embargoes imposed, administered, or enforced from time to time by the United Nations Security Council, the European Union, or her Majesty's Treasury of the United Kingdom; and any other economic sanctions maintained by a jurisdiction in which any of the Target Companies or their Subsidiaries do business or are otherwise subject to jurisdiction.

"Second Earnout Milestone" means the first Earnout Period for which the Actual EBITDA with respect to such Earnout Period exceeds the Second Target EBITDA.

"Second Earnout Amount" means $150,000,000.

"Second Target EBITDA" means (a) $190,000,000 plus (b) with respect to an Earnout Period, the Acquired EBITDA for such Earnout Period.

"Section 280G Payments" has the meaning set forth in Section 6.04(c).

"Securities Act" means the Securities and Exchange Act of 1933, as amended.

"Seller" or "Sellers" has the meaning set forth in the Preamble.

"Seller Group" has the meaning set forth in Section 13.14.

"Seller Review Return" has the meaning set forth in Section 7.01(a).

"Straddle Period" means any taxable period that includes (but does not end on) the Closing Date.

"Subsidiaries" or "Subsidiary" of any Person means any corporation, partnership, limited liability company or other legal entity in which such Person (either alone or through or together with any other Subsidiary), owns, directly or indirectly, fifty percent (50%) or more of the stock or other equity or ownership interests, the holder of which is generally entitled to elect a majority of the board of directors or other governing body of such legal entity, its general partner or its managing member, or of which the specified Person control the management of such legal entity. Notwithstanding the foregoing or anything to the contrary in this Agreement, each reference to a "Subsidiary" or "Subsidiaries" of a Target Company prior to the Closing shall be deemed to mean a Subsidiary or the Subsidiaries of such Target Company after giving effect to the Reorganization, including but not limited to, for purposes of the representations and warranties made in respect of the Target Companies and their Subsidiaries in Article IV.

"Surviving Company" has the meaning set forth in Section 1.02(a).

"Surviving Company Charter" has the meaning set forth in Section 1.02(d).

"Surviving Company LLC Agreement" has the meaning set forth in Section 1.02(d).

"Target Companies" or "Target Company" has the meaning set forth in the Preamble.

"Tax Return" means any declaration, estimate, return, report, information statement, schedule or other document (including any related or supporting information and including any amendments thereof) with respect to Taxes that is required to be filed with any Taxing Authority.

"Taxes" or "Tax" means all federal, provincial, territorial, state, municipal, local, domestic, foreign or other taxes, imposts and assessments including ad valorem, capital, capital stock, customs and import duties, disability, documentary stamp, employment, excise, franchise, gains, goods and services, gross income, gross receipts, income, intangible, inventory, license, mortgage recording, net income, occupation, payroll, personal property, production, profits, property, real property, recording, rent, sales, social security, stamp, transfer, transfer gains, unemployment, use, value added, windfall profits, and withholding, together with any interest, additions, fines or penalties with respect thereto or in respect of any failure to comply with any requirement regarding Tax Returns and any interest in respect of such additions, fines or penalties.

"Taxing Authority" means the IRS and any other Governmental Authority that has responsibility over the imposition, assessment, determination or collection of Taxes.

"Transaction Expenses" means (a) all fees, costs and expenses payable by any Target Company or any of its Subsidiaries to UBS Securities LLC, McDermott Will & Emery LLP and other professional advisors, including legal counsel, investment bankers or other representative and consultants, engaged by any Target Company or its Subsidiaries in connection with this Agreement or the transactions contemplated hereby (including any related auction process), in each case, assuming that the transactions contemplated by this Agreement have been

consummated, (b) all change-in-control, retention, transaction or similar bonuses, severance or similar arrangements or amounts, if any, payable or that become payable to officers, employees, directors or individual independent contractors of any Target Company or its Subsidiaries in connection with the consummation of the transactions contemplated by this Agreement (or by the Closing and continued employment or service following the Closing), including the employer portion of any payroll or similar taxes and any tax "gross-up" payments, if any, payable with respect to any of the foregoing and (c) all fees or other amounts payable by any Target Company or any its Subsidiaries (or which any Target Company or any its Subsidiaries is liable) to any Seller or any Affiliate of such Target Company or its Subsidiary in connection with this Agreement and the consummation of the transactions contemplated by this Agreement. For the avoidance of doubt, Transaction Expenses shall not include any amounts included in the calculation of Funded Debt or Working Capital.

"Transaction Expenses Amount" means an amount equal to all Transaction Expenses that have not been paid prior to the Closing Date, whether or not the applicable Target Company or its Subsidiaries has been billed for such expenses.

"Transaction Tax Deductions" means any deductions for U.S. federal Income Tax purposes, to the extent properly deductible for U.S. federal Income Tax purposes in a taxable period (or portion thereof) ending on or before the Closing Date, that is attributable to any of the following: (a) the incurrence or payment of Transaction Expenses, and (b) the payment or deduction of Funded Debt that is indebtedness for borrowed money (including the write-off of any previously deferred financing fees) on the Closing Date.

"Transfer Taxes" has the meaning set forth in Section 7.04.

"Treasury Regulations" means the United States Treasury Regulations promulgated under the Code, and any reference to any particular Treasury Regulation section shall be interpreted to include any final or temporary revision of or successor to that section regardless of how numbered or classified.

"VDA" has the meaning set forth in Section 7.07(b).

"Waived Benefits" has the meaning set for in Section 6.04(c).

"WARN Act" has the meaning set forth in Section 4.14(c).

"Working Capital" means, as at a specified date and time and without duplication, an amount, whether positive or negative, equal to (a) the aggregate value of the current assets, excluding the Cash Amount, reflected on the consolidated balance sheet of the Target Companies and their Subsidiaries (on a consolidated basis) minus (b) the sum of the current liabilities, excluding any Funded Debt or Transaction Expenses, reflected on the consolidated balance sheet of the Target Companies and their Subsidiaries (on a consolidated basis), in each case, (i) excluding income Tax assets or liabilities or deferred Tax assets or liabilities and (ii) calculated in accordance with the Accounting Principles and the illustrative calculation of Working Capital as of December 31, 2020 attached hereto in Schedule 1.06 (such illustrative calculation, the "Sample Net Working Capital Calculation").

"Working Capital Target" means $14,355,755.

"Year-End Financial Statements" has the meaning set forth in Section 4.07.

11.02. Other Definitional Provisions.

(a) All terms defined in this Agreement shall have the defined meanings when used in any certificates, reports or other documents made or delivered pursuant hereto or thereto, unless the context otherwise requires, and any pronoun used in this Agreement shall include the corresponding masculine, feminine or neuter forms.

(b) Terms defined in the singular shall have a comparable meaning when used in the plural, and vice versa.

(c) All references to "$" or "dollars" in this Agreement shall be deemed references to United States dollars.

(d) Accounting terms which are not otherwise defined in this Agreement have the meanings given to them under GAAP. To the extent that the definition of an accounting term defined in this Agreement is inconsistent with the meaning of such term under GAAP, the definition set forth in this Agreement will control.

(e) To the extent any provision of this Agreement provides that any Target Company or any of its Subsidiaries shall take any action or omit to take any action, such provision shall also be deemed to require the Sellers to cause such Target Company or Subsidiary to take such action or omit to take such action.

ARTICLE XII
TERMINATION

12.01. Termination. This Agreement may be terminated at any time prior to the Closing Date:

(a) by mutual written consent of Parent and the Representative (on behalf of the Owner Parties);

(b) by Parent, if (i) there has been a material violation or material breach by the Target Companies or the Owner Parties of any covenant, representation or warranty contained in this Agreement, which has prevented or would prevent the satisfaction of any condition to the obligations of the Buyer Parties to complete the Closing and (A) such material violation or material breach has not been waived by the Buyer Parties; (B) Parent has provided written notice to the Representative of such material violation or material breach; and (C) the Target Companies or the Owner Parties, as the case may be, have not cured such material violation or material breach within twenty (20) Business Days after the Representative receives written notice thereof from Parent; or (ii) the transactions contemplated hereby have not been consummated by February 16, 2022 (the "End Date"), provided that if as of such date all of the conditions to Closing set forth in Article VIII other than the condition set forth in Section 8.06 are satisfied or would be satisfied if such date were the Closing Date, Parent shall have the option to extend the End Date for an additional

period of up to sixty (60) days; provided, however, Parent shall not be entitled to terminate this Agreement pursuant to this Section 12.01(b) if the Buyer Parties' breach of this Agreement has prevented the consummation of the transactions contemplated hereby to occur by the End Date;

(c) by the Representative (on behalf of the Owner Parties), if: (i) there has been a material violation or material breach by the Buyer Parties of any covenant, representation or warranty contained in this Agreement which has prevented or would prevent the satisfaction of any condition to the obligations of the Target Companies and the Owner Parties to complete the Closing and (A) such material violation or material breach has not been waived by the Representative; (B) the Representative has provided written notice to the Buyer Parties of such material violation or material breach; and (C) the Buyer Parties have not cured such material violation or material breach within twenty (20) Business Days after receiving written notice thereof from the Representative, or (ii) the transactions contemplated hereby have not been consummated by the End Date (as may be extended pursuant to Section 12.01(b)); provided, however, the Representative shall not be entitled to terminate this Agreement pursuant to this Section 12.01(c) if the Target Companies' or Owner Parties' breach of this Agreement has prevented the consummation of the transactions contemplated hereby to occur by the End Date; or

(d) by either Parent or the Representative (on behalf of the Owner Parties), if any Governmental Authority shall have enacted, promulgated, issued, entered or enforced any injunction, judgment, order or ruling permanently enjoining, or prohibiting the transactions contemplated by this Agreement, which shall have become final and non-appealable.

12.02. Effect of Termination. If any Party validly terminates this Agreement pursuant to Section 12.01, all rights and obligations of the Parties hereunder shall terminate without any liability of any Party to any other Party, except for this Article XII and Article XIII and pursuant to the Confidentiality Agreement, which each shall survive the termination of this Agreement as applicable and in accordance with their terms; provided, however, subject to Section 12.03, that the termination of this Agreement shall in no way limit any claim by a Party that another Party breached the terms of this Agreement prior to or in connection with such termination, including by failing to consummate the transactions contemplated by this Agreement, nor shall such termination limit the right of such non-breaching Party to seek specific performance and all other remedies available at law or equity.

12.03. Termination Fee.

(a) In the event that this Agreement is terminated:

(i) by the Representative (on behalf of the Owner Parties) pursuant to Section 12.01(c)(i);

(ii) by the Representative pursuant to Section 12.01(c)(ii) or Parent pursuant to Section 12.01(b)(ii) (if, at the time of or prior to such termination, the Representative (on behalf of the Owner Parties) could have terminated this Agreement pursuant to Section 12.01(c)(i)); or

(iii) by Parent pursuant to Section 12.01(b)(ii) or by the Representative pursuant to Section 12.01(c)(ii), if (x) all of the conditions set forth in Article VIII

to Parent's obligation to consummate the Closing have been satisfied (or with respect to conditions that relate to delivery of items to be delivered at the Closing and those conditions that by their nature are to be satisfied by actions taken at the Closing, are capable of being satisfied at such time), other than the condition set forth in Section 8.06, (y) all consents and approvals of the applicable state Governmental Authorities listed on Section 12.03(a)(iii) of the Disclosure Schedule necessary for the continued operation of the businesses of the Target Companies and their Subsidiaries in the applicable state jurisdiction relating thereto, or a written statement from the applicable state Governmental Authority thereof that such consent and approval is not necessary for continued operation of the businesses of the Target Companies and their Subsidiaries following the Closing, shall have been obtained, as reasonably determined by Parent and (z) there has not been a material violation or material breach by the Target Companies or the Owner Parties of any covenant, representation or warranty of such Parties contained in this Agreement, in each case of this clause (z), that was the proximate or direct cause of the failure of the condition set forth in Section 8.06 to be satisfied,

Buyer shall, promptly and in any event within five (5) Business Days after such termination, pay the Representative (on behalf of the Owner Parties), by wire transfer in immediately available funds, a non-refundable termination fee in an amount equal to $25,100,000 (the "Reverse Termination Fee").

(b) Notwithstanding anything to the contrary in this Agreement, in the event that this Agreement is terminated, Buyer shall not have any liability of any nature whatsoever to the Sellers with respect to any breach of this Agreement or the failure of the Closing to occur, other than the liability of Buyer to pay the Reverse Termination Fee to the extent payable pursuant to Section 12.03(a); provided, however, that the Confidentiality Agreement (and any rights and liabilities of the Parties thereunder) will survive any termination of this Agreement in accordance with its terms. The Parties acknowledge and agree that the Reverse Termination Fee is not a penalty, but rather is liquidated damages in a reasonable amount that will compensate the Owner Parties in the circumstances in which the Reverse Termination Fee is payable for the efforts and resources expended and the opportunities foregone while negotiating this Agreement and in reliance on this Agreement and on the expectation of the consummation of the transactions contemplated by this Agreement, which amount would otherwise be uncertain and incapable of accurate determination.

(c) Notwithstanding anything to the contrary in this Agreement, the Representative's right (on behalf of the Owner Parties) to terminate this Agreement and the Representative's right (on behalf of the Owner Parties) to receive the Reverse Termination Fee pursuant to this Section 12.03(a) shall be the sole and exclusive remedy of the Representative and the Owner Parties and their Affiliates for any loss suffered as a result of any breach of any covenant or agreement in this Agreement or the failure of the transactions contemplated by this Agreement to be consummated, in each case, in any circumstance in which the Representative or the Owner Parties are permitted to terminate this Agreement and receive the Reverse Termination Fee pursuant to Section 12.03(a), and Buyer shall have no further liability or obligation relating to or arising out of this Agreement or the transactions contemplated by this Agreement; provided, however, nothing in this Section 12.03(c) shall limit the ability of the Owner Parties to pursue a

grant of specific performance to the extent permitted by Section 13.10 prior to the termination of this Agreement.

(d) For the avoidance of doubt, (i) while the Representative or the Owner Parties may pursue a grant of specific performance to the extent permitted by Section 13.10, under no circumstances shall the Representative or the Owner Parties be permitted or entitled to receive both a grant of specific performance to require Buyer to consummate the Closing and payment of the Reverse Termination Fee and (ii) in no event shall the Representative or the Owner Parties be entitled to receive the Reverse Termination Fee more than once. Notwithstanding the foregoing, in the event this Agreement is terminated and the Reverse Termination Fee is paid, the Owner Parties and the Target Companies shall be entitled to receive any amounts reimbursable by Buyer pursuant to Section 5.09. Notwithstanding anything to the contrary set forth in this Agreement, each of the parties to this Agreement expressly acknowledges and agrees that under no circumstances shall (i) the maximum aggregate liability of the Buyer Parties (and the Guarantors in accordance with, and subject to the limitations in, the Guaranty) for all claims, actions or liabilities arising out of or related to this Agreement (including any breach of this Agreement, whether willful or material) and the transactions contemplated hereby (the "Transaction-Related Matters") exceed an amount equal to the Reverse Termination Fee (the "Cap"), (ii) any Person seek to recover any money damages against the Buyer Parties in excess of the Cap, (iii) any Person bring any proceeding or action or otherwise seek to recover any losses against any Buyer Financing Party or any Debt Financing Source or its representatives for any Transaction-Related Matter (other than against Buyer or against the Guarantors pursuant to, and subject to the terms of, the Guaranty) or (iv) any Buyer Financing Party or any Debt Financing Source or its representatives have any liability or obligation of any nature whatsoever to any Person for any Transaction-Related Matter (other than Buyer or the Guarantors pursuant to, and subject to the terms of, the Guaranty).

(e) The Parties acknowledge and agree that the agreements contained in this Section 12.03 are an integral part of the transactions contemplated by this Agreement, and that, without these agreements, neither Party would enter into this Agreement.

ARTICLE XIII
GENERAL PROVISIONS

13.01. Notices. All notices, demands and other communications to be given or delivered under or by reason of the provisions of this Agreement shall be in writing and shall be deemed to have been given when (i) personally delivered, (ii) one (1) day after deposit with Federal Express or similar nationally reputable overnight courier service, (iii) upon transmission by email if a customary confirmation of transmission is received during normal business hours and, if not, the next Business Day after transmission or (iv) three (3) days after being mailed by first class mail, return receipt requested. Notices, demands and communications to any Party shall, unless another address is specified in writing, be sent to the addresses indicated below:

(a) if to the Buyer Parties (and, after the Closing, the Target Companies) to:

Paradigm TopCo, LLC
c/o Blackstone Inc.

345 Park Avenue
New York, NY 10154
Attention: Todd Hirsch
Ram Jagannath
Email: todd.hirsch@blackstone.com
ram.jagannath@blackstone.com

with a copy to (which notice shall not constitute):

Simpson Thacher & Bartlett LLP
425 Lexington Avenue
New York, NY 10017
Attention: Anthony F. Vernace
Email: avernace@stblaw.com

(b) if to the Target Companies (prior to Closing) or the Owner Parties or the Representative to:

Life Science Logistics Corporation
3100 Olympus Blvd.
Suite 100
Dallas, TX 75019
Attention: Richard Beeny
Email: rbeeny@lslog.com

and:

Max Kamhi
3628 Dartmouth Ave.
Dallas, TX 75205
Email: maxk@lslog.com

with a copy to (which notice shall not constitute notice):

McDermott Will & Emery LLP
333 Avenue of the Americas, Suite 4500
Miami, Florida 33131
Attention: Fred Levenson and Daniel Layfield
Email: flevenson@mwe.com and dlayfield@mwe.com

13.02. Entire Agreement. This Agreement (including the Exhibits and Schedules attached hereto) and other documents delivered at the Closing pursuant hereto or thereto, contain the entire understanding of the Parties in respect of their subject matter and supersede all prior agreements and understandings (verbal or written) between the Parties with respect to such subject matter, other than the Confidentiality Agreement. The Disclosure Schedule, Exhibits and Schedules constitute a part hereof as though set forth in full above.

13.03. Expenses. Except as otherwise provided herein, the Parties shall pay their own fees and expenses, including their own counsel fees, incurred in connection with this Agreement.

13.04. Amendment; Waiver. This Agreement may not be modified, amended, supplemented, canceled or discharged, except by written instrument executed by the Buyer Parties, the Owner Parties and the Representative; provided, that with respect to any waiver or amendment of this Section 13.04 and/or Section 13.17 (and any provision of this Agreement to the extent a waiver of such provision would modify the substance of any of the foregoing provisions) that is materially adverse to any Debt Financing Source, the prior written consent of such affected Debt Financing Source shall be required before any such waiver or amendment may become effective (such consent not to be unreasonably withheld, conditioned or delayed). No failure to exercise, and no delay in exercising, any right, power or privilege under this Agreement shall operate as a waiver, nor shall any single or partial exercise of any right, power or privilege hereunder preclude the exercise of any other right, power or privilege. Any waiver must be in writing and signed by or on behalf of the Party providing such waiver. No waiver of any breach of any provision shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision, nor shall any waiver be implied from any course of dealing between the Parties. No extension of time for performance of any obligations or other acts hereunder or under any other agreement shall be deemed to be an extension of the time for performance of any other obligations or any other acts.

13.05. Binding Effect; Assignment. The rights and obligations of this Agreement shall bind and inure to the benefit of the Parties and their respective successors and assigns. Nothing expressed or implied herein or therein shall be construed to give any other person any legal or equitable rights hereunder, other than as provided in Section 6.02. Except as expressly provided herein, the rights, and obligations of this Agreement may not be assigned by the Parties without the prior written consent of the other Party; provided, that each of the Buyer Parties may assign any of its rights or obligations to one or more of its Affiliates, except no such assignment shall relieve such Buyer Party of its obligations under this Agreement except to the extent actually performed by its assignee(s); provided, further, each Buyer Party may collaterally assign any and all of its rights, but not its obligations, under this Agreement to any of its Debt Financing Sources.

13.06. Counterparts. This Agreement may be executed in any number of counterparts (including by means of electronically transmitted portable document format (pdf) signature pages), each of which shall be an original but all of which together shall constitute one and the same instrument.

13.07. Interpretation; Schedules. When a reference is made in this Agreement to an article, section, paragraph, clause, schedule or exhibit, such reference shall be deemed to be to this Agreement unless otherwise indicated. Whenever the words "include," "includes" or "including" are used in this Agreement, they shall be deemed to be followed by the words "without limitation." Words of one gender shall be held to include the other gender as the context requires. The word "or" shall not be exclusive. The words "herein," "hereof," "hereunder" or "hereby" and similar terms are to be deemed to refer to this Agreement as a whole and not to any specific section. The headings contained herein and on the Schedules are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement or the Schedules. Unless otherwise specified herein, references to any statute, listing rule, rule, standard, regulation or other law

include a reference to the corresponding rules and regulations and each of them as amended, modified, supplemented, consolidated, replaced or rewritten from time to time. References to any section of any statute, listing rule, rule, standard, regulation or other law include any successor to such section. References to any Contract (including this Agreement) or organizational document are to the Contract or organizational document as amended, modified, supplemented or replaced from time to time, unless otherwise stated. References to any Person include such Person's predecessors or successors, whether by merger, consolidation, amalgamation, reorganization or otherwise, and permitted assigns. Any information set forth in one section of the Disclosure Schedule will be deemed to apply to other sections of the Disclosure Schedule to which its relevance is reasonably apparent from the face of such disclosure (notwithstanding the omission of a reference or cross-reference thereto, but without reference to any document actually referenced in such disclosure). The specification of any dollar amount in the representations and warranties contained in this Agreement or the inclusion of any specific item in the Schedules hereto is not intended to imply that such amounts, or higher or lower amounts, or the items so included, are or are not required to be disclosed, and neither Party shall use the fact of the setting of such amounts or the fact of the inclusion of any such item in the Schedules in any dispute or controversy with any Party as to whether any obligation, item or matter not described herein or included in a Schedule hereto is or is not required to be disclosed (including, without limitation, whether such amounts or items are required to be disclosed as material). The information contained in the Schedules hereto is disclosed solely for the purposes of this Agreement, and no information contained therein shall be deemed to be an admission by any Party to any third party of any matter whatsoever, including of any violation of Law or breach of any agreement. If the date specified for giving any notice or taking any action is not a Business Day (or if the period during which any notice is required to be given or any action taken expires on a date which is not a Business Day), then the date for giving such notice or taking such action (and the expiration date of such period during which notice is required to be given or action taken) shall be the next date which is a Business Day. With respect to all dates and time periods set forth or referred to in this Agreement, time is of the essence. In the event a conflict between the Escrow Agreement and any agreement of the parties hereto in this Agreement, such agreement of the parties hereto in this Agreement shall govern.

13.08. Governing Law; Interpretation. This Agreement shall be construed in accordance with and governed for all purposes by the internal substantive Laws of the State of Delaware applicable to contracts executed and to be wholly performed within the State of Delaware.

13.09. Forum Selection and Consent to Jurisdiction.

(a) Any suit, action or proceeding against the Buyer Parties, the Target Companies, the Owner Parties or the Representative arising out of, or with respect to, this Agreement or any judgment entered by any court in respect thereof shall be brought exclusively in the Delaware Court of Chancery (or in the event (but only in the event) that such court does not have subject matter jurisdiction over such action or proceeding, in the United States District Court for the Southern District of New York) (together, the "Designated Courts"), and the Parties irrevocably and unconditionally submit to the exclusive jurisdiction of the Designated Courts for the purpose of any suit, action or proceeding. Each Party agrees that service of any process, summons, notice or document by U.S. registered mail addressed to such Party in accordance with Section 13.01 shall be effective service of process for any action, suit or proceeding brought against such Party

in any such court. The Buyer Parties hereby designates the individuals listed in Section 13.01(a) to whom notice may be given on behalf of the Buyer Parties as their true and lawful agent upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Target Companies, the Representative or any Owner Party. The Target Companies, the Representative and the Owner Parties hereby designate the individual(s) listed in Section 13.01(b) to whom notice may be given on behalf of the Target Companies, the Representative and the Owner Parties as their true and lawful agent upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Buyer Parties.

(b) In addition, each Party hereby (i) irrevocably waives, to the fullest extent permitted by Law, any objection which it may now or hereafter have to, or any defense of, the laying of venue of any suit, action or proceeding arising out of or relating to this Agreement or any judgment entered by any of the Designated Courts, (ii) irrevocably waives any claim or defense that any suit, action or proceedings brought in the Designated Courts has been brought in an inconvenient forum, (iii) agrees that all claims with respect to any such action or proceeding shall be heard and determined in the Designated Courts and agrees not to commence any action or proceeding relating to this Agreement or the transactions contemplated hereby (whether based on contract, tort or other theory) except in such courts and (iv) agrees that a final judgment in any such action or proceeding shall be conclusive and may be enforced in other jurisdictions by suit on the judgment or in any other manner provided by Law.

(c) Notwithstanding the foregoing, each party hereto agrees that any action or proceeding of any kind or nature (whether based on contract, tort or other theory) against any Debt Financing Source relating to this Agreement, the Debt Financing or any of the transactions contemplated hereby shall be subject to the exclusive jurisdiction of the Supreme Court of the State of New York, County of New York, Borough of Manhattan or if under applicable Law exclusive jurisdiction is vested in Federal courts, the United States District Court for the Southern District of New York (and the appellate courts thereof). The parties hereto agree that any violation of this Section 13.09 shall constitute a material breach of this Agreement and shall constitute irreparable harm.

(d) EACH PARTY ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY THAT MAY ARISE OUT OF, OR WITH RESPECT TO, THIS AGREEMENT IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE EACH SUCH PARTY HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVES TO THE FULLEST EXTENT PERMITTED BY LAW ANY RIGHT SUCH PARTY MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY ACTION DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT (INCLUDING ANY ACTION, PROCEEDING, CLAIM OR COUNTERCLAIM INVOLVING ANY DEBT FINANCING SOURCE AND THEIR RESPECTIVE AFFILIATES) (IN EACH CASE WHETHER BASED ON CONTRACT, TORT OR ANY OTHER THEORY). EACH PARTY CERTIFIES AND ACKNOWLEDGES THAT (I) NO REPRESENTATIVE, AGENT OR ATTORNEY OR ANY OTHER PARTY HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT SUCH OTHER PARTY WOULD NOT, IN THE EVENT OF LITIGATION, SEEK TO ENFORCE THE FOREGOING WAIVER, (II) EACH PARTY UNDERSTANDS AND HAS CONSIDERED THE IMPLICATIONS OF THIS WAIVER, (III) EACH PARTY MAKES THIS WAIVER

VOLUNTARILY AND (IV) EACH PARTY HAS BEEN INDUCED TO ENTER INTO THIS AGREEMENT BY, AMONG OTHER THINGS, THE MUTUAL WAIVERS AND CERTIFICATIONS OF THIS SECTION 13.09. EITHER PARTY MAY FILE AN ORIGINAL COUNTERPART OR A COPY OF THIS AGREEMENT WITH ANY COURT AS WRITTEN EVIDENCE OF THE CONSENT OF THE PARTIES TO THE WAIVER OF THEIR RIGHT TO TRIAL BY JURY.

13.10. Specific Performance. Each of the Parties agrees that this Agreement is intended to be legally binding and specifically enforceable pursuant to its terms and that the Buyer Parties, the Target Companies, the Owner Parties and the Representative would be irreparably harmed if any of the provisions of the Agreement are not performed in accordance with their specific terms and that monetary damages would not provide adequate remedy in such event. Accordingly, in addition to any other remedy to which a non-breaching Party may be entitled at Law, a non-breaching Party shall be entitled to injunctive relief without the posting of any bond or other security to prevent breaches of this Agreement and to specifically enforce the terms and provisions hereof. Each Party further waives any defense that a remedy at Law would be adequate in any action, suit or proceeding for specific performance or injunctive relief hereunder.

13.11. Arm's Length Negotiations; Drafting. Each Party herein expressly represents and warrants to the other Parties that before executing this Agreement, said Party has fully informed itself of the terms, contents, conditions and effects of this Agreement; said Party has relied solely and completely upon its own judgment in executing this Agreement; and said Party has had the opportunity to seek and has obtained the advice of counsel before executing this Agreement, which is the result of arm's length negotiations conducted by and among the Parties and their respective counsel. This Agreement shall be deemed drafted jointly by the Parties and nothing shall be construed against one Party or another as the drafting Party.

13.12. Confidentiality; Publicity. No Owner Party or its respective Affiliates, employees, agents and representatives shall disclose to any third party the existence of this Agreement or the subject matter or terms hereof without the prior consent of Parent; provided, however that the Owner Parties and their Affiliates shall be permitted to disclose such information (a) to their attorneys, advisors, representatives, members or investors who are reasonably required to receive such information, (b) in connection with enforcing their rights and fulfilling their obligations under this Agreement or any other agreement entered into in connection with this Agreement and (c) as may be requested or required pursuant to applicable Law. No press release or public announcement related to this Agreement or the transactions contemplated herein, or, prior to the Closing, any other announcement or communication to the employees, customers or suppliers of the Target Companies and their Subsidiaries, shall be issued or made by any Party without the joint approval of the Buyer Parties and the Sellers, unless required by Law (in the reasonable opinion of counsel) in which case Buyer and the Sellers shall have the right to review and reasonably approve such press release, announcement or communication prior to its issuance, distribution or publication. Notwithstanding the foregoing, nothing in this Agreement shall restrict the ability of (i) the Owner Parties or any of its Affiliates from communicating or disclosing the financial results achieved by Owner Parties and its Affiliates with respect to its beneficial interest in the Target Companies and their Subsidiaries, (ii) any Party or any of its Affiliates from communicating or disclosing a general description of the Target Companies and their Subsidiaries (including their financial performance), and the Owner Parties' and their Affiliates' investment

and role therein, to the current or prospective limited partners or other business affiliates of such Party or its Affiliates and their advisors in the ordinary course of business or (iii) the Buyer Parties and their Affiliates from communicating or disclosing any information relating to this Agreement to any third party in connection with the Buyer Parties' or their Affiliate(s)' normal fund raising, marketing, informational or reporting activities.

13.13. Made Available. The phrase "made available to the Buyer Parties" or similar phrases as used in this Agreement shall mean that the subject documents were either posted to the "Project Paradigm" data room hosted by Datasite or delivered to the Buyer Parties or their accountants, attorneys or other agents at least one (1) Business Day prior to the date of this Agreement.

13.14. Company Representation. Each of the Parties agree, on its own behalf and on behalf of its directors, managers, members, partners, equity holders, officers, employees and Affiliates, that, McDermott Will & Emery LLP may serve as counsel to the Owner Parties and their Affiliates (individually and collectively, the "Seller Group"), on the one hand, and the Target Companies, on the other hand, in connection with the negotiation, preparation, execution and delivery of this Agreement and the consummation of the transactions contemplated hereby, and that, following consummation of the transactions contemplated hereby, McDermott Will & Emery LLP (or any successor) may serve as counsel to the Seller Group or any director, manager, member, partner, equity holder, officer, employee or Affiliate of the Seller Group, in connection with any litigation, claim or obligation arising out of or relating to this Agreement or the transactions contemplated by this Agreement notwithstanding such representation or any continued representation of the Target Companies, and each of the Parties consents thereto and waives any conflict of interest arising therefrom, and each of such Parties shall cause any Affiliate thereof to consent to waive any conflict of interest arising from such representation. The Buyer Parties also further agree that, as to all communications subject to attorney-client privilege among McDermott Will & Emery LLP and the Owner Parties, the Target Companies and their Subsidiaries that relate to the transactions contemplated by this Agreement (including the negotiation, preparation, execution and delivery of this Agreement), the attorney-client privilege and the expectation of client confidence belongs to the Owner Parties and may be controlled by the Owner Parties and shall not pass to or be claimed by the Buyer Parties or any of their Affiliates and such communications would not be subject to disclosure to the Buyer Parties in connection with any process relating to a dispute arising under or in connection with, this Agreement or the transactions contemplated hereby. The Parties acknowledge that McDermott Will & Emery LLP has represented and performed services for the Owner Parties, the Target Companies and their Subsidiaries prior to the Closing and consent to the sharing by McDermott Will & Emery LLP (or any successor) with the Owner Parties of all information obtained during such past representation that McDermott Will & Emery LLP (or any successor) believes to be relevant to any future dispute or litigation with respect to this Agreement.

13.15. Severability. Whenever possible, each term or other provision of this Agreement shall be interpreted in such manner as to be effective, valid and enforceable under applicable law, but if any term or other provision of this Agreement is or becomes invalid, illegal or incapable of being enforced in any respect by any rule of Law or public policy, all other terms, conditions and provisions of this Agreement shall nevertheless remain in full force and effect so long as the economic or legal substance of the transactions contemplated by this Agreement is not affected in

any manner materially adverse to the any Party against which enforcement is being sought thereto; provided, that the economic and legal substance of the transactions contemplated by this Agreement shall be deemed to be affected in a manner materially adverse to the Parties hereto if Section 13.16 is invalid, void or incapable of being enforced. Upon such determination that any term or other provision is invalid, illegal or incapable of being enforced, the Owner Parties and the Buyer Parties shall negotiate in good faith to modify this Agreement so as to effect the original intent of the Parties as closely as possible in a mutually acceptable manner in order that the transactions contemplated by this Agreement be consummated as originally contemplated to the fullest extent possible.

13.16. No Recourse. This Agreement may only be enforced against, and any claim or cause of action based upon, arising out of, or related to this Agreement or the transactions contemplated hereby may only be brought against, the entities that are expressly named as Parties hereto and then only with respect to the specific obligations set forth herein with respect to such Party. Except to the extent a named Party to this Agreement, (i) no past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any named Party to this Agreement and (ii) no past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any of the foregoing shall have any liability (whether in contract, tort, equity or otherwise) for any one or more of the representations, warranties, covenants, agreements or other obligations or liabilities of the Owner Parties, Target Companies or the Buyer Parties under this Agreement (whether for indemnification or otherwise) of or for any claim based on, arising out of, or related to this Agreement or the transactions contemplated hereby.

13.17. Designation of the Representative.

(a) Designation. Life Science Logistics Corporation, a Delaware corporation, is hereby designated by the Owner Parties and the Target Companies (collectively, "Designated Parties") to serve as the representative of the Designated Parties with respect to the matters expressly set forth in this Agreement and the Escrow Agreement to be performed by the Representative.

(b) Authority. The Representative is hereby irrevocably appointed as the agent, proxy and attorney-in-fact for each Designated Party for all purposes of this Agreement, the Escrow Agreement and any other agreement entered into in connection herewith (including the full power and authority on such Person's behalf) (i) to execute the Escrow Agreement and otherwise to consummate the transactions contemplated herein and therein, (ii) to pay the expenses incurred by such Person or the Representative in connection with the negotiation and performance of this Agreement, the Escrow Agreement and any other agreement entered into in connection herewith (whether incurred on or after the date hereof), (iii) to disburse any funds received hereunder or under the Escrow Agreement to each other Seller, (iv) to endorse and deliver any certificates or instruments representing the Purchased Securities and execute such further agreements or instruments of assignment as the Buyer Parties shall reasonably request or which the Representative shall consider necessary or proper to effectuate the transactions contemplated by this Agreement and the Escrow Agreement, all of which shall have the effect of binding the Owner Parties as if such Owner Parties had personally executed such agreement or instrument,

(v) to resolve any adjustments or issues relating to any component of the LSL Holdings Cash Payment or the LSL NY Cash Payment, as applicable, (vi) to receive notices and other deliverables hereunder on behalf of such Person, (vii) to execute and deliver on behalf of such Person any amendment or waiver hereto or to any other agreement contemplated hereunder, (viii) to take all other actions to be taken by or on behalf of such Person in connection herewith including under the Escrow Agreement, (ix) to dispute, compromise, settle and pay any claims made in connection with this Agreement or the Escrow Agreement and the transactions contemplated hereunder and thereunder, (x) to retain legal and other professional advisors on behalf of, and at the expense of the Sellers in connection with its actions hereunder, (xi) to dispense funds from the Escrow Amount (or direct the Escrow Agent to do so) to the Owner Parties pursuant to the terms of this Agreement and to retain from such funds an amount sufficient to satisfy the reasonable out-of-pocket expenses incurred by the Representative in fulfilling its obligations hereunder, (xii) to make any calculations required under this Agreement (including calculations with respect to the distribution of the LSL Holdings Cash Payment or the LSL NY Cash Payment, as applicable), and (xiii) to do each and every act and exercise any and all rights which such Person or the Owner Parties collectively are permitted or required to do or exercise under this Agreement or the Escrow Agreement. Each Designated Party agrees that such agency, proxy and attorney-in-fact and all authority granted hereunder are coupled with an interest, are therefore irrevocable without the consent of the Representative and shall survive the death, incapacity, bankruptcy, dissolution or liquidation of any Person. If, after the execution of this Agreement, any Designated Party dies, dissolves or liquidates or becomes incapacitated or incompetent, then the Representative is nevertheless authorized, empowered and directed to act in accordance with this Agreement as if that death, dissolution, liquidation, incapacity or incompetency had not occurred and regardless of notice thereof. All decisions and actions by the Representative (to the extent authorized by this Agreement) shall be binding upon all Designated Parties, and no Designated Party shall have the right to object, dissent, protest or otherwise contest the same.

(c) Authority; Indemnification. Each Designated Party agrees that the Buyer Parties shall be entitled to rely on any action taken by the Representative, on behalf of the Sellers, pursuant to this Section 13.17 (each, an "Authorized Action"), and that each Authorized Action shall be binding on each Designated Party as fully as if such Person had taken such Authorized Action. The Buyer Parties agrees that the Representative, as the Representative, shall have no liability to the Buyer Parties for any Authorized Action, except to the extent that such Authorized Action is found by a final order of a court of competent jurisdiction to have constituted fraud or willful misconduct. Each Designated Party hereby severally, for itself only and not jointly, agrees to indemnify and hold harmless the Representative against all expenses (including reasonable attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the Representative in connection with any action, suit or proceeding to which the Representative is made a party by reason of the fact it is or was acting as the Representative pursuant to the terms of this Agreement.

(d) Duties of the Representative. The Representative hereby accepts its obligations under this Agreement. The Representative shall have only the duties expressly stated in this Agreement and the Escrow Agreement, and shall have no other duty, express or implied. The Representative is not, by virtue of serving as Representative, a fiduciary of the Designated Parties or any other Person. The Representative, in its capacity as such, has no responsibility or liability for any representation, warranty or covenant of the Target Companies or their Subsidiaries.

(e) Exculpation. The Representative shall not be liable to any Designated Party for any action taken or omitted by it or any agent employed by it hereunder or under any other document entered into in connection herewith, except that the Representative shall not be relieved of any liability imposed by Law for fraud or willful misconduct. The Representative shall not be liable to the Designated Parties for any apportionment or distribution of payments made by the Representative in good faith, and, if any such apportionment or distribution is subsequently determined to have been made in error, the sole recourse of any Person to whom payment was due, but not made, shall be to recover from other Designated Parties any payment in excess of the amount to which they are determined to have been entitled. The Representative shall not be required to make any inquiry concerning either the performance or observance of any of the terms, provisions or conditions of this Agreement. Neither the Representative nor any agent employed by it shall incur any liability to any Designated Party by virtue of the failure or refusal of the Representative for any reason to consummate the transactions contemplated hereby or relating to the performance of its other duties hereunder, except for actions or omissions constituting fraud or willful misconduct.

(f) No Fees to or Compensation of the Representative. The Representative shall receive no compensation for service as such but shall receive reimbursement from, and be indemnified from, the Representative Expense Fund, by the Designated Parties for any and all expenses, charges and liabilities, including, but not limited to, reasonable attorneys' fees (collectively, the "Representative Expenses"), incurred by the Representative in the performance or discharge of its duties set forth in this Section 13.17. If the amount of the Representative Expense Fund is less than the Representative Expenses, each Designated Party shall be severally, for itself only and not jointly, responsible for paying the difference between (x) the Representative Expenses and (y) the Representative Expense Fund.

(g) Replacement of the Representative. If the Representative resigns or is otherwise unable or unwilling to serve in such capacity, then the Designated Parties will appoint a new Person to serve as the Representative and will provide prompt written notice thereof to the Buyer Parties. Until such notice is received, the Buyer Parties will be entitled to rely on the actions and statements of the previous Representative.

13.18. Debt Financing Sources. Notwithstanding anything in this Agreement to the contrary, each party hereto, on behalf of itself and each of its Affiliates, hereby: (i) agrees that any proceeding or action involving any Debt Financing Source arising out of or relating to this Agreement, the Debt Financing or any of the agreements entered into in connection with the Debt Financing or any of the transactions contemplated hereby or thereby or the performance of any services thereunder shall be subject to the exclusive jurisdiction of any federal or state court in the Borough of Manhattan, New York, New York, so long as such forum is and remains available, and any appellate court thereof and each party hereto irrevocably submits itself and its property with respect to any such proceeding or action to the exclusive jurisdiction of such court, and such proceeding or action (except to the extent relating to the interpretation of any provisions in this Agreement) shall be governed by the laws of the State of New York (without giving effect to any conflicts of law principles that would result in the application of the laws of another jurisdiction), (ii) agrees not to bring or support any proceeding or action of any kind or description, whether in law or in equity, whether in contract or in tort or otherwise, against any Debt Financing Source in any way arising out of or relating to, this Agreement, the Debt Financing or any of the trans

proceeding or action s contemplated hereby or thereby or the performance of any services thereunder in any forum other than any federal or state court in the Borough of Manhattan, New York, New York, (iii) agrees that service of process upon any party or any of their respective subsidiaries or Affiliates in any such proceeding or action shall be effective if notice is given in accordance with Section 13.01, (iv) irrevocably waives, to the fullest extent that it may effectively do so, the defense of an inconvenient forum to the maintenance of such proceeding or action in any such court, (v) KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW ALL RIGHTS OF TRIAL BY JURY IN ANY PROCEEDING OR ACTION BROUGHT AGAINST THE DEBT FINANCING SOURCES IN ANY WAY ARISING OUT OF OR RELATING TO, THIS AGREEMENT, THE DEBT FINANCING OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY OR THE PERFORMANCE OF ANY SERVICES THEREUNDER, AND EACH PARTY HERETO CERTIFIES THAT NO REPRESENTATIVE, AGENT OR ATTORNEY OF ANY OTHER PARTY HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT SUCH PARTY WOULD NOT, IN THE EVENT OF ANY PROCEEDING OR ACTION, SEEK TO ENFORCE THE FOREGOING WAIVER AND ACKNOWLEDGES THAT IT AND THE OTHER PARTIES HERETO HAVE BEEN INDUCED TO ENTER INTO THIS AGREEMENT BY, AMONG OTHER THINGS, THE MUTUAL WAIVER AND CERTIFICATIONS CONTAINED HEREIN, (vi) agrees that no Debt Financing Source shall be subject to any special, consequential, punitive or indirect damages or damages of a tortious nature, (vii) agrees that no Debt Financing Source will have any liability to the Target Companies, any of their Subsidiaries or their respective Affiliates in connection with this Agreement, the Debt Financing or any of the transactions contemplated hereby or thereby or the performance of any services thereunder, whether in law or in equity, whether in contract or in tort or otherwise (provided that, notwithstanding the foregoing, nothing herein shall affect the rights of the Buyer Parties against the Debt Financing Sources with respect to the Debt Financing or any of the transactions contemplated hereby or any services thereunder), and (viii) agrees that the Debt Financing Sources are express third party beneficiaries of, and may enforce any of the provisions in this Agreement reflecting the foregoing agreements in this Section 13.17 and the proviso contained in the first sentence of Section 13.04, and such provisions and the definitions of "Debt Financing Sources" (and any other provision of this Agreement to the extent an amendment, supplement, waiver or other modification of such provision would modify the substance of such Sections) shall not be amended in any way materially adverse to the Debt Financing Sources without the prior written consent of such Debt Financing Sources (such consent not to be unreasonably withheld, conditioned or delayed). For purposes of this Section 13.17, "Debt Financing Sources" includes all officers, employees, consultants, accountants, agents and other representatives of the Debt Financing Sources.

[SIGNATURES APPEAR ON THE FOLLOWING PAGES]

IN WITNESS WHEREOF, the Parties have caused this Equity Purchase Agreement and Plan of Merger to be duly executed and delivered as of the day and year first above written.

PARENT:

PARADIGM TOPCO, LLC

By: _____
Name: Todd J. Hirsch
Title: Co-President

BUYER:

PARADIGM BUYER, LLC

By: _____
Name: Todd J. Hirsch
Title: Co-President

DEBT MERGER SUB:

PARADIGM DEBT MERGER SUB, LLC

By: _____
Name: Todd J. Hirsch
Title: Co-President

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

IN WITNESS WHEREOF, the Parties have caused this Equity Purchase Agreement to be duly executed and delivered as of the day and year first above written.

LSL SELLER, LLC

DocuSigned by:
By: Richard Beeny
4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

LSL HOLDCO, LLC

DocuSigned by:
By: Richard Beeny
4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

LIFE SCIENCE LOGISTICS NY, LLC

By: Life Science Logistics Corporation
Its: Manager

DocuSigned by:
By: Richard Beeny
4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

LIFE SCIENCE LOGISTICS, LP

By: Life Science Logistics Corporation
Its: General Partner

DocuSigned by:
By: Richard Beeny
4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

LSL HEALTHCARE SERVICES, LLC

By: Life Science Logistics Corporation
Its: Manager

DocuSigned by:
By: Richard Beeny
4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

LSL TECHNOLOGY SERVICES, LLC

By: Life Science Logistics Corporation
Its: Manager

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

LIFE SCIENCE LOGISTICS CORPORATION

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

OWNERS:

BEENY FAMILY HOLDINGS, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Manager

KAMHI HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: Manager

PWHC INVESTMENTS, LLC

By: DocuSigned by: Jonah Petchesky C68621DFC661476...
Name: Jonah Petchesky
Title: Manager

KF-C 2020 TRUST

By: DocuSigned by: Claudia Beeny 12692BCC8681441...
Name: Claudia Beeny
Title: Trustee

KF-D 2020 TRUST

By: DocuSigned by: Claudia Beeny 12692BCC8681441...
Name: Claudia Beeny
Title: Trustee

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

KF-N 2020 TRUST

By: DocuSigned by: Claudia Beeny 12692BCC8681441...
Name: Claudia Beeny
Title: Trustee

KF-C 2018 TRUST

By: DocuSigned by: Michael Kulper 3FC59562F759466...
Name: Michael Kulper
Title: Trustee

KF-D 2018 TRUST

By: DocuSigned by: Michael Kulper 3FC59562F759466...
Name: Michael Kulper
Title: Trustee

KF-N 2018 TRUST

By: DocuSigned by: Michael Kulper 3FC59562F759466...
Name: Michael Kulper
Title: Trustee

TECTONIC INVESTMENTS, LP

By: Tectonic Investments GP, LLC
Its: General Partner

By: DocuSigned by: Steven Solomon 18ED83DD0F7A4C1...
Name: Steve Solomon
Title: Manager

GEN INVESTMENTS PARTNERS, LP

By: Gen Investments GP, LLC
Its: General Partner

By: DocuSigned by: Dr. Sunie Marchbanks Solomon BE561082F0AC4C4...
Name: Dr. Sunie Marchbanks Solomon
Title: Manager

David Helffrich

DocuSign Envelope ID: DB73DF15-4EA2-4D01-8164-DB9F6EBC83C9

KF-N 2020 TRUST

By: _____
Name: Claudia Beeny
Title: Trustee

KF-C 2018 TRUST

By: _____
Name: Michael Kulper
Title: Trustee

KF-D 2018 TRUST

By: _____
Name: Michael Kulper
Title: Trustee

KF-N 2018 TRUST

By: _____
Name: Michael Kulper
Title: Trustee

TECTONIC INVESTMENTS, LP

By: Tectonic Investments GP, LLC
Its: General Partner

By: _____
Name: Steve Solomon
Title: Manager

GEN INVESTMENTS PARTNERS, LP

By: Gen Investments GP, LLC
Its: General Partner

By: _____
Name: Dr. Sunie Marchbanks Solomon
Title: Manager

DocuSigned by:
David Helffrich
3400B2F30084418...
David Helffrich

OWNER HOLDCOS:

BFH HOLDINGS SELLER, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

BFH RO HOLDINGS, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

KH HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KH RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

PWHC HOLDINGS, LLC

By: DocuSigned by: Jonah Petchesky C66621DFC651476...
Name: Jonah Petchesky
Title: President

PWHC RO HOLDINGS, LLC

By: DocuSigned by: Jonah Petchesky C66621DFC651476...
Name: Jonah Petchesky
Title: President

KF-C 2020 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

KF-C 2020 RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-D 2020 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-D 2020 RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-N 2020 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-N 2020 RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-C 2018 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-D 2018 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

KF-N 2018 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D63B2D7B3483...
Name: Max Kamhi
Title: President

TI-GI HOLDINGS, LLC

By: DocuSigned by: Steven Solomon 18ED83DD0F7A4C1...
Name: Steve Solomon
Title: President

TI-GI RO HOLDINGS, LLC

By: DocuSigned by: Steven Solomon 18ED83DD0F7A4C1...
Name: Steve Solomon
Title: President

Schedule 1-A
The Owners

1. Beeny Family Holdings, LLC
2. Kamhi Holdings, LLC
3. PWHC Investments, LLC
4. KF-C 2020 Trust
5. KF-D 2020 Trust
6. KF-N 2020 Trust
7. KF-C 2018 Trust
8. KF-D 2018 Trust
9. KF-N 2018 Trust
10. Tectonic Investments, LP
11. Gen Investments Partners, LP
12. David Hellfrich

Schedule 1-B
The Owner Holdcos

1. BFH Holdings Seller, LLC
2. BFH RO Holdings, LLC
3. KH Holdings, LLC
4. KH RO Holdings, LLC
5. PWHC Holdings, LLC
6. PWHC RO Holdings, LLC
7. KF-C 2020 Holdings, LLC
8. KF-C 2020 RO Holdings, LLC
9. KF-D 2020 Holdings, LLC
10. KF-D 2020 RO Holdings, LLC
11. KF-N 2020 Holdings, LLC
12. KF-N 2020 RO Holdings, LLC
13. KF-C 2018 Holdings, LLC
14. KF-D 2018 Holdings, LLC
15. KF-N 2018 Holdings, LLC
16. TI-GI Holdings, LLC
17. TI-GI RO Holdings, LLC

NY Sellers

1. BFH Holdings Seller, LLC
2. BFH RO Holdings, LLC
3. KH Holdings, LLC
4. KH RO Holdings, LLC

5. PWHC Holdings, LLC
6. PWHC RO Holdings, LLC
7. KF-C 2018 Holdings, LLC
8. KF-D 2018 Holdings, LLC
9. KF-N 2018 Holdings, LLC
10. TI-GI Holdings, LLC
11. TI-GI RO Holdings, LLC

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

March 6, 2017

LifeScience Logistics
Attn: Outlet Manager
1105 E Northfield Dr Ste 300-400
Brownsburg, IN 46112-2529

Sent via email: lsl@slsny.com

RE: LifeScience Logistics, WHO 7828 and Case 2016-3687

Dear Manager:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective March 6, 2017.

Please note that pursuant to section 8 - Fine with Surcharge - Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). Check #921995 in the amount of $1,150.00 was received 02/28/217.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

Cc: Paul Hayward phayward@lslog.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-3687

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF LIFESCIENCE LOGISTICS, REGISTRATION NO. WHO 7828,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and LifeScience Logistics ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2016-3687, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Outlet was originally registered in the State of Colorado on or about June 29, 2011, being issued registration number WHO 7828, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1105 E Northfield Dr., Ste. 300-400, Brownsburg, IN 46112.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, approximately 100 days transpired between November 16, 2015, the date the previous designated representative ceased the position, and February 29, 2016, the date the application and fee were received.

6. On or about July 19, 2016, the Board initiated a complaint against Respondent Outlet because of the delay of approximately 100 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or
Pharmacists, Pharmacy, and Pharmaceuticals 31 of 54 2016;

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-303. Wholesaler license requirements. (1)(a) A wholesaler that resides in this state must be licensed by the board. A wholesaler that does not reside in this state must be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-42.5-304, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rule-making by the board;

(b) A manufacturer's exclusive distributor and pharmacy buying cooperative warehouse must be licensed by the board as a wholesaler pursuant to this part 3. A third-party logistics provider must be licensed by the board as a wholesale distributor pursuant to this part 3;

(2)(a) The board may adopt rules to approve an accreditation body to evaluate a wholesaler's operations to determine compliance with professional standards and any other applicable laws and to perform inspections of each facility and location where the wholesaler conducts wholesale distribution operations;

(b) An applicant for a license shall pay any fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(c) The board shall not issue or renew a license to a wholesaler who does not comply with this part 3;

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:

(A) The name of each partner if the applicant is a partnership;

(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;

(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section;

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license;

(4) Prior to issuing a wholesaler license to an applicant, the board, the regulatory oversight body from another state, or board-approved accreditation body may conduct a physical inspection of the facility at the business address provided by the applicant. Nothing in this subsection (4) shall preclude the board from inspecting a wholesaler;

(5) The designated representative of an applicant for a wholesaler license shall:

(a) Be at least twenty-one years of age;

(b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs;

(c) Be employed by the applicant in a full-time managerial position;

(d) Be actively involved in and aware of the actual daily operation of the wholesaler;

(e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;

(f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue Code of 1986";

(g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance, as defined in section 18-18-102 (5), C.R.S.;

(h) Not have any felony convictions pursuant to federal, state, or local law; and

(i) Update all of the information required in this part 3 whenever changes occur;

(6) A wholesaler shall obtain a license for each facility it uses for the distribution of prescription drugs.

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7828) and the case number (2016-3687) on the check.

9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges.

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent Outlet freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Outlet from the Final Agency Order, and Respondent Outlet's registration will be restored to active and unencumbered status.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative

18. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record with the Board. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Paul Hayward DIRECTOR QARA Dated: 22 Feb 2017
Authorized Representative / Title

Subscribed and sworn to before me in the County of Howard, State of Maryland, this 22 day of February, 2017, by Paul Hayward, authorized representative of LifeScience Logistics.

My commission expires:

JOHN BENNETT NOTARY PUBLIC HOWARD COUNTY, MD. COMMISSION EXPIRES MAY 12, 2019

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 16th day of March, 2017.

State Board of Pharmacy

BY: _____
Chris Gassen
Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 6th day of March 2017, addressed as follows:

By electronic mail to Respondent:
LifeScience Logistics
Attn: Outlet Manager
1105 E. Northfield Dr., Ste. 300-400
Brownsburg, IN 46112
Email: lsl@slsny.com

Paul Hayward
LifeScience Logistics
Email: phayward@lslog.com

Agent of the Board

AL Discipline 773

Alabama Board of Pharmacy
111 Village Street
Birmingham AL 35242

US POSTAGE AND FEES PAID
FIRST-CLASS
Oct 29 2018
Mailed from ZIP 35242
1 oz First-Class Mail Letter

071S00777793

USPS CERTIFIED MAIL

9414 8108 9876 5020 7252 37

LIFE SCIENCE LOGISTICS
1105 EAST NORTHFIELD DRIVE
BROWNSBURG IN 46112

FO - 18-L-0075 193417 AND 195184

FOLD ALONG THIS LINE

ALABAMA
BOARD OF PHARMACY

Donna Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

MEMBERS 2018

David Darby, R.Ph.
President

Ralph Sorrell, R.Ph.
Treasurer

Brenda Denson, PharmD

Chris Phung, R.Ph.

October 29, 2018

Lifescience Logistics, LLC
Permit #'s 193417 and 195184
1105 East Northfield Drive
Brownsburg, IN 46112

RE: Final order

Dear Lifescience Logistics LLC,

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter. The order also states that your renewal will not be processed until the fine has been paid. Permit # 195184 renewal has already been issued so it has been placed on administrative hold until fine is paid.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, additional charges will be brought against you.

Sincerely,

Wendy Passmore

Wendy Passmore
Operations Manager
Alabama State Board of Pharmacy
Phone 205-981-4764
Fax 205-803-6481
Email - wpassmore@albop.com

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
LIFESCIENCE LOGISTICS, LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit Number 193417	)	Case Number 18-L-0075
	)	
and	)	
	)	
Third Party Logistics Permit Number 195184	)	

FINAL ORDER

On October 16, 2018 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board") on a Complaint against Lifescience Logistics, LLC (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Facts

1. The Respondent is a Wholesale Distributor which the Board issued permit number 193417 and also a Third Party Logistics facility which the Board issued permit number 195184.

2. The Respondent was notified of the charges by certified mail at the address provided to the Board by the Respondent, however, the notice was returned by the United States Postal Service with the indication "return to sender insufficient address unable to forward". (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's facility is located at 1105 East Northfield Drive, Brownsburg,

Indiana 46112.

5 On April 30, 2018 the Board of Pharmacy, Department of Consumer Affairs, State of California, issued a Citation and Fine to the Respondent for failure to designate a new representative in charge for a period of four hundred and twenty-eight (428) days. (Board's Exhibit One "A").

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-32, Code of Alabama (1975), § 34-23-32.1 , Code of Alabama (1975), § 34-23-92 (11) and (12), Code of Alabama (1975), § 41-22-12 and Board Rule 680-X-2.23.

2. The Respondent was properly notified of the charges, failed to appear, was not represented by counsel and did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's wholesale distributor permit and third party logistics permit in the state of Alabama are due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (3) (k) (1) and Board Rule 680-X-2.23 (3) (k) (3) and it was not qualified to possess the permits, and/or its operation was not consistent with the public safety or endangers the public health of the citizens of this state based upon violating California law relating to non-resident wholesales as set out in the Citation and Fine entered by the California State Board of Pharmacy on April 30, 2018 and/or the failure to have a licensed designated representative in charge for Four Hundred Twenty-Eight (428) days as described in the referenced Citation and Fine.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent shall pay the Board an administrative fine of One Thousand ($1,000.00) Dollars within thirty (30) days of the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 26 day of October 2018.

Mr. David S. Darby, R.Ph.., President
Alabama State Board of Pharmacy

Copies to:
Lifescience Logistics, LLC
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

CA Discipline

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

April 30, 2018

DATED MATERIAL ENCLOSED

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 30, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- May 14, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 30, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely

Virginia Herold

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **May 30, 2018.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Ericka Busby
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than May 14, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 30, 2018 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2017 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	Citation without a fine
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	$900.00

CONDUCT:

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC) who shall be responsible for compliance, and to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a DRIC ceases to act as the DRIC. Specifically, on Oct. 26, 2016, Lifescience Logistics LLC notified the Board 55 days after the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016.

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC). Specifically, Lifescience Logistics LLC operated for 428 days without a DRIC, between the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016, and the date Perry Utley (EXC 23899) was licensed as a designated representative on Nov. 3, 2017.

CITATION ISSUED ON: April 30, 2018	TOTAL AMOUNT OF FINE(S): $900.00

PAYMENT OF FINE(S) DUE BY: May 30, 2018

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No
CI 2017 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	Citation without a fine
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	$900.00

CONDUCT:

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC) who shall be responsible for compliance, and to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a DRIC ceases to act as the DRIC. Specifically, on Oct. 26, 2016, Lifescience Logistics LLC notified the Board 55 days after the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016.

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC). Specifically, Lifescience Logistics LLC operated for 428 days without a DRIC, between the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016, and the date Perry Utley (EXC 23899) was licensed as a designated representative on Nov. 3, 2017.

CITATION ISSUED ON: April 30, 2018	TOTAL AMOUNT OF FINE(S): $900.00

PAYMENT OF FINE(S) DUE BY: May 30, 2018

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: LIFESCIENCE LOGISTICS LLC

License No: OSD 6246

Citation Number : CI 2017 78097

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) ( ) _____ Residence: ( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against:	Citation Case No : CI 2017 78097
LIFESCIENCE LOGISTICS LLC OSD 6246 Respondent	NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: LIFESCIENCE LOGISTICS LLC, OSD 6246
Citation and Fine CI 2017 78097

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On April 30, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
LIFESCIENCE LOGISTICS LLC ATTN: MAX KAMHI, MEM 4475 SOUTH FULTON PKWY BLDG 5 STE C ATLANTA, GA 30349	7016 1970 0001 0142 6645

I declare under penalty of perjury that the forgoing is true and correct.

Executed on April 30, 2018, at Sacramento, California.

DECLARANT
Ericka Busby
Enforcement Analyst

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

May 30, 2018

LIFESCIENCE LOGISTICS LLC
ATTN: PERRY UTLEY, EIC
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Enforcement Analyst, Ericka Busby at (916) 574-7731.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* Parent company change 6% ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03066	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LifeScience Logistics, LLC

Physical Address: 3860 S. 500 E, Suite 200

City: Whitestown State: IN Zip: 46075

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (317) 456-0254 Website: www.lslog.com

Name of Designated Representative (DR): Alexander Joseph Bova

Licensing Company Email: LSL@slsny.com DR Email: abova@lslog.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☐ Others: Distribution sites w/ organization, Distributors, Physicians/Veterinarians, US Govt	☐ Others: Biologics, Ophthalmic, Devices (Rx Convenience Kit, Containing a drug component

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): LifeScience Logistics, LP (94%) and LSL HoldCo, LLC (6%)

Corporation/Organization Name: LifeScience Logistics, LLC

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: LSL@slsny.com

Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A 100% ownership by Comp: 94% LifeScience Logistics, LP 6% LSL HoldCo, LLC		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Beeny

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

02 NOV 2021

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 8672

STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

November 8, 2021

VIA [FEDEX]

To: **[Nevada State Board of Pharmacy]**

Re: **Notice – LifeScience Logistics, LLC, LICENSE # WH03066**

Dear Sir or Madam:

LifeScience Logistics, LLC ("Licensee") currently holds the above referenced license in your state. On behalf of Licensee, we write to inform you of an upcoming transaction that will result in a change in the minority interest of Licensee as well as a change of indirect ownership of the Licensee (the "Transaction") and to provide the enclosed application reflecting these changes.

Effective December 3, 2021, LSL HoldCo, LLC will acquire 6% of the equity of Licensee, from LifeScience Logistics, LP. Licensee's majority direct parent level owner, LifeScience Logistics, LP, will not change as a result of the Transaction. Additionally, the Transaction will also result in an indirect change at the grandparent-level. The new grandparent-level owner will be LSL HoldCo, LLC.

Please note that there will be no change in the Licensee's name, federal tax ID number, offered services, or officers or directors as a result of the Transaction. Please also note, both before and after the Transaction closing date, the entity operating the Licensee and holding the above referenced license is LifeScience Logistics, LLC.

Enclosed please also find a pre-close and post-closing organizational charts for a depiction of the anticipated changes.

We kindly request that you review and approve the enclosed application as soon as possible so that the Transaction may close, or confirm that approval of the application is not required before the Transaction closes. Please contact me at LSL@SLSNY.com or at (845) 544-2482 if you have any questions with respect to this notice, enclosed application, or the Transaction, or if you require any additional information.

Kind Regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
LSL@SLSNY.com

Pre Org chart

LifeScience Logistics®

ORGANIZATIONAL CHART

LifeScience Logistics, LP

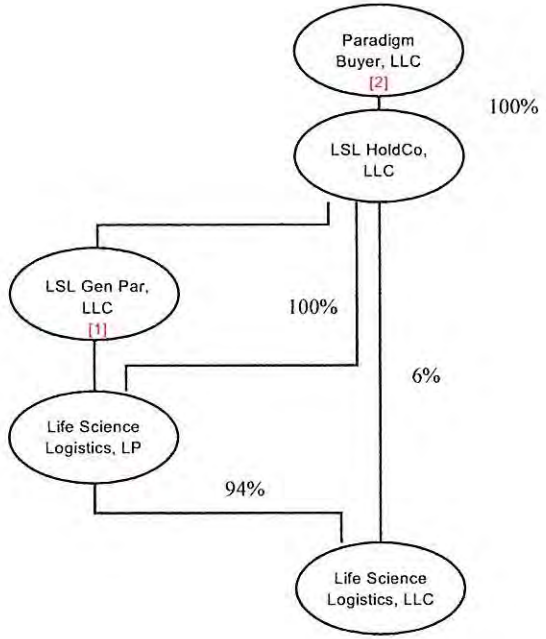
100% OWNER

LifeScience Logistics, LLC

Footnotes

[1] LSL Gen Par, LLC holds a 100% non-economic, control general partnership interest in Life Science Logistics, LP. LSL HoldCo, LLC holds a 100% economic interest in Life Science Logistics, LP.

[2] The structure includes entities with indirect ownership at the great-great grandparent level and above. For purposes of the enclosed notice, the structure reflected here focuses on the license-holding entity through the great grandparent level indirect owner.



October 21, 2021

Private and Confidential

Post org chart

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0596138	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	IMPORTER	03-29-2021

LIFESCIENCE LOGISTICS, LLC
LIFESCIENCE LOGISTICS, LLC
3860 S 500 E
SUITE 200
WHITESTOWN, IN 46075

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0596138	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	IMPORTER	03-29-2021

LIFESCIENCE LOGISTICS, LLC
LIFESCIENCE LOGISTICS, LLC
3860 S 500 E
SUITE 200
WHITESTOWN, IN 46075

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NABP ACCREDITED
DRUG DISTRIBUTOR

Life Science Logistics, LLC

located at

3860 South 500 East, Whitestown, IN 46075

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

3/31/2021 - 3/30/2024
Period of Accreditation

Ver. 4.2
11/19/21
MS

UAWD 796

LifeScience Logistics®

Company Name: LifeScience logistics, LLC.
Company Address: 3860 S 500 E, Suite 200, Whitestown, Indiana-46075, United States
Document Title: FDA Drug Establishment Registration (2021)

Home > Drug Databases > Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for Life Science Logistics

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Life Science Logistics	3018161030	117963809	RELABEL; REPACK;	3860 S 500 E Suite 200, Whitestown, Indiana (IN) 46075, United States (USA)	12/31/2021

Verified 12/29/21 MS

DEA 797

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000172A	09/30/2022

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000172A	**09/30/2022**

LifeScience Logistics, LLC

Signature _____

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102099B	12/31/2023

DRUG SCHEDULES

1	2	2N	3	3N	4	5
			Yes	Yes	Yes	Yes

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102099B	12/31/2023

LifeScience Logistics, LLC

Signature

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002483A	09/30/2022

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002483A	09/30/2022

LifeScience Logistics, LLC

Signature _____

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102099B	12/31/2023

DRUG SCHEDULES

1	2	2N	3	3N	4	5
			Yes	Yes	Yes	Yes

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102099B	12/31/2023

LifeScience Logistics, LLC

Signature

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0596114	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	EXPORTER	03-29-2021

LIFESCIENCE LOGISTICS, LLC
LIFESCIENCE LOGISTICS, LLC
3860 S 500 E
SUITE 200
WHITESTOWN, IN 46075

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0596114	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	EXPORTER	03-29-2021

LIFESCIENCE LOGISTICS, LLC
LIFESCIENCE LOGISTICS, LLC
3860 S 500 E
SUITE 200
WHITESTOWN, IN 46075

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0596126	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-29-2021

LIFESCIENCE LOGISTICS, LLC
LIFESCIENCE LOGISTICS, LLC
3860 S 500 E
SUITE 200
WHITESTOWN, IN 460759557

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0596126	03-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-29-2021

LIFESCIENCE LOGISTICS, LLC
LIFESCIENCE LOGISTICS, LLC
3860 S 500 E
SUITE 200
WHITESTOWN, IN 460759557

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Good Standing

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LIFE SCIENCE LOGISTICS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 14, 2011, and was in existence or authorized to transact business in the State of Indiana on October 30, 2021.

I further certify this Foreign Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 30, 2021

Holli Sullivan

HOLLI SULLIVAN
SECRETARY OF STATE

2011101700162 / 20212274575

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on November 29, 2021.

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name:	LifeScience Logistics, LLC
Address:	3860 S. 500 E. Suite 200 Whitestown, IN 46075
Owner Name:	ALEXANDER BOVA, DESIGNATED REP.

License Information

Number Issued:	48002483A
License Type:	Wholesale Drug Distributor
Status:	Active
Issue date:	07/20/2021
Expiration Date:	09/30/2022
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Sat Oct 30 01:56:05 PM EST 2021

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: LifeScience Logistics, LLC

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Sat Oct 30 01:56:05 PM EST 2021

LifeScience Logistics®

Memorandum

Date: 11 NOV 2020

To: File

Re: List of Officers

Below is the List of Officers of Life Science Logistics, LLC.

- Richard Beeny (CEO)
- Max Kamhi (CFO)

Sincerely,

Richard Beeny

Employee Last Name	Employee First Name
Austin	Brook
Cervera	Carlos
Daniels	Curtis
Fakokunde	Oluwasanmi
Fariss	Nicholas
Fintoski	Stephanie
Gage	Matthew
Manzano Clemente	Hugo
Mcguire	Amber
Miller	Brandon
Molina Clemente	Javier
Morales	Robert
Nordmeyer	Kaitlyn
Ortiz	William
Padilla	Daniel
Parker	Dexter
Pugh	Hollie
Quiroga	Bryan
Sample	Everett
Villatoro	Christopher
Webb	Nathan
Wible	Scott

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33

PNC

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY, STE 206
RENO, NV 89521

APPLICANT:
LIFE SCIENCE LOGISTICS, LLC
3100 OLYMPUS BLVD., SUITE 100
DALLAS, TX 75019

ATTENTION: CANDY NALLY

IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE:	18134705-00-000
AMOUNT:	USD $25,000.00
ISSUE DATE:	JUNE 18, 2021
EXPIRY DATE:	JUNE 18, 2022
EXPIRY PLACE:	OUR COUNTERS

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 18134705-00-000 IN YOUR FAVOR FOR THE ACCOUNT OF LIFE SCIENCE LOGISTICS, LLC (THE "WHOLESALE DISTRIBUTOR") WHICH SUPPORTS THE LIFE SCIENCE LOGISTICS, LLC WAREHOUSES AT 1105 E NORTHFIELD DR, BROWNSBURG, IN 46112 AND 3860 S 500 E, SUITE 200, WHITESTOWN, IN 46075 UP TO THE AGGREGATE AMOUNT OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS) AVAILABLE FOR PAYMENT AT OUR COUNTERS AT 500 FIRST AVENUE, SECOND FLOOR, P7-PFSC-02-T, PITTSBURGH, PA 15219 ATTN: INTERNATIONAL TRADE PRODUCT DELIVERY AGAINST PRESENTATION OF YOUR STATEMENT PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME/TITLE) HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS LIFE SCIENCE LOGISTICS, LLC HAS FAILED TO PROVIDE PAYMENT FOR WHOLESALE DISTRIBUTION OF PRESCRIPTION DRUGS."

THIS LETTER OF CREDIT EXPIRES AT THIS OFFICE ON JUNE 18, 2022 AT 5:00 P.M. EASTERN TIME.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT WILL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT, FOR ADDITIONAL ONE (1) YEAR PERIODS FROM THE CURRENT EXPIRATION DATE SET HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST 60 (SIXTY) DAYS PRIOR TO ANY EXPIRATION DATE, WE NOTIFY YOU BY REGISTERED OR CERTIFIED MAIL, OR OVERNIGHT COURIER SERVICE THAT WE ELECT NOT TO FURTHER EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD. UPON RECEIPT OF SUCH NOTICE YOU MAY DRAW HEREUNDER BY PRESENTATION OF A STATEMENT ON YOUR LETTERHEAD PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33

PNC

NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND DEMAND PAYMENT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS WE HAVE BEEN NOTIFIED THAT PNC BANK, NATIONAL ASSOCIATION HAS ELECTED NOT TO FURTHER EXTEND THIS LETTER OF CREDIT, AND WE HAVE NOT RELEASED LIFE SCIENCE LOGISTICS, LLC FROM THEIR OBLIGATIONS TO US AND WE HAVE NOT RECEIVED A REPLACEMENT LETTER OF CREDIT SATISFACTORY TO US."

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES 1998, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

WE HEREBY ENGAGE WITH YOU THAT DRAWING(S) PRESENTED UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TO US AT THIS OFFICE ON OR BEFORE THE EXPIRY DATE OR ANY AUTOMATICALLY EXTENDED EXPIRY DATE.

PNC BANK, NATIONAL ASSOCIATION
INTERNATIONAL TRADE PRODUCT DELIVERY

y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LifeScience Logistics, LLC

Physical Address 3860 S. 500 E, Suite 200

City Whitestown State IN Zip 46075

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.lslog.com

Licensing Company Email LSL@slsny.com

Section 2: Personal Information

First Alexander Middle Joseph Last Bova

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address [redacted] E. 75th Street

City Indianapolis State IN Zip 46240

Telephone (317) 362-7007 Email abova@lslog.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials AB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana University Purdue University - Indianapolis		01/07 - 12/12	
Address	**City**	**State**	**Zip**
107 S Indiana Ave	Bloomington	IN	47405
Diploma/Degree obtained, if any			
Bachelors of Science in Elementary Education			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08/06 - 12/06	
Address	**City**	**State**	**Zip**
610 Purdue Mall	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
North Central High School		09/2002 - 06/2006	
Address	**City**	**State**	**Zip**
1801 East 86th Street	Indianapolis	IN	46240
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/16 - Current	[redacted] E. 75th Street	Indianapolis	IN	46240
08/14 - 08/16	5205 Luzzane Lane Apt 212	Indianapolis	IN	46220
08/15 - 08/16	6602 N. College Ave	Indianapolis	IN	46220
07/92 - 08/15	6709 Grattan Lane	Indianapolis	IN	46220
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
LifeScience Logistics, LLC			02/2017 - Present	
Business Address		**City**	**State**	**Zip**
3860 S. 500 E, Suite 200		Whitestown	IN	46075
Phone	**Title**		**Number of Employed Hours**	
(317) 456-0254	Operations Manager		8,320hrs @ 40 hrs a wk	
Description of Duties				
Oversee daily operations for all departments in building, Allocate resources to satisfy the need for all clients on site, Serve as main operations point of contact during client visits and meetings, Hold weekly reviews with supervisors and team leads to increase internal transparency, Develop higher level team members to prepare for upward growth within the company				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2006		IN	Warsaw	Kosciusko
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
06-2561		Kosciusko Co Sheriff Department		
Reason/Charge				
Minor Consumption				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Charge was Dismissed				
Name of Business/Industry/Entity				

Provide explanation below:

In August 2006, I was arrested for Minor Consumption at the age of 18. This charge was deferred which put me on a six month probation. Upon completing this probationary time frame, the charge was dismissed and removed from my record.

Original Signature (electronic, copies or stamps not accepted)

03 NOV 2021
Date

Applicant's initials AB

I, Alexander Joseph Bova, **certify that as the designated representative for** LifeScience Logistics, LLC, **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Alexander Joseph Bova

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03 NOV 2021

Date

Applicant's initials AB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander Joseph Bova

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03 NOV 2021

Date

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of HENDRICKS

I, Alexander J. Bova, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03 NOV 2021

Date

Subscribed and Sworn to before me this 03 day of November 2021

Notary Public Signature

MONALISA SIBANDA
Notary Public - Seal
Hendricks County - State of Indiana
Commission Number NP0729783
My Commission Expires Nov 5, 2028

(Seal)

Applicant's initials AB

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33

PNC

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY, STE 206
RENO, NV 89521

APPLICANT:
LIFE SCIENCE LOGISTICS, LLC
3100 OLYMPUS BLVD., SUITE 100
DALLAS, TX 75019

ATTENTION: CANDY NALLY

IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE:	18134705-00-000
AMOUNT:	USD $25,000.00
ISSUE DATE:	JUNE 18, 2021
EXPIRY DATE:	JUNE 18, 2022
EXPIRY PLACE:	OUR COUNTERS

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 18134705-00-000 IN YOUR FAVOR FOR THE ACCOUNT OF LIFE SCIENCE LOGISTICS, LLC (THE "WHOLESALE DISTRIBUTOR") WHICH SUPPORTS THE LIFE SCIENCE LOGISTICS, LLC WAREHOUSES AT 1105 E NORTHFIELD DR, BROWNSBURG, IN 46112 AND 3860 S 500 E, SUITE 200, WHITESTOWN, IN 46075 UP TO THE AGGREGATE AMOUNT OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS) AVAILABLE FOR PAYMENT AT OUR COUNTERS AT 500 FIRST AVENUE, SECOND FLOOR, P7-PFSC-02-T, PITTSBURGH, PA 15219 ATTN: INTERNATIONAL TRADE PRODUCT DELIVERY AGAINST PRESENTATION OF YOUR STATEMENT PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME/TITLE) HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS LIFE SCIENCE LOGISTICS, LLC HAS FAILED TO PROVIDE PAYMENT FOR WHOLESALE DISTRIBUTION OF PRESCRIPTION DRUGS."

THIS LETTER OF CREDIT EXPIRES AT THIS OFFICE ON JUNE 18, 2022 AT 5:00 P.M. EASTERN TIME.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT WILL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT, FOR ADDITIONAL ONE (1) YEAR PERIODS FROM THE CURRENT EXPIRATION DATE SET HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST 60 (SIXTY) DAYS PRIOR TO ANY EXPIRATION DATE, WE NOTIFY YOU BY REGISTERED OR CERTIFIED MAIL, OR OVERNIGHT COURIER SERVICE THAT WE ELECT NOT TO FURTHER EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD. UPON RECEIPT OF SUCH NOTICE YOU MAY DRAW HEREUNDER BY PRESENTATION OF A STATEMENT ON YOUR LETTERHEAD PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33

PNC

NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND DEMAND PAYMENT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS WE HAVE BEEN NOTIFIED THAT PNC BANK, NATIONAL ASSOCIATION HAS ELECTED NOT TO FURTHER EXTEND THIS LETTER OF CREDIT, AND WE HAVE NOT RELEASED LIFE SCIENCE LOGISTICS, LLC FROM THEIR OBLIGATIONS TO US AND WE HAVE NOT RECEIVED A REPLACEMENT LETTER OF CREDIT SATISFACTORY TO US."

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES 1998, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

WE HEREBY ENGAGE WITH YOU THAT DRAWING(S) PRESENTED UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TO US AT THIS OFFICE ON OR BEFORE THE EXPIRY DATE OR ANY AUTOMATICALLY EXTENDED EXPIRY DATE.

PNC BANK, NATIONAL ASSOCIATION
INTERNATIONAL TRADE PRODUCT DELIVERY

Execution Version

EQUITY PURCHASE AGREEMENT AND PLAN OF MERGER

BY AND AMONG

PARENT,

BUYER,

DEBT MERGER SUB,

THE OWNERS,

THE OWNER HOLDCOS,

THE SELLERS,

THE TARGET COMPANIES,

THE LSL HOLDCOS,

AND

THE REPRESENTATIVE

October 19, 2021

Table of Contents

Page

ARTICLE I THE TRANSACTION 4

1.01. Reorganization 4
1.02. Debt Merger 4
1.03. Repayment of Funded Debt 5
1.04. Distribution of Debt Proceeds 5
1.05. Sale Transaction 6
1.06. Sale Transaction Consideration 6
1.07. Estimated Cash Payment 6
1.08. Payments 7
1.09. Cash Payment Determination 8
1.10. Preparation of Closing Statement 10
1.11. Earnout 10
1.12. Withholding 15
1.13. Rollover 15

ARTICLE II THE CLOSING AND TRANSFER OF PURCHASED SECURITIES 16

2.01. Closing 16
2.02. Closing Actions 16
2.03. Post-Closing Contribution 16

ARTICLE III REPRESENTATIONS AND WARRANTIES OF BUYER PARTIES AND OWNER PARTIES 16

3.01. Representations and Warranties of the Buyer Parties 16
3.02. Representations and Warranties of the Owner Parties 21

ARTICLE IV REPRESENTATIONS AND WARRANTIES OF THE TARGET COMPANIES 23

4.01. Corporate Status 23
4.02. Power and Authority 23
4.03. Enforceability 23
4.04. Capitalization; Stock Ownership 24
4.05. Subsidiaries 24
4.06. No Violation; Consents and Approvals 25
4.07. Financial Statements 26
4.08. Undisclosed Liabilities 26
4.09. Absence of Certain Developments 26
4.10. Litigation 28
4.11. Environmental Matters 29
4.12. Title to Properties 29
4.13. Compliance with Laws 30
4.14. Labor and Employment Matters 31
4.15. Employee Benefit Plans 32
4.16. Tax Matters 34

Table of Contents
(CONTINUED)

Page

4.17. Insurance 36
4.18. Licenses and Permits 36
4.19. Affiliated Transactions 36
4.20. Material Contracts 37
4.21. Intellectual Property 39
4.22. Customers and Suppliers 40
4.23. No Brokers 40
4.24. Regulatory Matters 40
4.25. No Other Representations and Warranties 41

ARTICLE V PRE-CLOSING COVENANTS 42

5.01. Further Assurances; Closing Conditions 42
5.02. Consents and Release of Liens 42
5.03. Regulatory Filings 42
5.04. Conduct of the Business 44
5.05. Access to Information 45
5.06. Exclusivity 45
5.07. Confidentiality Agreement 45
5.08. Financing 46
5.09. Assistance with Financing 46
5.10. Termination of Affiliate Agreements 48

ARTICLE VI POST-CLOSING COVENANTS 48

6.01. Further Assurances 48
6.02. Director and Officer Liability and Indemnification 48
6.03. Access to Books and Records 49
6.04. Employees; Benefits 50
6.05. Investment Intent of Buyer 51

ARTICLE VII TAX COVENANTS 51

7.01. Responsibility for Filing Income Tax Returns 51
7.02. Amendments, Elections, Etc. 52
7.03. Cooperation on Tax Matters 52
7.04. Transfer Taxes 53
7.05. Intended Tax Treatment; Allocation of Purchase Price 53
7.06. Income Tax Contests 54
7.07. Covered Taxes 54

ARTICLE VIII CONDITIONS TO THE OBLIGATIONS OF THE BUYER PARTIES 55

8.01. Accuracy of Representations and Warranties 55
8.02. Compliance with Obligations 56
8.03. No Adverse Ruling 56

Table of Contents
(CONTINUED)

Page

8.04. Termination of HSR Waiting Period 56
8.05. No Material Adverse Effect 56
8.06. State Licenses 56
8.07. Representative Deliveries 56
8.08. Third Party Consents 57

ARTICLE IX CONDITIONS TO THE OBLIGATIONS OF THE OWNER PARTIES 57

9.01. Accuracy of Representations and Warranties 57
9.02. Compliance with Obligations 57
9.03. No Adverse Ruling 58
9.04. Termination of Hart-Scott-Rodino Act Waiting Period 58
9.05. Buyer Deliveries 58

ARTICLE X NON-SURVIVAL OF REPRESENTATIONS; WARRANTIES AND COVENANTS 58

I0.01. Non-Survival of Representations, Warranties and Covenants 58
10.02. R&W Insurance Policy 58

ARTICLE XI DEFINITIONS 59

11.01. Defined Terms 59
11.02. Other Definitional Provisions 77

ARTICLE XII TERMINATION 77

12.01. Termination 77
12.02. Effect of Termination 78
12.03. Termination Fee 78

ARTICLE XIII GENERAL PROVISIONS 80

13.01. Notices 80
13.02. Entire Agreement 81
13.03. Expenses 82
13.04. Amendment; Waiver 82
13.05. Binding Effect; Assignment 82
13.06. Counterparts 82
13.07. Interpretation; Schedules 82
13.08. Governing Law; Interpretation 83
13.09. Forum Selection and Consent to Jurisdiction 83
13.10. Specific Performance 85
13.11. Arm's Length Negotiations; Drafting 85
13.12. Confidentiality; Publicity 85
13.13. Made Available 86
13.14. Company Representation 86

Table of Contents
(CONTINUED)

Page

13.15. Severability 86
13.16. No Recourse 87
13.17. Designation of the Representative 87
13.18. Debt Financing Sources 89

SCHEDULES

Schedule 1-A	Owners
Schedule 1-B	Owner Holdco
Schedule 1-C	Rollover Investors
Schedule 1.04	Pro Rata Percentages
Schedule 1.06	Accounting Principles
Schedule 5.02	Notices and Consents
Schedule 5.04(a)	Conduct of the Business
Schedule 7.05	Purchase Price Allocation Schedule
Schedule 8.07(e)	Funded Debt to be paid at Closing
Schedule 8.07(f)	Manager and Officer Resignations

EQUITY PURCHASE AGREEMENT AND PLAN OF MERGER

This Equity Purchase Agreement and Plan of Merger (this "Agreement") is entered into as of October 19, 2021, by and among Paradigm TopCo, LLC ("Parent"), Paradigm Buyer, LLC ("Buyer"), Paradigm Debt Merger Sub, LLC ("Debt Merger Sub", and together with Parent and Buyer, the "Buyer Parties"), the Persons listed on Schedule 1-A hereto (each, an "Owner", and collectively, the "Owners"), the Persons listed on Schedule 1-B hereto, (each, an "Owner Holdco", and collectively, the "Owner Holdcos"), LSL Seller, LLC, a Delaware limited liability company ("LSL Seller" and together with LSL NY Sellers (as defined herein), the "Sellers"), LSL HoldCo, LLC, a Delaware limited liability company ("LSL Holdings"), Life Science Logistics NY, LLC, a New York limited liability company, ("LSL NY", and together with LSL Holdings, the "Target Companies"), Life Science Logistics, LP, a Delaware limited partnership ("LSL"), LSL Healthcare Services, LLC, a Delaware limited liability company ("LSL Healthcare"), LSL Technology Services, LLC, a Delaware limited liability company ("LSL Technology" and together with LSL Healthcare, LSL and LSL NY, collectively the "LSL Holdcos"), Life Science Logistics Corporation, a Delaware corporation, in its capacity as the representative of the Sellers (the "Representative"). Capitalized terms used but not otherwise defined herein shall have the meanings ascribed to them in Section 11.01 of this Agreement. Parent, Buyer, Debt Merger Sub, the Owners, the Owner Holdcos, the Sellers, the Target Companies, the LSL Holdcos, and the Representative are referred to collectively herein as the "Parties" and each individually as a "Party."

RECITALS

WHEREAS, as of the date hereof, the Owners collectively own, directly or indirectly, all of the issued and outstanding equity interests of the Owner Holdcos;

WHEREAS, as of the date hereof, the Owner Holdcos collectively own, directly or indirectly, all of the issued and outstanding equity interests of the LSL Holdcos;

WHEREAS, the LSL NY Sellers (as defined herein) collectively own all of the issued and outstanding equity interests of LSL NY (the "LSL NY Securities");

WHEREAS, at least seven (7) days prior to the Closing, the Owners, the Owner Holdcos, and certain of their direct and indirect Subsidiaries shall engage in the following series of restructuring transactions:

(i) Each Owner Holdco will transfer a portion of its membership interests in LSL Healthcare, LSL LLC and Life Science Logistics, LLC ("LSL LLC"), as applicable, to limited liability companies formed on or around August 31, 2021;

(ii) LSL Holdings will form LSL GP, LLC, a Delaware limited liability company ("LSL GP") and the Representative will assign its general partner interest in LSL to LSL GP;

(iii) (A) LSL Healthcare will contribute its membership interests in (1) Life Science Logistics FL, LLC ("LSL Florida"), (2) Life Science Logistics SC, LLC ("LSL South Carolina"), (3) Life Science Logistics TX, LLC ("LSL Texas"), (4) Life Science Logistics

CT, LLC ("LSL Connecticut") and (5) Life Science Logistics CA, LLC ("LSL California" and, together with LSL Florida, LSL South Carolina, LSL Texas, and LSL Connecticut, the "LSL Healthcare Companies") to LSL Holdings in exchange for membership interests in LSL Holdings having a value corresponding to the value of the membership interests contributed (the "LSL Healthcare Contribution"), and (B) following the LSL Healthcare Contribution, LSL Healthcare will be dissolved and the membership interests in LSL Holdings issued to LSL Healthcare will be distributed to its members (the "Dissolution");

(iv) the members of LSL Technology will contribute their membership interests in LSL Technology to LSL Holdings in exchange for membership interests in LSL Holdings having a value corresponding to the value of the membership interests contributed (the "LSL Technology Contribution");

(v) PWHC Holdings, LLC will contribute its membership interest in LSL LLC in exchange for membership interests in LSL Holdings having a value corresponding to the value of the membership interests contributed (the "PWHC Holdings Contribution");

(vi) the limited partners of LSL will contribute their limited partnership interests in LSL to LSL Holdings in exchange for membership interests in LSL Holdings having a value corresponding to the value of the limited partnership interests contributed (together with the PWHC Holdings Contribution, the LSL Technology Contribution and the LSL Healthcare Contribution, the "Initial Contributions") and following such contribution, LSL Holdings will own, directly or indirectly, all of the outstanding equity interests in LSL LLC;

(vii) immediately following the effectiveness of the Initial Contributions and the Dissolution, each of the then-existing members of LSL Holdings (other than David Helffrich) will contribute a portion of their LSL Holdings Securities equal to the total number of LSL Holdings Securities held by them as of such time less the aggregate number of Rollover Securities (such contributed LSL Holdings Securities, the "LSL Holdings Purchased Securities" and together with the LSL NY Securities, collectively, the "Purchased Securities"), to LSL Seller in exchange for membership interests in LSL Seller having a value corresponding to the value of the membership interests contributed; and

(viii) immediately following the effectiveness of the Initial Contributions and the Dissolution, David Helffrich will contribute his LSL Holdings Securities to LSL Seller in exchange for a promissory note (the "Helffrich Promissory Note") having an aggregate principal amount equal to the value of the LSL Holdings Securities contributed by him; provided that, notwithstanding the forgoing, the principal amount of such Helffrich Promissory Note shall be no more than $2,000,000 (such contribution, together with the transactions described in clauses (i) through (vii) of this Recital, the "Reorganization");

WHEREAS, on the terms and subject to the conditions set forth in this Agreement, on the Closing Date but prior to the Distribution and the Sale Transaction, Parent and the Owner Parties desire to cause Debt Merger Sub to merge with and into LSL Holdings, with LSL Holdings as the surviving company;

WHEREAS, immediately following the effectiveness of the Reorganization and immediately following the Debt Merger Closing, (i) LSL Seller will own all of the issued and outstanding LSL Holdings Purchased Securities, (ii) the LSL NY Sellers will own all of the issued and outstanding LSL NY Securities, and (iii) LSL Holdings will own a portion of the interests of LSL LLC (the remainder of which will be owned by LSL) and all of the issued and outstanding equity interests of LSL GP, LSL (other than the general partner interest which will be owned by LSL GP), the LSL Healthcare Companies and LSL Technology;

WHEREAS, immediately following the Debt Merger Effective Time but prior to the Rollover Closing, the Owner Parties desire to cause LSL Holdings to make the Distribution;

WHEREAS, immediately following the consummation of the Distribution but prior to the Sale Transaction Closing, each Person identified on Schedule 1-C (the "Rollover Investors") shall contribute (and cause its Affiliates to contribute) such number of LSL Holdings Securities (in the aggregate with respect to all Rollover Investors, the "Rollover Securities") with an aggregate Rolled Value (as defined in the applicable Rollover Contribution Agreement) as set forth in the applicable Rollover Contribution Agreement to LSL RO Aggregator LLC (the "LSL Rollover Aggregator"), which Rollover Securities shall be subsequently contributed by LSL Rollover Aggregator to Parent in consideration for Class A limited liability company interests in Parent ("Parent Units") pursuant to the applicable Rollover Contribution Agreement (the "Rollover Contribution" and the closing of such Rollover Contribution, the "Rollover Closing");

WHEREAS, on the terms and subject to the conditions set forth in this Agreement, Buyer desires to purchase from Sellers, and the Owner Parties desire to cause Sellers to sell to Buyer, the Purchased Securities;

WHEREAS, concurrently with the execution of this Agreement, and as a condition and inducement to the Buyer Parties' willingness to enter into this Agreement, each of the Sellers and the Rollover Investors has delivered to Parent an executed Restrictive Covenant Agreement;

WHEREAS, concurrently with the execution of this Agreement, and as a condition and inducement to the Buyer Parties' willingness to enter into this Agreement, Richard Beeny has delivered to Parent an executed Retention and Transition Agreement and Steve Solomon has delivered to Parent an executed Consulting Agreement; and

WHEREAS, concurrently with the execution of this Agreement, and as a condition and inducement to the Owner Parties' willingness to enter into this Agreement, (i) the Equity Investors have delivered to the Representative the Equity Commitment Letter pursuant to which the Equity Investors have committed to provide the Equity Financing in an amount sufficient to satisfy all of Buyer's obligations to pay the cash purchase price under this Agreement and (ii) Guarantors have delivered to the Representative the Guaranty pursuant to which Guarantors have agreed to guarantee certain obligations of Buyer hereunder, each on the terms and conditions set forth therein.

NOW, THEREFORE, in consideration of the mutual covenants, representations and warranties herein made, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

ARTICLE I
THE TRANSACTION

1.01. Reorganization. On the terms and subject to the conditions set forth in this Agreement, at least seven (7) days prior to the Closing Date, the Owner Parties will consummate the Reorganization and will provide drafts of all documentation relating to the Reorganization to Parent reasonably in advance of the Closing Date and will consider Parent's comments, if any, on such documentation in good faith.

1.02. Debt Merger.

(a) On the terms and subject to the conditions set forth in this Agreement, at the Debt Merger Effective Time, at Parent's sole discretion, Debt Merger Sub shall be merged with and into LSL Holdings in accordance with the Delaware LLC Act, including Section 18-209 thereof (the "Debt Merger"), and the separate corporate existence of Debt Merger Sub shall thereupon cease and LSL Holdings shall be the surviving company in the Debt Merger (sometimes hereinafter referred to as the "Surviving Company").

(b) Debt Merger Effective Time. On the Closing Date (but prior to the Rollover Closing or the Sale Transaction Closing), at Parent's sole discretion, Parent, the Owner Parties and Debt Merger Sub shall cause a certificate of merger with respect the Debt Merger, in a form reasonably acceptable to Parent and the Owner Parties (the "Certificate of Merger"), to be executed, acknowledged and filed with the Secretary of State of the State of Delaware in accordance with the terms and conditions of the Delaware LLC Act and shall take all such other actions as may be required by Law to make the Debt Merger effective as promptly as practicable. The Debt Merger shall become effective at the time that the Certificate of Merger is accepted for filing by the Secretary of State of the State of Delaware or at such later date and time as is specified in the Certificate of Merger (such time and date being referred to herein as the "Debt Merger Effective Time").

(c) Effects of the Debt Merger.

(i) The Debt Merger shall have the effects set forth in this Agreement, the Certificate of Merger and the applicable provisions of the Delaware LLC Act. Without limiting the generality of the foregoing and subject thereto, by virtue of the Debt Merger and without further act or deed by any Party, at the Debt Merger Effective Time, all of the property, rights, privileges, immunities, powers and franchises of LSL Holdings and Debt Merger Sub shall vest in the Surviving Company, and all debts, liabilities, obligations and duties of the LSL Holdings and Debt Merger Sub shall become the debts, liabilities, obligations and duties of the Surviving Company.

(ii) Effect on Debt Merger Sub Units. At the Debt Merger Effective Time, each limited liability company interest in Debt Merger Sub issued and outstanding immediately prior to the Debt Merger Effective Time shall, by virtue of the Debt Merger and without any action on the part of the holder thereof, be canceled and nothing shall be issued in respect thereof.

(iii) Effect on LSL Holdings Units. At and immediately following the Debt Merger Effective Time, each limited liability company interest in LSL Holdings (each, a "LSL Holdings Unit") issued and outstanding immediately prior to the Debt Merger Effective Time shall, by virtue of the Debt Merger and without any action on the part of the holder thereof, be cancelled and converted into the right to receive one limited liability company interest in the Surviving Company.

(d) Certificate of Formation and Limited Liability Company Agreement of the Surviving Company. The certificate of formation of LSL Holdings as in effect immediately prior to the Debt Merger Effective Time shall be the certificate of formation of the Surviving Company (the "Surviving Company Charter"), until duly amended as provided in the Surviving Company Charter, the Surviving Company LLC Agreement or by applicable Law. The limited liability company agreement of LSL Holdings as in effect immediately prior to the Debt Merger Effective Time shall be the limited liability company agreement of the Surviving Company (the "Surviving Company LLC Agreement"), until duly amended as provided in the Surviving Company Charter, the Surviving Company LLC Agreement or by applicable Law.

(e) Officers of the Surviving Company. The officers of LSL Holdings as of immediately prior to the Debt Merger Effective Time shall be the officers of the Surviving Company, each to hold office in accordance with the Surviving Company Charter and Surviving Company LLC Agreement until their respective successors are duly elected or appointed and qualified or until their earlier death, resignation or removal.

1.03. Repayment of Funded Debt. Immediately following the consummation of the Debt Merger (the "Debt Merger Closing") and prior to the Rollover Closing and the Sale Transaction Closing, and contingent upon the occurrence of the Debt Merger Closing, LSL Holdings shall use the proceeds of the Debt Financing to repay the Funded Debt listed on Schedule 8.07(e) (the amount of such Funded Debt, the "Funded Debt Repayment Amount"), pursuant to the payoff letters delivered to the Buyer Parties pursuant to Section 8.07(e).

1.04. Distribution of Debt Proceeds. Immediately following the repayment of Funded Debt pursuant to Section 1.03 and prior to the Rollover Closing and the Sale Transaction Closing, and contingent upon the occurrence of the Debt Merger Closing, LSL Holdings shall distribute to its members in accordance with the Surviving Company Charter and Surviving Company LLC Agreement an amount in cash designated by Parent, at its sole discretion, not to exceed an amount equal to (a) the proceeds of the Debt Financing less (b) the Estimated LSL NY Cash Payment less (c) the Funded Debt Repayment Amount (such distribution, the "Distribution" and such amount, the "Distribution Amount"). To the extent that the distribution of the Distribution Amount *pro rata* to the holders of LSL Holdings Securities results in any Rollover Investor receiving more cash than the portion of the Estimated Cash Payment to which they would otherwise have been entitled if such Distribution had not occurred and the purchase price for the LSL Holdings Purchased Securities was equal to the Estimated LSL Holdings Cash Payment, such Rollover Investor shall be treated for U.S. federal Income Tax purposes (and any other applicable Tax purposes) as having acquired the LSL Holdings Purchased Securities attributable to such excess amount from the other holders of LSL Holdings Purchased Securities *pro rata* in a deemed exchange occurring as of immediately prior to the Distribution; provided that for purposes of this

sentence, "Estimated LSL Holdings Purchase Price" shall be read without giving effect the deduction of the Distribution Amount in clause (b) thereof.

1.05. Sale Transaction.

(a) Immediately following the Rollover Closing, in accordance with the terms and upon the conditions contained in this Agreement, LSL Seller shall sell, transfer, assign, convey and deliver to Buyer all right, title and interest in and to all of the LSL Holdings Purchased Securities, free and clear of all Liens and Restrictions (the "LSL Holdings Sale Transaction"). Immediately following the consummation of the LSL Holding Sale Transaction, (i) LSL Seller shall repay in full the Helffrich Promissory Note and (ii) LSL Holdings shall distribute to Buyer a portion of the proceeds of the Debt Financing (or in the event that there is no Debt Financing, cash) in an amount equal to the Estimated LSL NY Cash Payment.

(b) Immediately following the repayment of the Helffrich Promissory Note pursuant to Section 1.05(a), in accordance with the terms and upon the conditions contained in this Agreement, each LSL NY Seller shall sell, transfer, assign, convey and deliver to Buyer all right, title and interest in and to all of such Sellers' LSL NY Securities, free and clear of all Liens and Restrictions, which Buyer shall purchase using (i) first, the proceeds of the Debt Financing and (ii) second, to the extent the amount in clause (i) is less than the LSL NY Cash Payment, any other cash held by Buyer (together with the LSL Holdings Sale Transaction, the "Sale Transaction").

(c) In no event shall the sum of the Distribution Amount and the Estimated Cash Payment exceed the Estimated Purchase Price.

1.06. Sale Transaction Consideration. (a) The purchase price for the LSL Holdings Purchased Securities shall be an amount equal to the sum of LSL Holdings Cash Payment and the portion of the payment, if any, made to the Representative pursuant to Section 1.11 that is distributed by the Representative to the LSL Seller, and (b) the purchase price for the LSL NY Securities shall be an amount equal to the sum of the LSL NY Cash Payment (which payment shall be made using (i) first, the proceeds of the Debt Financing and (ii) second, to the extent the amount in clause (i) is less than the LSL NY Cash Payment, any other cash held by Buyer) and the portion of the payment, if any, made to the Representative pursuant to Section 1.11 that is distributed by the Representative to the LSL NY Sellers, in each case subject to adjustment as provided in this Article I.

1.07. Estimated Cash Payment. Not less than five (5) Business Days prior to the Closing Date, the Representative shall deliver to Buyer a statement which shall set forth a calculation of the Estimated Cash Payment and its components (the "Estimated Closing Statement"). After delivery of the Estimated Closing Statement and until the Closing, Buyer and its accountants and other representatives shall be permitted to (x) make inquiries of, and shall have access to, Representative, each Seller and each Target Company and their respective accountants and employees, in each case, who were involved in the preparation of the Estimated Closing Statement and (y) have access to accounting records and work papers of such persons, in each case of clauses (x) and (y), regarding questions concerning or disagreements with the Estimated Closing Statement arising in the course of their review thereof (subject to customary access letters or confidentiality agreements). If, in the two (2) Business Days following the delivery of the Estimated Closing

Statement, Buyer disagrees with any portion of the Estimated Closing Statement, Buyer and the Representative shall cooperate in good faith to resolve Buyer's disagreements and the Estimated Closing Statement shall be updated for any items so resolved (and such updated Estimated Closing Statement shall be deemed to be the Estimated Closing Statement regardless of when delivered). If Buyer and the Representative fail to resolve any of Buyer's disagreements, the Estimated Closing Statement and the calculation thereof as originally delivered by the Representative (together with any modifications agreed between Buyer and the Representative) shall be conclusive and binding upon Buyer for purposes of determining the Estimated Cash Payment for Closing.

1.08. Payments.

(a) Sale Transaction Closing Payments. At the Sale Transaction Closing, Buyer shall pay (or cause to be paid):

(i) to LSL Seller, the Estimated LSL Holdings Cash Payment;

(ii) to the LSL NY Sellers, their Pro Rata Percentage of the LSL NY Estimated Cash Payment (which shall, for the avoidance of doubt, occur following the payment to LSL Seller of the Estimated LSL Holdings Cash Payment in accordance with Section 1.05(a));

(iii) solely to the extent not already repaid pursuant to Section 1.03, the outstanding amount of all Funded Debt, if any, of LSL Holdings and its Subsidiaries (on a consolidated basis) and LSL NY, pursuant to the payoff letters delivered to the Buyer Parties pursuant to Section 8.07(e);

(iv) the non-compensatory portion of the Transaction Expenses Amount required to be paid at the Closing pursuant to the direction of the Representative;

(v) the Escrow Amount to the escrow account established to satisfy any purchase price adjustment in respect of the Final Cash Payment pursuant to the terms and conditions of this Agreement and the Escrow Agreement; and

(vi) the Representative Expense Fund to the Representative pursuant to the direction of the Representative.

(b) Cash Payment Adjustment. Within five (5) Business Days after the Cash Payment becomes final and binding in accordance with Section 1.09 below:

(i) if the Cash Payment is equal to the Estimated Cash Payment, then Buyer and the Representative shall deliver joint written instructions to the Escrow Agent instructing the Escrow Agent to release the entire Escrow Amount to the Representative (on behalf of the Sellers) for further distribution by the Representative to the Sellers in accordance with their Pro Rata Percentages;

(ii) if the Cash Payment exceeds the Estimated Cash Payment, then (A) Buyer shall pay (or cause to be paid) such excess in cash to the Representative (on

behalf of the LSL Seller or the LSL NY Sellers, as applicable) and (B) Buyer and the Representative shall deliver joint written instructions to the Escrow Agent instructing the Escrow Agent to release the Escrow Amount to the Representative (on behalf of the LSL Seller or the LSL NY Sellers, as applicable) for further distribution by the Representative to the LSL Seller or the LSL NY Sellers, as applicable, in accordance with such Sellers' Pro Rata Percentages; or

(iii) if the Estimated Cash Payment exceeds the Cash Payment (such amount, the "Excess Amount"), then Buyer and the Representative (on behalf of the LSL Seller or the LSL NY Sellers, as applicable) shall deliver joint written instructions to the Escrow Agent instructing the Escrow Agent to release the Excess Amount from the Escrow Amount to Buyer, and if the Excess Amount is less than the Escrow Amount, such joint written instructions shall also instruct the Escrow Agent to release to the Representative (on behalf of the LSL Seller or the LSL NY Sellers, as applicable) the remaining Escrow Amount after payment of the Excess Amount to Buyer for further distribution by the Representative to the LSL Seller or the LSL NY Sellers, as applicable, in accordance with such Sellers' Pro Rata Percentages.

(c) Final Cash Payment. All payments to the Sellers or the Representative pursuant to this Section 1.08 shall be made by wire transfer of immediately available funds to an account or accounts (but not to exceed five accounts total) designated by the Representative in writing. All payments to Buyer pursuant to Section 1.08(b)(iii) shall be made by wire transfer of immediately available funds to an account or accounts designated by Buyer in writing. Buyer agrees that Sellers' maximum aggregate liability for any amounts payable to Buyer pursuant to this Section 1.08(b)(iii) shall be the Escrow Amount and, notwithstanding any other term of this Agreement, the Escrow Amount shall be Buyer's sole source of recovery for any adjustments to the Estimated Cash Payment or the Cash Payment (as finally determined in accordance with Section 1.09 below), even if the Estimated Cash Payment exceeds the Cash Payment (as finally determined in accordance with Section 1.09 below) by an amount that is greater than the amount of the Escrow Amount.

1.09. Cash Payment Determination. As promptly as possible, but in any event within ninety (90) days after the Closing Date, Buyer shall prepare and deliver to the Representative (a) a statement setting forth Buyer's good faith calculation of (i) the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (ii) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (iii) the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Closing Date, and (iv) the Transaction Expenses Amount as of the Closing Date and, based on such amounts, the LSL Holdings Cash Payment and the LSL NY Cash Payment (the "Closing Statement") and (b) reasonable supporting detail for the information set forth in the Closing Statement. If Buyer does not deliver the Closing Statement within ninety (90) days after the Closing Date, the Representative may elect to either (x) deliver a Closing Statement to Buyer within an additional thirty (30) days thereafter (and the procedures below shall apply with Buyer and the Representative switching roles) or (y) designate the Estimated Cash Payment as the final Cash Payment (in which event "Final Cash Payment" shall mean the Estimated Cash Payment). If the Representative elects to prepare the Closing Statement in accordance with the

immediately preceding sentence, then all subsequent references in this Section 1.09 to Buyer, on the one hand, and the Representative, on the other hand, will be deemed to be references to the Representative, on the one hand, and Buyer, on the other hand, respectively. After delivery of the Closing Statement and throughout the period preceding the final determination of the Cash Payment in accordance with this Section 1.09, the Representative and its accountants shall be permitted to (x) make inquiries of, and shall have access to, Buyer and each Target Company and their respective accountants and employees, in each case, who were involved in the preparation of the Closing Statement and (y) have access to accounting records and work papers of such persons, in each case of clauses (x) and (y), regarding questions concerning or disagreements with the Closing Statement arising in the course of their review thereof (subject to customary access letters or confidentiality agreements). If the Representative has any objections to the Closing Statement, then the Representative shall deliver to Buyer a statement (an "Objection Statement") setting forth its disputes or objections (the "Objection Disputes") to the Closing Statement and, to the extent practical, the Representative's proposed resolution of each such Objection Dispute. If an Objection Statement is not delivered to Buyer within thirty (30) days after receipt of the Closing Statement by the Representative, then the Closing Statement as originally received by the Representative shall be final, binding and non-appealable by the Parties. If an Objection Statement is timely delivered, then Buyer and the Representative shall negotiate in good faith to resolve any Objection Disputes and set forth their agreement with respect thereto in writing, which written resolution shall be final and binding on the Parties. If Buyer and the Representative do not reach a final resolution with respect to all Objection Disputes within thirty (30) days after the delivery of the Objection Statement, the Representative and Buyer shall submit each unresolved Objection Dispute to Duff & Phelps (the "Independent Auditor") to resolve such unresolved Objection Disputes, in which case the Independent Auditor shall act as an expert and not as an arbitrator. In the event that Duff & Phelps refuses or is otherwise unable to act as the Independent Auditor, then Parent and the Representative shall cooperate in good faith to appoint a boutique specialty firm with an active practice area focused on post-mergers and acquisitions purchase price dispute resolution mutually agreeable to Parent and the Representative within ten (10) Business Days (in which event "Independent Auditor" shall mean such firm). Any retainer required by the Independent Auditor shall be paid fifty percent (50%) by Buyer and fifty percent (50%) by the Representative, subject to offset and reimbursement, if applicable, pursuant to the final allocation of the fees, costs and expenses of the Independent Auditor in accordance with this Section 1.09. The scope of the Independent Auditor's review shall be limited to the unresolved Objection Disputes and the Independent Auditor shall be instructed to (I) disregard all negotiations and settlement offers exchanged between Buyer and the Representative in the course of reaching, or attempting to reach, an agreement with respect to an Objection Dispute, (II) set forth a procedure to provide for prompt resolution of any unresolved Objection Disputes and (III) to make its determination in respect of the unresolved Objection Disputes within thirty (30) days following its retention. The Independent Auditor's determination of the unresolved Objection Disputes shall be treated as expert determinations or appraisals under Law of the State of Delaware and such expert determinations shall be final and binding upon the Parties and not subject to review by a court or other tribunal; provided, however, that no such determination with respect to any item reflected in the Objection Statement shall be any more favorable to Buyer than is set forth in the Closing Statement or any more favorable to the Representative than is proposed in the Objection Statement (to the extent it was practical for the Representative to propose a resolution in the Objection Statement) or in the written presentation provided by the Representative to the Independent

Auditor (to the extent it was not practical for the Representative to propose a resolution in the Objection Statement). If any unresolved Objection Disputes are submitted to the Independent Auditor, then, for purposes of this Section 1.09, the fees, costs and expenses of the Independent Auditor shall be borne by Buyer and the Representative in inverse proportion to the unresolved Objection Disputes that are decided by the Independent Auditor in favor of Buyer or the Representative, respectively (e.g., if there are $200,000 of disputed items to be determined by the Independent Auditor and the Independent Auditor determines that Buyer's claims prevail with respect to $125,000 and the Representative's claims prevail with respect to $75,000, then Buyer shall owe 37.5% of the Independent Auditor's fees, costs and expenses, and the Representative shall owe 62.5% of the Independent Auditor's fees, costs and expenses). The final Closing Statement, however determined pursuant to this Section 1.09, will produce each of (i) the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (ii) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (iii) the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Closing Date, and (iv) the Transaction Expenses Amount as of the Closing Date and, based on such amounts, the LSL Holdings Cash Payment and the LSL NY Cash Payment (collectively, the "Final Cash Payment"). The process set forth in this Section 1.09 shall be the exclusive remedy of the Parties for any disputes related to items required to be reflected on the Closing Statement or included in the calculation of, with respect to each of (i) the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (ii) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Measurement Time, (iii) the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of the Closing Date, and (iv) the Transaction Expenses Amount as of the Closing Date, whether or not the underlying facts and circumstances constitute a breach of any representations or warranties.

1.10. Preparation of Closing Statement. The Closing Statement (and all calculations of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis), the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis), the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis), and Transaction Expenses) shall be prepared and calculated in accordance with the Accounting Principles, except that the Closing Statement (and all calculations of such amounts) shall not include any purchase accounting arising out of the consummation of the transactions contemplated by this Agreement. Notwithstanding anything in this Agreement to the contrary, it is the intent of the Parties that no double counting shall occur with respect to amounts taken into account in the determination of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis), the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis), the Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis), and Transaction Expenses and this Agreement shall be interpreted consistent therewith.

1.11. Earnout.

(a) Additional Earnout Consideration. Subject to Section 1.11(b) and Section 1.11(c), as further consideration for the sale and transfer of the Purchased Securities to Buyer in accordance with the terms of this Agreement:

(i) Upon the occurrence of the First Earnout Milestone, Buyer shall pay (or cause to be paid) to the Representative an amount equal to the First Earnout Amount for further distribution by the Representative to the Sellers in accordance with such Sellers' Pro Rata Percentages.

(ii) Upon the occurrence of the Second Earnout Milestone, Buyer shall pay (or cause to be paid) to the Representative an amount equal to the Second Earnout Amount for further distribution by the Representative to the Sellers in accordance with such Sellers' Pro Rata Percentages.

(iii) Notwithstanding the foregoing, the amount of an Earnout Amount payable to the Representative shall be reduced by any advisory fees payable to UBS Securities LLC pursuant to the UBS Engagement Letter with respect to the applicable Earnout Amount (such fees, the "Earnout Financial Advisor Fees").

(iv) If (A) the First Earnout Milestone has not been achieved by the Parent Exit Date, and (B) such First Earnout Milestone would be achieved if (x) the definition of "Actual EBITDA" were deemed to be read to refer to "unaudited financial statements" in each instance where the term "Audited Financials" appears and (y) the definition of "Earnout Period" herein were deemed to be mean "a 12-calendar month period that ends on the date on which the Parent Exit Event first occurred", then the First Earnout Milestone will be deemed to have been achieved on the Parent Exit Date. If (I) the Second Earnout Milestone has not been achieved by the Parent Exit Date, and (II) such Second Earnout Milestone would be achieved if (1) the definition of "Actual EBITDA" were deemed to be read to refer to "unaudited financial statements" in each instance where the term "Audited Financials" appears and (2) the definition of "Earnout Period" herein were deemed to be mean "a 12-calendar month period that ends on the the date on which the Parent Exit Event first occurred", then the Second Earnout Milestone will be deemed to have been achieved on the Parent Exit Date. The provisions of Section 1.11(b) shall apply to the determination of whether the First Earnout Milestone or the Second Earnout Milestone will be deemed to have been achieved in accordance with this Section 1.11(a)(iv) (including with respect to the delivery of an Earnout Statement and the resolution of any objections thereto), *mutatis mutandis*.

(v) For the avoidance of doubt, (A) if there is no Earnout Period for which the First Earnout Milestone has been achieved, there shall be no additional amounts payable under this Section 1.11, (B) the First Earnout Milestone and Second Earnout Milestone may be achieved with respect to the same Earnout Period or in different Earnout Periods, (C) each Earnout Milestone shall occur only once, if at all, and (D) the aggregate amount payable under this Section 1.11 shall be limited to the sum of the First Earnout Amount and Second Earnout Amount (less any Earnout Financial Advisor Fees).

(b) Determination of Actual EBITDA.

(i) For each Earnout Period until both the First Earnout Amount and Second Earnout Amount have been paid in accordance with Section 1.11(a), as promptly as practicable, but in any event no later than thirty (30) calendar days following the receipt by Buyer from Buyer's outside auditing firm of the completed audited financial statements of the Target Companies and their Subsidiaries on a consolidated basis for such Earnout Period (the "Audited Financials"), Buyer shall deliver to the Representative (A) a copy of the applicable Audited Financials (if and to the extent the Representative is not already in possession thereof) and (B) a statement setting forth Buyer's good faith calculation of (I) the Actual EBITDA with respect to the applicable Earnout Period derived therefrom, (II) the First Target EBITDA (to the extent the First Earnout Amount has not yet been paid by Buyer) and the Second Target EBITDA, (III) the Earnout Financial Advisor Fees, if any, and (IV) any resulting aggregate amount payable pursuant to Section 1.11(a) (any such statement, an "Earnout Statement").

(ii) Upon receipt of the applicable Earnout Statement, the Representative and its representatives shall have the right during the succeeding thirty (30) day period (the "Earnout Review Period") to examine the Earnout Statement. Until the Earnout Statement has been finally determined pursuant to this Section 1.11(b), Buyer, the Representative and the Target Companies and their Subsidiaries shall afford one another and their respective representatives and advisors access upon reasonable notice and at reasonable times during normal business hours to the books and records used to prepare the applicable Audited Financials; provided, however, that the independent accountants of the Target Companies and their Subsidiaries shall not be obligated to make any working papers available to the Representative unless and until the Representative has signed a customary confidentiality and hold harmless agreement in favor of such independent accountants relating to such access to working papers in form and substance reasonably acceptable to such independent accountants. If the Representative objects to the calculation of Actual EBITDA, the First Target EBITDA or the Second Target EBITDA, as applicable, in the applicable Earnout Statement, then the Representative shall so notify Buyer in writing (any such notice, an "Earnout Disagreement Notice") on or before the last day of the Earnout Review Period. Any such Earnout Disagreement Notice shall set forth a written description in reasonable detail (with all reasonable supporting documentation with respect thereto) of the Representative's objection(s) and its good faith calculation of the applicable Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, after taking into account such objection(s). If no Earnout Disagreement Notice is delivered within the applicable Earnout Review Period, then the applicable Earnout Statement and Buyer's calculation of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, therein shall be deemed to have been accepted by the Representative and the Sellers, and shall be final, conclusive, and binding on Buyer, the Representative and the Sellers, and not subject to further review or collateral attack.

(iii) If any Earnout Disagreement Notice is delivered in accordance with Section 1.11(b), then Buyer and the Representative shall attempt to resolve the objections set forth therein during the succeeding forty-five (45) day period through good faith discussions. The objections set forth in an Earnout Disagreement Notice that are resolved by Buyer and the Representative in accordance with this Section 1.11(b)(iii) are referred to as "Resolved Earnout Objections". The Resolved Earnout Objections shall be final, conclusive, and binding on Buyer, the Representative, and the Sellers and not subject to further review or collateral attack. The applicable Earnout Statement and the calculation of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, therein shall be adjusted to reflect any Resolved Objections, and as so adjusted shall be final, conclusive, and binding on Buyer, the Representative, and the Sellers and not subject to further review or collateral attack, subject to the provisions of Section 1.11(b)(v) below.

(iv) If Buyer and the Representative are unable to resolve all the objections set forth in any Earnout Disagreement Notice within such forty-five (45) day period referred to in Section 1.11(b)(iii), then they shall jointly appoint a boutique specialty firm with an active practice area focused on post-mergers and acquisitions purchase price dispute resolution (the "Independent Earnout Expert") within five (5) days of the end of such forty-five (45) day period to resolve any remaining objections. The Independent Earnout Expert, acting as an expert and not as an arbitrator, shall review the objections set forth in any Earnout Disagreement Notice that are not Resolved Earnout Objections (collectively, the "Earnout Differences"). For the avoidance of doubt, the Independent Earnout Expert shall not review any accounts or make any determination with respect to any matter other than those matters specifically set forth in the applicable Earnout Disagreement Notice that are not Resolved Earnout Objections. The Independent Earnout Expert shall work in good faith to determine, within fifteen (15) Business Days of its appointment, based on the requirements set forth in this Section 1.11(b) and only with respect to the Earnout Differences, whether and to what extent the Earnout Statement and the calculation of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, therein require adjustment; provided, however, that in no event shall any determination by the Independent Earnout Expert of any Earnout Difference result in an adjustment in excess of the higher, nor less than the lower, of the amounts advocated by Buyer and the Representative with respect to such Earnout Difference in the applicable Earnout Disagreement Notice. Buyer, the Representative and the Sellers shall cooperate in good faith with the Independent Earnout Expert and provide the Independent Earnout Expert with any information reasonably requested by it; provided, however, that the independent accountants of Buyer and the Representative shall not be obligated to make any working papers available to the Independent Earnout Expert unless and until the Independent Earnout Expert has signed a customary confidentiality and hold harmless agreement in favor of such independent accountant relating to such access to working papers in form and substance reasonably acceptable to such independent accountants. The Independent Earnout Expert's resolution of the Earnout Differences shall be final, conclusive, and binding upon Buyer, the Representative and the Sellers and not subject to further review or collateral attack for any reason

other than manifest error or fraud. The Earnout Differences resolved by the Independent Earnout Expert in accordance with this Section 1.11(b)(iv) are referred to as "Firm-Determined Earnout Differences". The applicable Earnout Statement and the calculation therein of Actual EBITDA, First Target EBITDA or Second Target EBITDA, as applicable, and any resulting payment due pursuant to Section 1.11(a) shall be adjusted to reflect any Firm-Determined Earnout Differences, and as so adjusted shall be final, conclusive, and binding on Buyer, the Representative and the Sellers and not subject to further review or collateral attack.

(v) With respect to any Earnout Statement, the fees and expenses of any Independent Earnout Expert shall be borne 50% by Buyer and 50% by the Representative.

(c) Conduct of Business during the Earnout Periods. The Parties (including the Representative on behalf of the Sellers) acknowledge and agree that: (i) the Buyer Parties, the Target Companies and their respective Affiliates shall have the right to operate their respective businesses in the sole discretion of the Buyer Parties, the Target Companies and their respective Affiliates, (ii) the Buyer Parties, the Target Companies and their respective Affiliates shall have no obligation to operate their businesses in order to maximize Actual EBITDA, minimize the First Target EBITDA or the Second Target EBITDA, achieve any Earnout Milestone or pay any Earnout Amount, (iii) the payment by the Buyer Parties, and the receipt by the Representative (and related distribution to Sellers), of the Earnout Amounts is speculative and subject to numerous factors outside the control of the Buyer Parties, the Target Companies and their respective Affiliates, (iv) there is no assurance that the Representative will receive any Earnout Amount (or that the Sellers will receive any distribution thereof from the Representative), (v) none of the Buyer Parties, the Target Companies or any of their respective Affiliates owe a fiduciary duty or express or implied duty to the Representative or the Sellers (and any such fiduciary duty is irrevocably waived by the Representative and the Sellers); (vi) the contingent right of the Representative to receive any Earnout Amount (and the contingent right of the Sellers to receive a distribution thereof from the Representative) is not an investment in the Buyer Parties, the Target Companies or their Affiliates and this Section 1.11 shall not entitle any the Representative or any of the Sellers to any rights as an equityholder of the Buyer Parties, the Target Companies or their Affiliates; (vii) the Parties intend the express provisions of this Agreement to govern all of their rights and obligations, if any, with respect to payment of any Earnout Amounts pursuant to this Section 1.11; (viii) nothing herein will prohibit the Buyer Parties, the Target Companies or their respective Affiliates from engaging in any business or opportunity either with or without the Buyer Parties, the Target Companies or their respective Affiliates or acquiring, entering into joint ventures, investing in, or otherwise cooperating with other Persons, including Persons that may have interests adverse to or otherwise compete, directly or indirectly, with the Target Companies and their Subsidiaries; (ix) none of the Buyer Parties, the Target Companies or their respective Affiliates is under any obligation to continue any aspect of the Target Companies and their Subsidiaries' businesses or to operate the Target Companies, their Subsidiaries or their respective businesses consistent with past practice; (x) none of the Representative (on behalf of itself or any Seller) or any of the Sellers shall have any right to claim or assert any lost Earnout Amount or other damages pursuant to this Agreement or otherwise, including this Section 1.11, as a result of any conduct, decisions or other actions or inactions of the Buyer Parties, the Target Companies or their respective Affiliates (other than a claim for breach of the payment obligations under this Section 1.11 to the extent any Earnout

Amount is payable hereunder and not paid when due and payable); (xi) nothing shall prohibit, prevent or otherwise restrict the Buyer Parties, the Target Companies or their respective Affiliates from incurring any Lien with respect to the Target Companies or their respective Affiliates, any equity interest therein or any asset thereof or otherwise restrict the secured party in whose favor such Lien is granted from enforcing its rights in respect of such Lien. Notwithstanding the foregoing or anything to the contrary herein, the Buyer Parties covenant and agree that during the Earnout Period, the Buyer Parties shall not take any action (including cause the Target Companies or their Subsidiaries to take any action) the principal purpose of which is to avoid and reduce the payment of any Earnout Amount. Notwithstanding anything to the contrary herein or otherwise, the sole and exclusive remedy (whether at law, in equity, in contract, in tort or otherwise) against the Buyer Parties, the Target Companies, the Parent Equityholders or their respective Affiliates for payment of any of the Earnout Amounts is to seek the payment from the Buyer Parties in accordance with this Section 1.11.

(d) Payment of Earnout. No later than the sixtieth (60^{th}) calendar day following the final determination of an applicable Earnout Statement in accordance with this Section 1.11 (such applicable sixtieth (60^{th}) calendar day, the "Earnout Payment Deadline"), if the Representative is entitled to payment under Section 1.11(a), Buyer shall pay (or cause to be paid) such payment. Any such payment in respect of this Section 1.11 shall be made by wire transfer of immediately available funds to such account as may be designated in writing at least two (2) Business Days prior to the applicable Earnout Payment Deadline by the Representative.

(e) The obligations of the Parties under this Section 1.11 shall cease and be of no further force and effect from and after the earliest to occur of (i) the Parent Exit Date and (ii) the date as of which an aggregate amount equal to the sum of the First Earnout Amount and the Second Earnout Amount has been paid hereunder.

1.12. Withholding. Each of Parent, Buyer and the Escrow Agent (and their Affiliates and agents) shall be entitled to deduct and withhold from any payments made pursuant to this Agreement such amounts as it is required to deduct and withhold with respect to the making of any such payment under any applicable Tax law. To the extent that amounts are so withheld, and paid to the proper Governmental Authority pursuant to any applicable Tax law, such withheld amounts shall be treated for all purposes of this Agreement as having been paid to such holder in respect of which such deduction and withholding was made. Before making any deduction or withholding pursuant to this Section 1.12 from any payment by Buyer pursuant to this Agreement, Buyer shall use commercially reasonable efforts to give the Representative reasonable advance notice of any anticipated deduction or withholding and reasonably cooperate with the Representative in good faith to attempt to reduce any amounts that would otherwise be deducted and withheld pursuant to this Section 1.12.

1.13. Rollover. For the avoidance of doubt, no portion of the Estimated Cash Payment shall be payable to the Rollover Investors in respect of their LSL Holdings Units at the Closing. Notwithstanding the foregoing, each Rollover Investor will retain all of the rights of a holder of LSL Holdings Units as of the Closing to receive, following the Closing, the applicable Pro Rata Percentage of the amounts payable, if any, in respect of such LSL Holdings Units upon disbursement of the purchase price adjustment pursuant to the terms of Section 1.08(b).

ARTICLE II
THE CLOSING AND TRANSFER OF PURCHASED SECURITIES

2.01. Closing. The closing of the Sale Transaction (the "Sale Transaction Closing" and together with the Debt Merger Closing, the "Closing") shall take place at the offices of McDermott Will & Emery LLP in Miami, Florida, at 10:00 a.m. Eastern Standard Time, or via remote exchange of documents, on the later to occur of (x) the second (2nd) Business Day following the satisfaction or waiver of all conditions set forth in Article VIII and Article IX (other than conditions with respect to actions the respective Parties will take at the Closing itself or that by their nature or terms are to be satisfied at the Closing; provided that all such conditions are satisfied or (to the extent permitted by applicable Law) waived at the Closing) and (y) the date that is 45 days after the date of this Agreement (or, in the sole discretion of Parent, a shorter number of days elected by Parent in writing at least two Business Days prior to the Closing) or at such other time or place as may be mutually agreed upon by the Parties (the "Closing Date").

2.02. Closing Actions. At the Closing, (a) the Buyer Parties shall deliver the various certificates, instruments and documents referred to in Article IX, and (b) the Sellers will sell, assign, transfer and convey the Purchased Securities, free and clear of all Liens or Restrictions, and deliver the various certificates, instruments and documents referred to in Article VIII.

2.03. Post-Closing Contribution. Immediately following the Sale Transaction Closing, Buyer shall contribute all of its LSL NY Securities to LSL Holdings in exchange for the issuance by LSL Holdings to Buyer of LSL Holdings Units representing the aggregate value of the contributed LSL NY Securities.

ARTICLE III
REPRESENTATIONS AND WARRANTIES OF BUYER PARTIES AND OWNER PARTIES

3.01. Representations and Warranties of the Buyer Parties. Each of the Buyer Parties represents and warrants to the Target Companies and the Owner Parties that, as of the date hereof and as of the Closing Date:

(a) Status. Such Buyer Party is a limited liability company duly organized, validly existing and in good standing under the Laws of the State of Delaware.

(b) Power and Authority. Such Buyer Party has all requisite limited liability company power and authority to execute and deliver this Agreement, to perform its obligations hereunder and to consummate the transactions contemplated hereby. All limited liability company acts or proceedings required to be taken by such Buyer Party to authorize the execution and delivery of this Agreement and the performance of such Buyer Party's obligations hereunder have been properly taken.

(c) Enforceability. This Agreement has been duly authorized, executed and delivered by such Buyer Party and, assuming the due and valid authorization, execution and delivery of this Agreement by the other Parties, this Agreement constitutes the legal, valid and binding obligation of such Buyer Party, enforceable against it in accordance with its terms, except as the same may be limited by applicable bankruptcy, insolvency, reorganization, moratorium or

similar Laws affecting or relating to creditors' rights generally and general equitable principles (the "Bankruptcy and Equity Exceptions").

(d) No Violations; Consents and Approvals. The execution and delivery of this Agreement by such Buyer Party, and the consummation by it of the transactions contemplated hereby will not (i) violate any provision of the organizational documents of such Buyer Party, (ii) violate any material Law applicable to, binding upon or enforceable against such Buyer Party, (iii) result in any material breach of, or constitute a material default (or an event which would, with the passage of time or the giving of notice or both, constitute a material default) under, or give rise to a right of payment under or the right to terminate, amend, modify, abandon or accelerate, any Contract to which such Buyer Party is a party or bound, (iv) result in the creation or imposition of any Lien upon any of the material property or material assets of such Buyer Party or (v) other than compliance with the Hart-Scott-Rodino Act and those consents and approvals listed on Schedule 5.02, require the consent or approval of any Governmental Authority or any other Person, except, in the case of clauses (ii) through (v), for any violation (in the case of clause (ii)), any breach, default or right (in the case of clause (iii)), any Lien (in the case of clause (iv)) or any consent or approval for which the failure to obtain such consent or approval (in the case of clause (v)) has not had, and would not reasonably be expected to have, individually or in the aggregate, a Buyer Material Adverse Effect.

(e) Brokers. Such Buyer Party has not incurred any obligation for any finder's or broker's or agent's fees or commissions or similar compensation in connection with the transactions contemplated hereby for which the Target Companies may be liable prior to the Closing.

(f) Financing.

(i) Buyer has delivered to the Owner Parties a true, correct, and complete copy of an executed commitment letter from Blackstone Tactical Opportunities Fund III – NQ L.P. and Blackstone Tactical Opportunities Fund III – NQ Lux SCSp (the "Equity Investors"), dated as of the date hereof (the "Equity Commitment Letter", and the commitments thereunder, the "Equity Financing Commitments") (A) providing that the Owner Parties are third party beneficiaries thereof entitled to specific performance and (B) pursuant to which the Equity Investors have committed to provide Buyer (directly or indirectly) with cash in the aggregate amount set forth therein, in each case of clauses (A) and (B), subject to the terms and conditions therein (the "Equity Financing" or the "Financing").

(ii) As of the date of this Agreement, the Equity Commitment Letter is in full force and effect and has not been withdrawn, rescinded, or terminated, or otherwise amended or modified in any respect and is a legal, valid and binding obligation of Buyer and, to the knowledge of Buyer, the other parties thereto, enforceable in accordance with its terms, subject to the Bankruptcy and Equity Exceptions. Except for customary engagement letters or customary fee letters with respect to the Financing, there are no other agreements, side letters or arrangements relating to the Equity Financing Commitment that could affect the availability of the Financing or the timing of the Closing other than as expressly set forth in the

Equity Commitment Letter furnished to the Owner Parties pursuant to Section 3.01(f)(i) (none of which impairs or adversely affects the conditionality or enforceability of the Financing). As of the date of this Agreement, (x) Buyer is not in breach of any of the terms or conditions set forth in the Equity Commitment Letter, (y) no event has occurred that, with or without notice, lapse of time or both, would constitute a default or breach on the part of Buyer or any of its Affiliates under any term or condition of the Equity Commitment Letter and (z) Buyer does not have any reason to believe that it shall be unable to satisfy, on a timely basis, any term or condition to the availability or funding of the Financing to be satisfied by it contained in the Equity Commitment Letter, or that the Financing shall not be available in full to Buyer on the Closing Date. Assuming (a) the Financing is funded in accordance with the Equity Commitment Letter on the Closing Date and (b) the satisfaction of the conditions set forth in Article VIII, the aggregate proceeds from the Financing, when funded in accordance with the Equity Commitment Letter on the Closing Date, shall be sufficient for the payment of the Estimated Cash Payment (including the payment of amounts contemplated to be paid by Buyer pursuant to Section 1.08(a)), and the payment of all associated costs and expenses (including the Transaction Expenses and any such costs and expenses incurred by Buyer and related to this Agreement and the transactions contemplated hereby). Buyer has no reason to believe that, as of the date hereof, (x) any fact or occurrence exists that would constitute a default or breach, of a failure of any condition, under the Equity Commitment Letter or otherwise cause the Equity Commitment Letter to be ineffective or (y) any of the conditions to the Financing shall not be satisfied.

(iii) Notwithstanding anything to the contrary contained in this Agreement, the obligations of Buyer under this Agreement and the other agreements contemplated hereby to which Buyer is, or is specified to be, a party are not subject to any conditions regarding Buyer's, its Affiliates' or any other Person's ability to obtain financing for the consummation of the transactions contemplated by this Agreement (including, for the avoidance of doubt, the Equity Financing or any debt financing).

(iv) Concurrently with the execution of this Agreement, the Equity Investors or an Affiliate thereof (the "Guarantors") have duly executed a guaranty with respect to certain payment obligations of Buyer under this Agreement (the "Guaranty") and delivered to the Owner Parties a true, correct and complete copy thereof. As of the date of this Agreement, (w) the Guaranty is in full force and effect and constitutes the valid, binding obligation of the Guarantors enforceable against the Guarantors in accordance with its terms, (x) no event has occurred that, with or without notice, lapse of time or both, would constitute a default or breach on the part of the Guarantors under the Guaranty, (y) the Guaranty has not been withdrawn, rescinded, or terminated, or otherwise amended or modified in any respect (and no such withdrawal, rescission, termination, amendment or modification is contemplated) and (z) there is no fact, occurrence, circumstance or condition that would reasonably be expected to cause the Guaranty to terminate or be withdrawn, modified, repudiated or rescinded or to be or become ineffective.

(g) Due Diligence. Such Buyer Party has completed such investigations of the Target Companies and their Subsidiaries as it deems necessary and appropriate and has received information from the Owner Parties and the Target Companies and their Subsidiaries in connection with the execution and delivery of this Agreement and the consummation of the transactions contemplated by this Agreement.

(h) Investment Representation. Buyer is acquiring the Purchased Securities for its own account with the present intention of holding the Purchased Securities for investment purposes and not with a view to or for sale in connection with any public distribution of such securities in violation of any federal or state securities Laws. Buyer is an "accredited investor" as defined in Rule 501 of Regulation D promulgated by the Securities and Exchange Commission under the Securities Act. Buyer understands and acknowledges that (i) none of the Purchased Securities have been registered under the Securities Act or any state or foreign securities Laws, in reliance upon specific exemptions thereunder for transactions not involving any public offering, (ii) none of the Purchased Securities are traded or tradable on any securities exchange or over-the-counter, and (iii) the Purchased Securities may not be sold, transferred, offered for sale, pledged, hypothecated or otherwise disposed of unless such transfer, sale, assignment, pledge, hypothecation or other disposition is pursuant to the terms of an effective registration statement under the Securities Act and are registered under any applicable state or foreign securities Laws or pursuant to an exemption from registration under the Securities Act and any applicable state or foreign securities Laws.

(i) Non-Reliance; Independent Investigation. Such Buyer Party acknowledges and agrees that the representations and warranties made by the Owner Parties and the Target Companies in this Agreement (as qualified by the Disclosure Schedules) or in any ancillary agreement or certificate delivered under this Agreement supersede, replace and nullify in every respect the data set forth in any other document, material or statement, whether written or verbal, made available to such Buyer Party or any of its directors, officers, employees, Affiliates, controlling persons, agents or representatives. Except as expressly set forth in Section 3.02 or Article IV (as qualified by the Disclosure Schedules) or in any ancillary agreement or certificate delivered under this Agreement or in the case of fraud, such Buyer Party acknowledges and agrees that (i) no Owner Party or Target Company is making, nor has made, any promise, guaranty, covenant, representation or warranty, expressed or implied, at law or in equity, in respect of such Person's businesses, assets, liabilities, operations, prospects, or conditions (financial or otherwise), including with respect to merchantability or fitness for any particular purpose of any assets, the nature or extent of any liabilities, the prospects of the business, the effectiveness or the success of any operations, or the accuracy or completeness of any documents, projections, material or other information (financial or otherwise) regarding the Owner Parties or Target Companies furnished, or made available, to such Buyer Party and its representatives in any "data room" or in any other form in expectation of, or in connection with, the transactions contemplated hereby, or in respect of any other matter or thing whatsoever, (ii) no director, officer, employee, Affiliate, controlling person, agent, representative or employee of the Owner Parties or the Target Companies or any of their respective Affiliates has any authority, express or implied, to make any representations, warranties or agreements not specifically set forth in this Agreement and subject to the remedies herein provided, (iii) such Buyer Party specifically disclaims that it is relying, or has relied, upon any such other representations or warranties that may have been made by any Person, and acknowledges and agrees that the Owner Parties and the Target Companies have specifically

disclaimed, and do hereby specifically disclaim, any such other representation or warranty made by any Person (i.e., those not contained in Section 3.02, Article IV or any ancillary agreement or certificate delivered under this Agreement), and (iv) such Buyer Party has conducted, and is relying on, its own investigation of the Owner Parties and the Target Companies.

(j) Solvency. Assuming (a) the representations and warranties set forth in Section 3.02 and Article IV are true and correct in all material respects (without giving effect to any "Knowledge", "material" or "Material Adverse Effect" qualifications or exceptions) and (y) the estimates, projections and forecasts provided to the Buyer Parties have been prepared in good faith on assumptions that were and continue to be reasonable, immediately after giving effect to the transactions contemplated by this Agreement, Parent, the Target Companies and their respective Subsidiaries, taken as a whole, shall (i) be able to pay their respective debts as they become due; (ii) own property which has a fair saleable value greater than the amounts required to pay their respective debts (including a reasonable estimate of the amount of all contingent liabilities); and (iii) have adequate capital to carry on their respective businesses. No transfer of property is being made and no obligation is being incurred in connection with the transactions contemplated by this Agreement with the intent to hinder, delay or defraud either present or future creditors of Parent, Buyer and the Target Companies.

(k) Litigation. There are no actions, suits or proceedings pending or, to Buyer's actual knowledge, expressly threatened in writing against such Buyer Party, at law or in equity, or before or by any Governmental Authority, which reasonably would be expected to affect the legality, validity or enforceability of this Agreement or which has had or would reasonably be expected to have, individually or in the aggregate, a Buyer Material Adverse Effect.

(l) NO OTHER REPRESENTATIONS AND WARRANTIES. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS SECTION 3.01, SUCH BUYER PARTY ACKNOWLEDGES ANDS AGREES THAT NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES NOR ANY OTHER PERSON MAKES ANY REPRESENTATIONS OR WARRANTIES, WRITTEN OR VERBAL, STATUTORY, EXPRESS OR IMPLIED, WITH RESPECT TO THE TARGET COMPANIES, THEIR SUBSIDIARIES OR THEIR RESPECTIVE BUSINESS, OPERATIONS, ASSETS, STOCK, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS. EXCEPT IN THE CASE OF FRAUD, SUCH BUYER PARTY HEREBY EXPRESSLY WAIVES ANY CLAIMS AND CAUSES OF ACTION AND ANY OTHER REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, AT COMMON LAW, BY STATUTE OR OTHERWISE IN EACH CASE RELATING TO THE ACCURACY, COMPLETENESS OR MATERIALITY OF ANY INFORMATION, DATA OR OTHER MATERIALS (WRITTEN OR VERBAL) HERETOFORE FURNISHED TO SUCH BUYER PARTY AND ITS REPRESENTATIVES BY OR ON BEHALF OF THE OWNER PARTIES, THE TARGET COMPANIES OR THEIR SUBSIDIARIES OTHER THAN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES) OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. WITHOUT LIMITING THE FOREGOING AND EXCEPT TO THE EXTENT EXPRESSLY ADDRESSED IN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES) OR IN ANY

ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT, NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES NOR ANY OTHER PERSON IS MAKING ANY REPRESENTATION OR WARRANTY TO SUCH BUYER PARTY WITH RESPECT TO ANY FINANCIAL PROJECTION OR FORECAST RELATING TO THE BUSINESS, OPERATIONS, ASSETS, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS OF THE TARGET COMPANIES OR THEIR SUBSIDIARIES. EXCEPT IN THE CASE OF FRAUD, NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES NOR ANY OTHER PERSON WILL HAVE OR BE SUBJECT TO ANY LIABILITY TO SUCH BUYER PARTY OR ANY OF ITS AFFILIATES OR EQUITY HOLDERS OR ANY OTHER PERSON RESULTING FROM THE DISTRIBUTION TO SUCH BUYER PARTY OR ITS REPRESENTATIVES, OR SUCH BUYER PARTY'S OR ITS REPRESENTATIVE'S USE OF, ANY SUCH PROJECTION OR FORECAST AND ANY INFORMATION, DOCUMENT OR MATERIAL MADE AVAILABLE TO SUCH BUYER PARTY OR ITS REPRESENTATIVE'S OR THEIR RESPECTIVE AFFILIATES IN CERTAIN "DATA ROOMS," MANAGEMENT PRESENTATIONS OR ANY OTHER FORM IN EXPECTATION OF THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT.

3.02. Representations and Warranties of the Owner Parties. Each Owner Party represents and warrants to the Buyer Parties that, as of the date hereof and as of the Closing Date:

(a) Status. Section 3.02(a) of the Disclosure Schedule sets forth the legal form (if applicable) of such Owner Party and such Owner Party's jurisdiction of formation or organization (if applicable). Such Owner Party is duly organized, validly existing and in good standing under the laws of its respective jurisdiction of formation or organization (if applicable) listed opposite such Owner Party's name on Section 3.02(a) of the Disclosure Schedule.

(b) Power and Authority. Such Owner Party has all requisite limited liability company power, partnership power, trust power, or legal capacity, as applicable, and authority to execute and deliver this Agreement, to perform its obligations hereunder and to consummate the transactions contemplated hereby. All limited liability company acts, partnership acts, trust acts, or proceedings required to be taken by such Owner Party to authorize the execution and delivery of this Agreement and the performance of such Owner Party's obligations hereunder have been properly taken.

(c) Enforceability. This Agreement has been duly authorized, executed and delivered by such Owner Party. Assuming the due and valid authorization, execution and delivery of this Agreement by the other Parties, this Agreement constitutes the legal, valid and binding obligation of such Owner Party, enforceable against such Owner Party in accordance with its terms, except as enforceability may be limited by the Bankruptcy and Equity Exceptions.

(d) No Violations; Consents and Approvals. Except as set forth on Section 3.02(d) of the Disclosure Schedule, the execution and delivery of this Agreement by such Owner Party, and the consummation by such Owner Party of the transactions contemplated hereby will not (i) violate any provision of the organizational documents of such Owner Party, (ii) violate in any material respect any Law applicable to, binding upon or enforceable against such Owner Party, (iii) result in any material breach of, or constitute a material default (or an event which would, with

the passage of time or the giving of notice or both, constitute a material default) under, or give rise to a right of payment under or the right to terminate, amend, modify, abandon or accelerate, any Contract to which such Owner Party is a party or bound, (iv) result in the creation or imposition of any Lien upon any of Purchased Securities held (directly or indirectly) by such Owner Party or (v) other than compliance with the Hart-Scott-Rodino Act and those consents and approvals listed on Schedule 5.02, require the consent or approval of any Governmental Authority or any other Person, and those consents and approvals listed on Schedule 5.02, except, in the case of clauses (ii), (iii) and (v), for any violation (in the case of clause (ii)), any breach, default or right (in the case of clause (iii)) or any consent or approval for which the failure to obtain such consent or approval (in the case of clause (v)) would not reasonably be expected, individually or in the aggregate, to materially impair or materially delay such Owner Party's ability to perform its obligations hereunder.

(e) Brokers. Except as set forth on Section 3.02(e) of the Disclosure Schedule, such Owner Party has not incurred any obligation for any finder's or broker's or agent's fees or commissions or similar compensation in connection with the transactions contemplated hereby for which any Buyer Parties or any Target Company may be liable after the Closing other than to UBS Securities LLC. A true and correct copy of the Contract setting forth all arrangements and obligations with UBS Securities LLC (other than the fee amounts set forth therein, which have been redacted) has been made available to the Buyer Parties (such Contract, the "UBS Engagement Letter").

(f) Purchased Securities. Section 3.02(f)(ii) of the Disclosure Schedule sets forth the record and beneficial owner of the Purchased Securities as of the date hereof. Such Owner Party is not a party to any option, warrant, purchase right or other Contract or commitment that could require such Owner Party to (directly or indirectly) sell, transfer, or otherwise dispose of any Purchased Securities (other than this Agreement, including with respect to the Reorganization). Such Owner Party is not a party to any voting trust, proxy or other Contract with respect to the voting of any Purchased Securities.

(g) NO OTHER REPRESENTATIONS AND WARRANTIES. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT, NO OWNER PARTY NOR ANY OTHER PERSON MAKES ANY REPRESENTATIONS OR WARRANTIES, WRITTEN OR VERBAL, STATUTORY, EXPRESS OR IMPLIED, WITH RESPECT TO ANY OWNER PARTY OR ITS BUSINESS, OPERATIONS, ASSETS, STOCK, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS. EXCEPT IN THE CASE OF FRAUD, THE BUYER PARTIES HEREBY EXPRESSLY WAIVES ANY CLAIMS AND CAUSES OF ACTION AND ANY OTHER REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, AT COMMON LAW, BY STATUTE OR OTHERWISE IN EACH CASE RELATING TO THE ACCURACY, COMPLETENESS OR MATERIALITY OF ANY INFORMATION, DATA OR OTHER MATERIALS (WRITTEN OR VERBAL) HERETOFORE FURNISHED TO THE BUYER PARTIES AND THEIR RESPECTIVE REPRESENTATIVES BY OR ON BEHALF OF ANY OWNER PARTY OTHER THAN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS SECTION 3.02 OR Article IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES) OR SET FORTH IN ANY

ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. WITHOUT LIMITING THE FOREGOING, NO OWNER PARTY NOR ANY OTHER PERSON IS MAKING ANY REPRESENTATION OR WARRANTY TO THE BUYER PARTIES WITH RESPECT TO ANY FINANCIAL PROJECTION OR FORECAST RELATING TO THE BUSINESS, OPERATIONS, ASSETS, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS OF ANY OWNER PARTY. EXCEPT IN THE CASE OF FRAUD, NO OWNER PARTY NOR ANY OTHER PERSON WILL HAVE OR BE SUBJECT TO ANY LIABILITY TO THE BUYER PARTIES OR ANY OF ITS AFFILIATES OR EQUITY HOLDERS OR ANY OTHER PERSON RESULTING FROM THE DISTRIBUTION TO THE BUYER PARTIES OR THEIR REPRESENTATIVES, OR THE BUYER PARTIES' OR THEIR REPRESENTATIVE'S USE OF, ANY SUCH PROJECTION OR FORECAST AND ANY INFORMATION, DOCUMENT OR MATERIAL MADE AVAILABLE TO THE BUYER PARTIES OR THEIR REPRESENTATIVE'S OR THEIR RESPECTIVE AFFILIATES IN CERTAIN "DATA ROOMS," MANAGEMENT PRESENTATIONS OR ANY OTHER FORM IN EXPECTATION OF THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT.

ARTICLE IV
REPRESENTATIONS AND WARRANTIES OF THE TARGET COMPANIES

The Target Companies hereby represent and warrant to the Buyer Parties that, as of the date hereof and as of the Closing Date (or such other time as expressly set forth herein):

4.01. Corporate Status. The Target Companies are limited liability companies duly organized, validly existing and in good standing under the laws of the State of Delaware. The Target Companies have all requisite limited liability company power and authority to own or lease their properties, rights and assets and to carry on their business as now being conducted. The Target Companies are legally qualified to transact business as foreign companies in all jurisdictions where the nature of their properties or the conduct of their business as now conducted require such qualification, except where the failure to be so qualified has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect. The Target Companies have delivered to the Buyer Parties accurate and complete copies of the organizational documents of the Target Companies.

4.02. Power and Authority. The Target Companies have all limited liability company power and authority to execute and deliver this Agreement, to perform their obligations hereunder and to consummate the transactions contemplated hereby. All company acts or proceedings required to be taken by the Target Companies to authorize the execution and delivery of this Agreement and the performance of the Target Companies' obligations hereunder have been properly taken.

4.03. Enforceability. This Agreement has been duly authorized, executed and delivered by the Target Companies and, assuming the due and valid authorization, execution and delivery of this Agreement by the other Parties, this Agreement constitutes the legal, valid and binding obligation of the Target Companies, enforceable against it in accordance with its terms, except as enforceability may be limited by the Bankruptcy and Equity Exceptions.

4.04. Capitalization; Stock Ownership. Section 4.04 of the Disclosure Schedule sets forth the number of issued and outstanding equity interests and other equity securities of each Target Company as of the date hereof. All of the Purchased Securities are, and following the Reorganization will have been, duly authorized and validly issued, fully paid and non-assessable, issued in compliance with all applicable state and federal securities Laws. Other than the Purchased Securities, there will be no other equity interests or other equity securities of the Target Companies issued or outstanding following the Reorganization. Except as contemplated by this Agreement (including with respect to the Reorganization) or as set forth on Section 4.04 of the Disclosure Schedule, there are no (x) outstanding rights, options, warrants, convertible securities, subscription rights, conversion rights, exchange rights, purchase rights or other rights or commitments relating to any equity interests of any Target Company, (y) Contracts, commitments, understandings or other agreements that require any Target Company to issue or sell (or make any payment in respect of the value of) any equity interests (or securities convertible into or exchangeable for equity interests) or to redeem or otherwise acquire any of its outstanding equity interests or (z) authorized or outstanding bonds, debentures, notes or other indebtedness the holders of which have the right to vote (or convertible into, exchangeable for, or evidencing the right to subscribe for or acquire securities having the right to vote) with the holders of the equity interests of any Target Company on any matter. The Purchased Securities will be free and clear of all Liens and Restrictions at Closing. There are no outstanding or authorized stock appreciation, phantom stock, profit participation, or other similar rights with respect to any Target Company (whether payable in shares, cash or otherwise). No holder of equity interests or other equity securities of any Target Company has any appraisal rights, dissenters' rights or other similar right to receive fair value (whether arising under Law, Contract or otherwise) for such holders' equity interests or other equity securities. No Target Company has violated any preemptive or other similar rights of any Person in connection with the issuance, repurchase or redemption of any of its equity interests.

4.05. Subsidiaries.

(a) Section 4.05(a)(i) of the Disclosure Schedule sets forth a true and complete list of each Subsidiary (if any) of each Target Company as of the Closing, together with the jurisdiction of organization or formation of each such Subsidiary. The capitalization of each such Subsidiary is as set forth on Section 4.05(a)(ii) of the Disclosure Schedule. A Target Company, or a Subsidiary of a Target Company, as applicable, is the record owner of all of the outstanding equity interests of the Subsidiary of a Target Company set forth opposite its name on Section 4.05(a)(ii) of the Disclosure Schedule, and all such equity interests are validly issued, fully paid and non-assessable (to the extent such concept is applicable to such equity interests). No Target Company nor any of its Subsidiaries owns or holds the right to acquire any stock, partnership interest, joint venture interest or other equity ownership interest in any other Person. There are no (A) outstanding rights, options, warrants, convertible securities, subscription rights, conversion rights, exchange rights, purchase rights or other rights or commitments relating to any equity interests of any Subsidiary of a Target Company, or Contracts, commitments, understandings or other agreements that require any Subsidiary of a Target Company to issue or sell (or make any payment in respect of the value of) any of its equity ownership interests (or securities convertible into or exchangeable for shares of their equity ownership interests), (B) preemptive rights or other similar rights in respect of any equity interests in any Subsidiary of a Target Company, (C) outstanding or authorized stock appreciation, phantom stock, profit participation, or other similar rights with respect to any

Subsidiary of any Target Company (whether payable in shares, cash or otherwise) or (D) authorized or outstanding bonds, debentures, notes or other indebtedness the holders of which have the right to vote (or convertible into, exchangeable for, or evidencing the right to subscribe for or acquire securities having the right to vote) with the holders of the equity interests of such Subsidiary of a Target Company on any matter.

(b) Each of the Subsidiaries of the Target Companies is duly formed or organized, validly existing and in good standing (to the extent such concept is applicable) under the applicable laws of its jurisdiction of formation or organization. The Subsidiaries of the Target Companies have all requisite limited liability company or other applicable power and authority to own or lease its properties, rights and assets and to carry on their business as now being conducted. Such Subsidiaries are legally qualified to transact business as a foreign entity in all jurisdictions where the nature of their properties or the conduct of their business as now conducted requires such qualification, except where the failure to be so qualified has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

(c) Each of LSL GP and LSL Holdings was formed solely for the purpose of effecting the transactions contemplated by this Agreement and has not engaged in any business or other activities or conducted any operations other than in connection with the transactions contemplated by this Agreement. Prior to giving effect to the Reorganization, neither LSL GP nor LSL Holdings have any Subsidiaries. At all times prior to the consummation of the Reorganization, neither LSL GP nor LSL Holdings has had any assets or liabilities (other than obligations pursuant to this Agreement).

(d) LSL has not engaged in any business or other activities or conducted any operations other than holding equity interests in LSL LLC and in connection with the transactions contemplated by this Agreement. At all times prior to the consummation of the Reorganization, LSL has not had any assets (other than its equity interests in LSL LLC) or liabilities (other than obligations pursuant to this Agreement).

4.06. No Violation; Consents and Approvals. The execution and delivery of this Agreement by the Target Companies does not, and the consummation by them of the transactions contemplated hereby will not violate, or result in a default under, any provision of the organizational documents of the Target Companies. Except as set forth on Section 4.06 of the Disclosure Schedule and except as would not reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect, the execution and delivery of this Agreement by the Target Companies does not, and the consummation by them of the transactions contemplated hereby will not (a) violate any Law applicable to, binding upon or enforceable against the Target Companies, (b) result in any breach of, or constitute a default (or an event which would, with the passage of time or the giving of notice or both, constitute a default) under, or give rise to a right of payment under or the right to terminate, amend, modify, abandon or accelerate, any Material Contract, (c) result in the creation or imposition of any Lien upon any of the property or assets of the any Target Company, or (d) other than compliance with the Hart-Scott-Rodino Act and those consents and approvals listed on Schedule 5.02, require the consent or approval of any Governmental Authority.

4.07. Financial Statements. Attached as Section 4.07 of the Disclosure Schedule are copies of (a) the audited combined balance sheets, statements of operations, statement of members' equity and statements of cash flows of the LSL Holdcos (other than LSL) and LSL LLC (such entities, collectively, the "LSL Opcos") as of and for the fiscal years ended December 31, 2018, December 31, 2019 and December 31, 2020 (collectively, the "Year-End Financial Statements") and (b) the unaudited combined balance sheet as of June 30, 2021 (the "Latest Balance Sheet") and the related income statement of the LSL Opcos for the six (6) month period ended June 30, 2021 (the "Interim Financial Statements" and collectively with the Year-End Financial Statements, the "Financial Statements"). The Financial Statements fairly present, in accordance with the past practice of the LSL Opcos, in all material respects the financial position of the LSL Opcos at each of the balance sheet dates and the results of operations for each of the periods covered thereby. The Financial Statements have been prepared in accordance with GAAP, in all material respects, as consistently applied by the LSL Opcos, except that the Interim Financial Statements do not contain footnote disclosures and other presentation items. All accounts receivable of the LSL Opcos constitute bona fide receivables resulting from the sale of inventory, vendor rebates or other services or other obligations in favor of the LSL Opcos as to which performance has been fully rendered. Each of the LSL Opcos maintain systems of internal accounting controls that are designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with GAAP in all material respects. There are no material weaknesses or significant deficiencies (as such terms are defined in Regulation S-X) in any of the LSL Opcos' internal controls likely to adversely affect in any material respect such LSL Opco's ability to record, process, summarize and report financial information. Since January 1, 2018, there has not been any fraud, whether or not material, that involves management or other employees of any of the LSL Opcos who have a significant role in such LSL Opco's internal control over financial reporting.

4.08. Undisclosed Liabilities. None of the Target Companies or their Subsidiaries have any liability, including those of the type that would be required to be shown on a consolidated balance sheet of the Target Companies or their Subsidiaries prepared in accordance with GAAP, except for (a) liabilities reflected in the most recent Year-End Financial Statements (including footnotes), (b) liabilities that have arisen after the date of the Interim Financial Statements in the ordinary course of business, to the Knowledge of the Target Companies, none of which results from or arises out of any breach of contract, breach of warranty, tort, infringement or violation of Law, and (c) liabilities that would not have or reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

4.09. Absence of Certain Developments. (a) Since the date of the Latest Balance Sheet through the date hereof, the Target Companies and their Subsidiaries have conducted their businesses in the ordinary course and in a manner consistent with past practice, (b) since December 31, 2020 through the date hereof, there has not occurred any change or event that has had, or would reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect and (c) except as otherwise expressly required by this Agreement, as contemplated by the Reorganization or as set forth on Section 4.09 of the Disclosure Schedule, since the date of the Latest Balance Sheet, neither the Target Companies nor their Subsidiaries has taken any of the following actions (except, solely following the date hereof with the written consent of Parent or as otherwise expressly required by the terms of this Agreement):

(a) incurred any Funded Debt in respect of borrowed money;

(b) other than sales of inventory in the ordinary course of business, (A) sold, transferred, leased, mortgaged, pledged, assigned, conveyed, licensed, abandoned, let lapse or otherwise disposed of any property, rights or assets (tangible or intangible), other than sales of inventory or non-exclusive licenses in the ordinary course of business, (B) subjected to any Lien (other than Permitted Liens), or allow to suffer any Lien (other than Permitted Liens) to be placed on any material portion of their assets or property (tangible or intangible), taken as a whole, or (C) forgive or cancel any debts or actions owed to, or waive release any right or claims held by the Target Companies or their Subsidiaries;

(c) amended or otherwise modified the organizational documents of the Target Companies or their Subsidiaries;

(d) made, changed or revoked any entity classification election or taken any other action to change the status of the Target Companies or their Subsidiaries (as a partnership or disregarded entity) for federal, state or local Income Tax purposes, have not filed any amended Tax Return, entered into any closing agreement, settled or compromised any proceeding with respect to any material Tax claim or assessment relating to any Target Company or its Subsidiaries, surrendered any right to claim a material refund of Taxes, requested any ruling or initiated any voluntary disclosure with respect to Taxes, or consented to any extension or waiver of the limitation period applicable to any Taxes, in each case, unless required by applicable Law;

(e) entered into any Contract that would constitute a Material Contract had it been entered into prior to the date hereof or terminated or modified any existing Material Contract in a manner adverse to the Target Companies or their Subsidiaries;

(f) except for a settlement that both (i) does not involve injunctive or equitable relief against any Target Company or any of its Subsidiaries or any admission of guilt and (ii) does not involve liability against, or any payment by, any Target Company or any of its Subsidiaries, commenced, compromised or settled any pending or threatened action, investigation, suit or proceeding, including disputes with any customer, supplier or vendor;

(g) taken any action that would cause any insurance policy of any Target Company or any of its Subsidiaries to lapse or be revoked;

(h) suffered any damage, destruction or loss, whether or not covered by insurance, with respect to the property and assets of the Target Companies or their Subsidiaries having a replacement cost of more than $2,500,000;

(i) materially increased the salary payable or to become payable by it to any employee of the Target Companies or their Subsidiaries whose annual base salary is in excess of $250,000, or materially increased the coverage or benefits available to such employees under any severance pay, termination pay, deferred compensation, bonus or other incentive compensation plan or arrangement, except (i) as required by applicable Law, (ii) for increases in the ordinary course of business consistent with past practice, (iii) pursuant to any Plan, program or agreements existing as of the date hereof, and (iv) for bonuses payable to certain officers and employees of the

Target Companies and their Subsidiaries in connection with the consummation of the transactions contemplated by this Agreement (which will be included as part of the Transaction Expenses);

(j) (A) established, adopted, entered into, amended or terminated any Plan or any plan, program or agreement that would be a Plan if in effect on the date hereof, (B) increased or committed to increase the compensation or other benefits payable to any current or former employee, officer, director or individual independent contractor of the Target Companies or their Subsidiaries, including pursuant to any severance or retirement plans or policies thereof, (C) hired or terminated the employment of any employee, officer, director or individual contractor of the Target Companies or their Subsidiaries (other than terminations for "cause"), (D) granted to any current or former employee, officer, director, or independent contractor of the Target Companies or their Subsidiaries any right to reimbursement, indemnification or payment for any Taxes, including any Taxes incurred under Section 409A or Section 4999 of the Code or (E) granted or accelerated the vesting, exercisability, funding or payment or benefit under any Plan, including any equity or equity-based awards, to any current or former employee, director or individual contractor of the Target Companies or their Subsidiaries, in each case, other than (x) as required under the terms of any Plan in existence as of the date hereof or (y) as required by applicable Law;

(k) taken action that resulted in any material change in their accounting or Tax reporting methods, periods, principles or policies, except as required by Law or GAAP or interpretations thereof;

(l) acquired (by merger, consolidation, stock or asset purchase or otherwise) any Person or any business, division or material assets of any Person or entered into, adopted or agreed upon any plan of merger, consolidation, reorganization, liquidation or dissolution;

(m) filed a petition in bankruptcy under any provisions of federal or state bankruptcy Law or consented to the filing of any bankruptcy petition against it under any similar Law;

(n) engaged in any "mass layoff" or "plant closing" which would trigger the notification requirements of the WARN Act;

(o) except as required by applicable Law, recognized or certified any employee representative body or entered into a collective bargaining agreement or similar agreement;

(p) made any material adverse change to any publicly posted privacy policy or the security of any IT Assets, except as required by applicable Law; or

(q) authorized, agreed, resolved or committed to do any of the foregoing.

4.10. Litigation. Except as set forth on Section 4.10 of the Disclosure Schedule, there are no actions, suits, investigations, claims, inquiries, investigations or proceedings pending or, to the Knowledge of the Target Companies, threatened against the Target Companies or their Subsidiaries, at law or in equity, before or by any Governmental Authority, which would reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect, and neither the Target Companies nor their Subsidiaries are subject to any outstanding judgment, order or decree of any Governmental Authority.

or proceeding against it alleging any material failure to comply with any applicable Laws that has not been paid or cured, except where such fines or noncompliance did not have, or would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

(b) Neither the Target Companies nor any of their Subsidiaries, nor any affiliate, director, officer, manager, employee or agent of the Target Companies or any of their Subsidiaries, has in the past five (5) years made any unlawful payment or given, offered, promised or authorized or agreed to give, any money or thing of value, directly or indirectly, to any government official or other Person in violation of the Anti-Corruption Laws. The Target Companies and their Subsidiaries have maintained complete and accurate books and records in all material respects with respect to any payments made to any agents, consultants, representatives, third parties, and government officials.

(c) Neither the Target Companies nor their Subsidiaries, nor any of their respective officers, employees, or agents or, to the Knowledge of the Target Companies, its agents, contractors or any other person acting on behalf of the Target Companies or its Subsidiaries in the past five (5) years, (i) is or was a Sanctioned Person, (ii) has transacted business directly or indirectly with any Sanctioned Person or in any Sanctioned Country, except pursuant to a license from the United States, or (iii) has violated any applicable Sanctions Laws or Export Control Laws.

(d) Neither the Target Companies nor their Subsidiaries, nor any of their respective officers, employees, or agents is the subject of any prosecution or other enforcement action or, to the Knowledge of the Target Companies, any allegation, voluntary disclosure, or investigation related to any applicable Anti-Corruption Laws, Sanctions Laws, or Export Control Laws.

(e) The Target Companies and their Subsidiaries have implemented, maintained, and adhered to a system of internal controls sufficient to provide reasonable assurance that violations of applicable Anti-Corruption Laws, Sanctions Laws, and Export Control Laws will be prevented, detected, and deterred.

(f) Neither the Target Companies nor any of their Subsidiaries, nor their respective, officers, employees, or agents made, or has caused any other Person to make, any false certification or false claim for payment to any Governmental Authority.

4.14. Labor and Employment Matters.

(a) The Target Companies have made available to the Buyer Parties the name and rate of compensation of all employees of the Target Companies and their Subsidiaries as of a recent date with total annual compensation in excess of $100,000.

(b) Except as set forth on Section 4.14 of the Disclosure Schedule, (i) neither the Target Companies nor any of their Subsidiaries is a party to or bound by any collective bargaining agreement or other written agreement with a labor union, works council or other labor organization nor is any such agreement presently being negotiated, (ii) to the Knowledge of the Target Companies, there is currently no organized effort by any labor union or similar labor organization to organize any employees of the Target Companies or any of their Subsidiaries into one or more collective bargaining units, nor has there been so far the prior three (3) years (iii) neither the Target Companies nor any of their Subsidiaries has experienced any strikes, work stoppages, walkouts,

lockouts, material grievance, or other material labor dispute or claim of unfair labor practices during the past three (3) years and none are pending or, to the Knowledge of the Target Companies, threatened and (iv) neither the Target Companies nor any of their Subsidiaries has committed any unfair labor practice during the past three (3) years.

(c) The Target Companies and all of their Subsidiaries are, and for the past three (3) years have been in material compliance with all Laws relating to the retention and employment of labor, including provisions thereof relating to wages, hours, equal opportunity and collective bargaining.

(d) As of the date of this Agreement, there are no, and for the past three (3) years have not been any, material actions, suits or proceedings against the Target Companies or any of their Subsidiaries pending or, to the Knowledge of the Target Companies, threatened by or before any Governmental Authority based on the hiring, employment or termination of employment of any employee or other worker.

(e) Each person who is a current or former service provider of the Target Companies and any of their Subsidiaries has at all times during the past three years, in all material respects, been properly classified: (i) as either an employee or independent contractor under applicable Law; and (ii) for employees, overtime exempt or non-exempt under applicable Law.

(f) During the past three (3) years, neither the Target Companies nor any of their Subsidiaries has taken any action which would constitute a "plant closing" or "mass layoff" within the meaning of the Workers Adjustment and Retraining Notification Act or any similar state or local Law (collectively, the "WARN Act"), issued any notification of a plant closing or mass layoff required by the WARN Act, or incurred any liability or obligation under the WARN Act that remains unsatisfied.

(g) Every employee of the Target Companies and all of their Subsidiaries has all work permits, immigration permits, visas, or other authorizations required by applicable Law and the applicable Target Companies or Subsidiaries has a correct and current Form I-9 on file for every such employee.

(h) During the past three (3) years, no Target Company nor any of their Subsidiaries has been a party to a settlement agreement with a current or former employee that relates primarily to allegations of sexual harassment. To the Knowledge of the Target Companies, during the past three (3) years, no material allegation of sexual harassment in violation of applicable Law has been made against any officer, director or employee of the Target Companies or any of their Subsidiaries.

(i) With respect to the transactions contemplated by this Agreement, the Target Company and all Subsidiaries have, or prior to the Closing will have satisfied, in all material respects all notice and bargaining obligations they owe to any labor unions, works councils or other labor organizations representing their employees under applicable Law or any collective bargaining agreement or other agreement.

4.15. Employee Benefit Plans.

(a) Section 4.15(a) of the Disclosure Schedule sets forth a list of all material Plans. "Plans" means any employee benefit, welfare, supplemental unemployment benefit, bonus, pension, profit sharing, executive compensation, deferred compensation, incentive compensation, stock compensation, stock purchase, stock option, stock appreciation, phantom stock, restricted stock, employment, consulting, change-in-control, severance, vacation, paid time off, employee loan, fringe benefit, health or other medical, dental, life, disability or other insurance plan, program, agreement or arrangement (including any "employee benefit plan" within the meaning of Section 3(3) of ERISA, whether or not subject to ERISA), whether written or unwritten, (x) sponsored, maintained or contributed to or required to be contributed to by the Target Companies and their Subsidiaries for the benefit of their employees, officers, directors or individual independent contractors, or former employees, officers, directors or individual independent contractors, and their dependents or beneficiaries or (y) under which any Target Company or any Subsidiary has or could have any obligation or liability, other than plans established pursuant to statute.

(b) Each of the Plans that is intended to be qualified under Section 401(a) of the Code has received either a favorable determination letter from the IRS or is a pre-approved prototype or volume submitter plan and can rely on an opinion letter from the Internal Revenue Service to the prototype plan sponsor, to the effect that such Plan is so qualified and that the plan and the trust related thereto are exempt from federal income Taxes under Sections 401(a) and 501(a), respectively, of the Code, and, nothing has occurred that could reasonably be expected to cause the revocation of such determination letter from the Internal Revenue Service or the unavailability of reliance on such opinion letter from the Internal Revenue Service. The Plans and related trusts have been established and maintained in compliance, in all material respects, with the requirements of the Code, ERISA and all applicable Laws.

(c) With respect to the Plans, all required contributions have been made or properly accrued in accordance with the terms of the applicable Plan, all applicable Laws and GAAP, in all material respects.

(d) The Target Companies have made available to the Buyer Parties true and complete copies of, with respect to each Plan and as applicable, (i) plan documents, amendments and related trust, insurance, annuity or other funding agreements, or if such Plan is not in writing, a written description thereof, (ii) all material correspondence with all Governmental Authorities for the past three (3) years, (iii) the most recent annual report (Form 5500 Annual Reports) filed (and attached schedules), (iv) the most recent Summary Plan Description and all Summaries of Material Modifications related thereto, and (v) the latest financial statements for the Plans.

(e) No Plan is, and none of the Target Companies nor their Subsidiaries has ever, sponsored, maintained, contributed to, or been required to contribute to, or otherwise participate in or have any liability with respect to (i), any defined benefit pension plan or any plan, program or arrangement subject to Section 302 or Title IV of ERISA or Section 412 of the Code, (ii) any "multiemployer plan" (as defined in Section 3(37) of ERISA), (iii) a "multiple employer plan" (within the meaning of Section 4063 or Section 4064 of ERISA or Section 413(c) of the Code), or (iv) a "multiple employer welfare arrangement" (as defined in Section 3(40) of ERISA).

(f) All required reports and descriptions (including Form 5500 Annual Reports, Summary Annual Reports, and Summary Plan Descriptions) have been filed or distributed in compliance with the applicable requirements of ERISA and the Code with respect to each Plan.

(g) Other than as required under Section 4980B of the Code or other applicable Law, no Plan provides, and none of the Target Companies or their Subsidiaries has any liability in respect of, benefits or coverage in the nature of health, life or disability insurance following retirement or other termination of employment (other than death benefits when termination occurs upon death).

(h) No action, suit, audit, inquiry, proceeding, hearing or investigation with respect to the administration or the investment of the assets of any such Plan (other than routine claims for benefits) is pending or, to the Knowledge of the Target Companies, threatened.

(i) Neither the execution, delivery or performance of this Agreement nor the consummation of the transactions contemplated by this Agreement (whether alone or in connection with any other event) could reasonably be expected to (i) entitle any current or former employee, officer, director, individual independent contractor or other service provider to any payment or any increase in payment under any Plan, (ii) accelerate the time of payment or vesting or the funding of any benefit under any Plan or (iii) result in any payment or benefit that would constitute an "excess parachute payment" (as defined in Section 280G(b)(1) of the Code) to any Person. No Plan provides for the gross-up or reimbursement of Taxes under Section 409A or Section 4999 of the Code, or otherwise.

(j) No Plan is maintained outside of the jurisdiction of the United States or covers any current or former employee, officer, director or individual independent contractor of the Target Companies or their Subsidiaries who resides or works outside the United States.

4.16. Tax Matters.

(a) (i) The Target Companies and their Subsidiaries have timely filed all Income Tax Returns and other material Tax Returns that are required to be filed by them (taking into account any extensions of time to file that have been duly perfected) and all such Tax Returns are true, correct and complete in all material respects, (ii) all Taxes that are due and owing by the Target Companies and their Subsidiaries (whether or not shown as payable on such Tax Returns) have been fully and timely paid, (iii) the provision for Taxes on the Interim Financial Statements is sufficient as determined in accordance with GAAP for all accrued and unpaid Taxes as of the date thereof and (iv) all amounts of Taxes that the Target Companies or their Subsidiaries are obligated to withhold from amounts owing to any employee, independent contractor, creditor, current or former unitholder, shareholder or other Person have been fully and timely paid.

(b) Neither the Target Companies nor their Subsidiaries have been during the past three (3) years or are currently the subject of any audit, investigation, dispute, claim or other examination or administrative or judicial proceeding by any Taxing Authority and no such audit, investigation, dispute, claim or other examination or proceeding is currently pending or, to the Knowledge of the Target Companies, contemplated or threatened, and neither the Target Companies nor their Subsidiaries have received any written notice that any such audit, dispute,

investigation, claim, or other examination or proceeding is threatened. No deficiency with respect to Taxes has been proposed, asserted or assessed in writing against a Target Company or any of its Subsidiaries that has not been paid in full. No written claim has been made by a Taxing Authority in a jurisdiction in which a Target Company or one of its Subsidiaries does not file a specific type of Tax Return that such Target Company or Subsidiary is or may be required to file a Tax Return in, or subject to taxation by, such jurisdiction, which claim is unresolved.

(c) Neither the Target Companies nor their Subsidiaries have waived in writing any statute of limitations in respect of Taxes payable by any of them or in respect to any Tax Return required to be filed by any of them, or agreed to or been granted any extension of time for filing any Tax Return that has not been filed (other than ordinary course extensions for filing Income Tax Returns that do not require the consent of a Taxing Authority), which waiver or extension is currently in effect.

(d) None of the Target Companies or their Subsidiaries (i) is or have ever been a member of any affiliated, combined, consolidated, unitary or similar group for Tax purposes (other than a group the parent of which is a Target Company and consisting solely of one or more of the Target Companies or their Subsidiaries), (ii) are liable for the Taxes of another Person under Treasury Regulations Section 1.1502-6 (or comparable provisions of state, local or non-U.S. Tax law), as a transferee or successor, or otherwise as a matter of Law, or (iii) are currently party to or have any obligation under any Tax allocation, Tax sharing, Tax indemnity, Tax reimbursement agreement or similar arrangement with respect to Taxes (other than credit agreements, lease agreements or other customary commercial agreements entered into in the ordinary course of business, the principal purpose of which is not related to Taxes).

(e) There are no Liens for Taxes (other than Liens for Taxes not yet due and payable) on any of the assets or properties of the Target Companies or their Subsidiaries.

(f) None of the Target Companies nor any of their Subsidiaries will be required to include any material item of income in, or exclude any material item of deduction from, taxable income for any Post-Closing Tax period as a result of any (i) change in or use of an incorrect method of accounting for a taxable period ending on or prior to the Closing Date, (ii) closing agreement" as described in Section 7121 of the Code (or any corresponding or similar provision of state, local, or non-U.S. law) entered into on or prior to the Closing Date, (iii) installment sale or open transaction disposition made on or prior to the Closing Date, or (iv) prepaid amount received or paid, or deferred revenue accrued, on or prior to the Closing Date.

(g) No Target Company or Subsidiary of a Target Company (i) has within the last two (2) years distributed the securities of another Person, or has had its securities distributed by another Person, in a transaction that was purported or intended to be governed in whole or in part by Section 355 or 361 of the Code, (ii) has any outstanding material obligation in respect of escheat or unclaimed property obligations, (iii) has made any election to defer any Payroll Taxes under the COVID-19 Relief Laws, or (iv) is or has been, party to or participated in any "listed transaction" as defined in Section 6707A(c)(2) of the Code and Treasury Regulations Section 1.6011-4(b)(2).

(h) Each Target Company and Subsidiary of a Target Company has collected all material sales and use Taxes required to be collected by it, and has remitted, or will remit on a

timely basis, such amounts to the appropriate Taxing Authority, or has been furnished properly completed exemption certificates.

(i) No Target Company or Subsidiary of a Target Company that is a partnership for U.S. federal Income Tax purposes has made any election to apply the provisions of Section 1101 of the Bipartisan Budget Act of 2015 (Partnership Audits and Adjustments) for any taxable period prior to January 1, 2018.

(j) Each of the Target Companies and their Subsidiaries has since its formation been, and is currently, properly treated as having the U.S. federal Income Tax status indicated opposite its name on Section 4.16(j) of the Disclosure Schedule.

4.17. Insurance. Section 4.17 of the Disclosure Schedule lists each material insurance policy maintained by the Target Companies and their Subsidiaries, including the name of the insurer and policy number (the "Insurance Policies"). The Insurance Policies are in full force and effect and all premiums due and payable thereon have been paid, and neither the Target Companies nor any of their Subsidiaries is in material breach or material default under such policies or has taken any action or failed to take any action which, with notice or the lapse of time, could constitute such a breach or default or permit termination or modification of any of the Insurance Policies. During the past twelve (12) months, no policy limits for any insurance policy of the Target Companies or their Subsidiaries has been exhausted or materially reduced. As of the date of this Agreement, neither the Target Companies nor their Subsidiaries has received any written notice of termination, cancellation or non-renewal of any Insurance Policies nor, to the Knowledge of the Target Companies, has the termination, cancellation or non-renewal of any Insurance Policies been threatened within the past year. There is no material action pending or, to the Knowledge of the Target Companies, threatened under any Insurance Policy as to which coverage has been denied or disputed by the underwriters of such policies.

4.18. Licenses and Permits. Except as set forth on Section 4.18 of the Disclosure Schedule, the Target Companies and their Subsidiaries possess all licenses, approvals, registrations, accreditations, consents, permits or similar authorizations issued by a Governmental Authority (collectively, the "Permits") necessary to operate their business in all material respects as currently conducted. Each such Permit is valid, binding and in full force and effect and neither the Target Companies nor any of their Subsidiaries is in default or violation under any of the Permits, except for those defaults or violations that would not reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect. There are no actions, investigations, audits, suits or proceedings pending or, to the Knowledge of the Target Companies, threatened relating to the suspension, revocation or modification of any of the Permits, and there is no reasonable basis for the suspension, revocation, non-renewal or adverse modification of any such Permits.

4.19. Affiliated Transactions. Except as set forth on Section 4.19 of the Disclosure Schedule, to the Knowledge of the Target Companies, no officer, director, stockholder or Affiliate of the Target Companies or their Subsidiaries or any individual in such officer's, director's or stockholder's immediate family is a party to any Contract (other than employment agreements) with the Target Companies or any Subsidiary of the Target Companies or has any interest in any property owned or used by the Target Companies or any Subsidiary of the Target Companies or has engaged in any transaction (other than, solely with respect to any officers or employees of any

of the Target Companies or their Subsidiaries (excluding any such officer or employees who are also employees of Seller or any Affiliate thereof), those related to employment, compensation or arrangements entered into in the ordinary course of business) with any of the Target Companies or their Subsidiaries (any such Contract, interest or transaction, a "Related Party Arrangement").

4.20. Material Contracts.

(a) Section 4.20(a) of the Disclosure Schedule sets forth a list of all Contracts, including all amendments and supplements thereto, to which the Target Companies or any of their Subsidiaries is a party or by which the Target Companies or any of their Subsidiaries is bound, meeting any of the descriptions set forth below (collectively referred to herein as, the "Material Contracts"):

(i) all collective bargaining agreements, Contracts and any other written agreements with any labor union, works council, group of employees of any Target Company or any Subsidiary of a Target Company or other labor organization;

(ii) all written Contracts for the employment of any current officer or individual employee with required annual payments in excess of $100,000;

(iii) all Contracts relating to Funded Debt and guaranties of any obligation for Funded Debt;

(iv) all Leases with annual lease payments in excess of $200,000;

(v) all Intellectual Property and IT Asset Contracts that are material to the operation of the business of the Target Companies and the their Subsidiaries (other than non-exclusive licenses to "off the shelf" software which require the Target Companies or any of its Subsidiaries to make annual payments of less than $250,000 or non-exclusive licenses to customers in the ordinary course of business);

(vi) all Contracts that (A) limit or purport to limit the Target Companies or any of their Subsidiaries or their Affiliates from (I) freely engaging or competing in any line of business or competing with any Person anywhere in the world (other than customer Contracts and non-disclosure Contracts entered into in the ordinary course of business that contain non-solicitation obligations) or (II) soliciting or hiring any Person (whether for employment, a commercial relationship or otherwise), other than customer Contracts and non-disclosure Contracts entered into in the ordinary course of business that contain non-solicitation obligations, (B) contain exclusivity obligations or similar restrictions binding on and material to any of the Target Companies and their Subsidiaries or their Affiliates, (C) contain any right of first refusal, right of first offer or similar rights or (D) grant a most-favored-nation status or similar pricing provision in favor of any Person other than the Target Companies and their Subsidiaries in a manner that is material to the Target Companies, taken as a whole;

(vii) Contracts relating to any acquisition or disposition of any business, or all or substantially all of the assets or equity interest of any other Person or any material real property (whether by merger, sale of stock, sale of assets or otherwise) entered into at any time during the last five (5) years or otherwise containing ongoing performance or "earn-out" or contingent payment obligations of any of the Target Companies or their Subsidiaries (which, for the avoidance of doubt, shall include amounts to be released out of escrow);

(viii) Contracts that relate to any joint venture, partnership, strategic alliance, limited liability (other than a limited liability company agreement of any of the Target Companies' wholly owned Subsidiaries) or other similar Contracts or arrangements relating to the formation, creation, operation, management or control of any joint venture or partnership;

(ix) all Contracts involving any resolution or settlement of any litigation or other governmental proceeding involving the Target Companies or their Subsidiaries with any outstanding obligation or liability (excluding releases in favor of the Target Companies or their Subsidiaries and excluding all confidentiality obligations);

(x) Contracts requiring any capital commitment or capital expenditure (or series of capital expenditures) by any of the Target Companies or any of their Subsidiaries in an amount in excess of $200,000 on an annual basis or $500,000 in the aggregate;

(xi) any Related Party Arrangement;

(xii) all Contracts evidencing any obligations of the Target Companies or their Subsidiaries with respect to the issuance, sale, transfer, repurchase or redemption of any equity interest of any of the Target Companies or any of their Subsidiaries;

(xiii) all Contracts (other than purchase orders providing for sales of products or services in the ordinary course of business) with any Material Customer or Material Supplier; and

(xiv) all Contracts with or for any Governmental Authority.

(b) The Target Companies have made available to the Buyer Parties true and correct copies of all written Material Contracts. Neither the Target Companies nor their Subsidiaries, nor, to the Knowledge of the Target Companies, any other party to any Material Contract, are in breach of, or in default or violations under, any Material Contract and no event has occurred that with or without notice or lapse of time, or both would constitute such a breach, default or violation, except where such breach, default or violation would not, individually or in the aggregate, have a Material Adverse Effect. None of the Target Companies nor any of their Subsidiaries has received notice of (i) a breach, default or violation on the part of such Target Company or Subsidiary of a Target Company or (ii) the existence of any event or condition which constitutes, or, with or without notice or lapse of time or both, will constitute, a breach, default or

violation on the part of such Target Company or Subsidiary of a Target Company under any Material Contract, except, in case, where such breach, default or violation would not, individually or in the aggregate, have a Material Adverse Effect. Except as set forth on Section 4.20(b) of the Disclosure Schedule, to the Knowledge of the Target Companies, each Material Contract is valid, binding and in full force and effect, except for such failures to be valid, binding or in full force and effect that would not reasonably be expected to result in a Material Adverse Effect.

(c) None of the Target Companies or any of their respective Subsidiaries are party to, bound by or currently performing any Contracts with or for any Governmental Authority that are set aside for small businesses. Each of the Target Companies and each of the Target Companies' Subsidiaries is, and has been for the past six (6) years, in compliance with all of its obligations, representations, and certifications under all Contracts to which it is a party or by which it is bound that is with or for any Governmental Authority.

4.21. Intellectual Property.

(a) Section 4.21(a) of the Disclosure Schedule contains a list of all of the issued or registered Intellectual Property and all applications therefor owned by the Target Companies and the Subsidiaries used in the conduct of the Target Companies or any of their Subsidiaries' respective businesses, as currently conducted. Except as set forth in Section 4.21(b) of the Disclosure Schedule or as would not reasonably be expected, individually or in the aggregate, to have a Material Adverse Effect, (a) the Target Companies or their Subsidiaries exclusively own, free and clear of all Liens other than Permitted Liens, all of their material proprietary Intellectual Property and possess all right, title and interest in and to, or possess the valid and enforceable right to use, all other Intellectual Property and applications therefor used in the operation of the businesses of the Target Companies or their Subsidiaries as currently conducted, (b) during the three (3) year period prior to the date of this Agreement, neither the Target Companies nor any of their Subsidiaries has received any written notices of infringement or misappropriation from any third party with respect to the Target Companies' or any of their Subsidiary's use of any Intellectual Property, (c) to the Knowledge of the Target Companies, no third party is materially infringing or misappropriating any registered Intellectual Property owned by the Target Companies or any Subsidiary of the Target Companies and (d) to the Knowledge of the Target Companies, none of the Intellectual Property or products or conduct of the business of the Target Companies or any Subsidiary of the Target Companies as currently conducted materially infringes upon any other Person's Intellectual Property.

(b) Except as set forth in Section 4.21(b) of the Disclosure Schedule or as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect: (i) all Persons who invented or created material Intellectual Property for the Target Companies or their Subsidiaries have assigned in writing to such entities all of their rights in same; (ii) the Target Companies and their Subsidiaries have not distributed, conveyed or made available to others any proprietary software that is subject to any "open source" or similar license that requires the availability or licensing of source code in such circumstances; and (iii) no Persons, other than employees or service providers who are providing services to the Target Companies and their Subsidiaries subject to reasonable confidentiality arrangements, have the current or contingent right to access any material proprietary source code of such entities.

(c) Except as set forth in Section 4.21(c) of the Disclosure Schedule or as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect: (i) the Target Companies and their Subsidiaries take all reasonable actions to protect the integrity, security, redundancy and continuous operation of the IT Assets used in their businesses (and all information, including personal or personally identifiable information, stored therein or processed thereby), and there have been no breaches, outages, violations, interruptions or unauthorized use of or access to the foregoing; (ii) the above IT Assets are sufficient to operate such businesses, are fully functional and conform with their specifications, and are free of viruses, malware, defects and other contaminants or corruptants; and (iii) the Target Companies and their Subsidiaries comply in all material respects with all Laws, binding industry standards and their own posted or public policies relating to privacy, personal information and data security.

4.22. Customers and Suppliers.

(a) Section 4.22(a) of the Disclosure Schedule lists each of the ten (10) largest third-party suppliers (by dollar volume) of the Target Companies and their Subsidiaries, taken as a whole during fiscal year 2020 (each, a "Material Supplier") and the aggregate dollar value of purchases from each Material Supplier during such period.

(b) Section 4.22(b) of the Disclosure Schedule lists each of the ten (10) largest third-party customers (by dollar value) of the Target Companies and their Subsidiaries, taken as a whole, during fiscal year 2020 (each, a "Material Customer") and the aggregate dollar value of sales to each Material Customer during such period.

(c) Except as set forth on Section 4.22(c) of the Disclosure Schedule, during the twelve (12) month period prior to the date hereof, (i) neither the Target Companies nor any of their Subsidiaries have received any written or verbal notice from any Material Supplier or Material Customer stating that such customer or supplier (A) will, or intends to, cease to use or supply products or services to the Target Companies or any of their Subsidiaries or vary its relationship with the Target Company or any of their Subsidiaries in any manner adverse to the Target Companies and their Subsidiaries, or (B) will, or intends to, materially reduce its use or supply of products or services to the Target Companies or their Subsidiaries taken as a whole and (ii) no Material Supplier or Material Customer has ceased to use or supply, or materially reduced its use or supply, of products or services to the Target Companies or any of their Subsidiaries.

4.23. No Brokers. Except for UBS Securities LLC, no broker, finder or similar intermediary has acted for or on behalf of the Target Companies or their Subsidiaries in connection with this Agreement or the transactions contemplated hereby, and no broker, finder, agent or similar intermediary is entitled to any brokerage commissions, finders' fees or similar compensation in connection with the transactions contemplated by this Agreement based on any arrangement or agreement made by or on behalf of the Target Companies or for which the Target Companies or their Subsidiaries may otherwise be liable. A true and correct copy of the Contract setting forth all arrangements and obligations with UBS Securities LLC (other than the fee amounts set forth therein, which have been redacted) has been made available to the Buyer Parties.

4.24. Regulatory Matters.

(a) Except as would not, individually or in the aggregate, reasonably be expected to result in a Material Adverse Effect, none of the Target Companies, their Subsidiaries, or any of their respective officers, directors or employees, or, to the knowledge of the Target Companies, any of their respective agents or suppliers, are excluded, debarred or suspended, or have been threatened in writing with exclusion, debarment or suspension by any Governmental Authority, including exclusion, debarment or suspension from participation in governmental healthcare programs such as Medicare or Medicaid.

(b) None of the Target Companies, their Subsidiaries, or any of their respective officers, directors or employees, has (i) made any untrue statement of material fact or fraudulent statement to any Governmental Authority, (ii) failed to disclose a material fact required to be disclosed to any Governmental Authority or (iii) committed an act, made a statement, or failed to make a statement that would reasonably be expected to provide a basis for the FDA or any other Governmental Authority to invoke its policy in respect of "Fraud, Untrue Statements of Material Facts, Bribery, and Illegal Gratuities," as set forth in 56 Fed. Reg. 46191 (September 10, 1991).

(c) Each of the Target Companies, their Subsidiaries, and their respective officers, directors or employees, has, in the past five (5) years, been in material compliance with all applicable federal and state Laws and regulations relating to or regulating political contributions made by Persons that have or are trying to obtain Contracts with any Governmental Authority (collectively, "Pay to Play Laws") and during the past five (5) years have made all disclosures required by applicable Pay to Play Laws.

4.25. No Other Representations and Warranties. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS ARTICLE IV OR SECTION 3.02, AS APPLICABLE, (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT, NONE OF THE TARGET COMPANIES, THEIR SUBSIDIARIES, THE OWNER PARTIES, NOR ANY OTHER PERSON MAKES ANY REPRESENTATIONS OR WARRANTIES, WRITTEN OR VERBAL, STATUTORY, EXPRESS OR IMPLIED, WITH RESPECT TO THE TARGET COMPANIES, THEIR SUBSIDIARIES, OR THEIR RESPECTIVE BUSINESS, OPERATIONS, ASSETS, EQUITY INTEREST, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS. EXCEPT IN THE CASE OF FRAUD, EACH BUYER PARTY HEREBY EXPRESSLY WAIVES ANY CLAIMS AND CAUSES OF ACTION AND ANY OTHER REPRESENTATIONS OR WARRANTIES, EXPRESS, IMPLIED, AT COMMON LAW, BY STATUTE OR OTHERWISE IN EACH CASE RELATING TO THE ACCURACY, COMPLETENESS OR MATERIALITY OF ANY INFORMATION, DATA OR OTHER MATERIALS (WRITTEN OR VERBAL) HERETOFORE FURNISHED TO THE BUYER PARTIES AND THEIR RESPECTIVE REPRESENTATIVES BY OR ON BEHALF OF THE TARGET COMPANIES AND THEIR SUBSIDIARIES OTHER THAN THE REPRESENTATIONS AND WARRANTIES SET FORTH IN SECTION 3.02 OR THIS ARTICLE IV (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. WITHOUT LIMITING THE FOREGOING, NONE OF THE TARGET COMPANIES, THEIR SUBSIDIARIES, THE OWNER PARTIES, NOR ANY OTHER PERSON IS MAKING ANY REPRESENTATION OR WARRANTY TO THE BUYER

PARTIES WITH RESPECT TO ANY FINANCIAL PROJECTION OR FORECAST RELATING TO THE BUSINESS, OPERATIONS, ASSETS, LIABILITIES, CONDITION (FINANCIAL OR OTHERWISE) OR PROSPECTS OF THE TARGET COMPANIES OR THEIR SUBSIDIARIES EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS ARTICLE IV OR SECTION 3.02, AS APPLICABLE, (AS QUALIFIED BY THE DISCLOSURE SCHEDULES), OR SET FORTH IN ANY ANCILLARY AGREEMENT OR CERTIFICATE DELIVERED UNDER THIS AGREEMENT. EXCEPT IN THE CASE OF FRAUD, NONE OF THE OWNER PARTIES, THE TARGET COMPANIES, THEIR SUBSIDIARIES, NOR ANY OTHER PERSON WILL HAVE OR BE SUBJECT TO ANY LIABILITY TO THE BUYER PARTIES OR ANY OF ITS AFFILIATES OR EQUITY HOLDERS OR ANY OTHER PERSON RESULTING FROM THE DISTRIBUTION TO THE BUYER PARTIES OR THEIR REPRESENTATIVES, OR THE BUYER PARTIES' OR THEIR REPRESENTATIVE'S USE OF, ANY SUCH PROJECTION OR FORECAST AND ANY INFORMATION, DOCUMENT OR MATERIAL MADE AVAILABLE TO THE BUYER PARTIES OR THEIR REPRESENTATIVE'S OR THEIR RESPECTIVE AFFILIATES IN CERTAIN "DATA ROOMS," MANAGEMENT PRESENTATIONS OR ANY OTHER FORM IN EXPECTATION OF THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT.

ARTICLE V
PRE-CLOSING COVENANTS

The Parties agree as follows with respect to the period between the execution of this Agreement and the Closing:

5.01. Further Assurances; Closing Conditions. Prior to Closing, the Parties shall, as promptly as practicable, (a) execute and deliver, or cause to be executed and delivered, such additional instruments and other documents and shall take such further actions as may be reasonably requested by the other Parties as necessary or appropriate to effectuate, carry out and comply with all of the terms of this Agreement and the transactions contemplated hereby and (b) use their reasonable best efforts to cause the conditions set forth in Article VIII and Article IX to be satisfied and to consummate the transactions contemplated herein; provided, that; notwithstanding anything to the contrary in this Agreement, none of the Owner Parties, the Target Companies, the Subsidiaries of the Target Companies or the Representative shall be required to expend any funds to obtain any third party consents.

5.02. Consents and Release of Liens. Without limiting the generality of Section 5.01, prior to Closing, (a) the Target Companies will take any and all actions necessary or advisable (which shall include the payment of a consent or similar fee) to obtain the third-party consents set forth on Schedule 5.02 and to obtain the release letters required to be delivered by the Target Companies to Parent pursuant to Section 8.07(e)(ii), and (b) the Buyer Parties will cooperate in all reasonable respects with the Target Companies and use reasonable best efforts to assist the Target Companies in obtaining all such consents.

5.03. Regulatory Filings.

(a) Each of the Buyer Parties, the Sellers, and the Target Companies shall use all reasonable best efforts to, as promptly as practicable (i) obtain from any Governmental Authority

any consent, approval, authorization, declaration, waiver, franchise, Permit, certificate or order required to be obtained by the Buyer Parties, the Sellers, or the Target Companies in connection with the authorization, execution and delivery of this Agreement and the consummation of the transactions contemplated herein, (ii) make all necessary filings, and thereafter make any other required submissions, with respect to this Agreement required under any applicable Law, including the Hart-Scott-Rodino Act and any other Antitrust Laws, FDA registrations and listings, Drug Enforcement Agency licenses, and state third-party logistics, wholesale distribution and controlled substance licenses and (iii) take any action necessary to avoid any action or proceeding by any Governmental Authority related to this Agreement or the transactions contemplated hereby. The Buyer Parties, the Sellers, and the Target Companies shall cooperate with each other in connection with the making of all such filings and submissions and the taking of such other actions, including by providing copies of all non-proprietary documents to the non-filing Party and its advisors prior to filing and, if requested, to accept all reasonable additions, deletions or changes suggested in connection therewith. The Buyer Parties, the Sellers, and the Target Companies shall promptly furnish to each other all information required for any application or other filing to be made by the other pursuant to any applicable Law in connection with the transactions contemplated by this Agreement. The Buyer Parties, the Sellers and the Target Companies agree to make, and to cause their Subsidiaries to make, any necessary filings under the Hart-Scott-Rodino Act and any other Antitrust Laws no later than ten (10) Business Days after execution of this Agreement, which filings shall include a request for early termination of the applicable waiting period, if applicable, under such other Antitrust Laws. The Buyer Parties, the Sellers and the Target Companies agree to submit, or cause their Subsidiaries to submit, to the applicable state Governmental Authorities the necessary state third-party logistics, wholesale distribution and controlled substance licenses no later than ten (10) Business Days after execution of this Agreement. The Buyer Parties will not, and will not permit their Subsidiaries to, consent or agree to any voluntary delay of the consummation of the transactions contemplated by this Agreement without the prior written consent of the Representative, which consent shall not be unreasonably withheld. The Buyer Parties shall be responsible for the payment of all filing fees under the Hart-Scott-Rodino Act and any other Antitrust Laws.

(b) The Buyer Parties shall, and shall cause its Subsidiaries to, comply as promptly as practicable with any request under the Hart-Scott-Rodino Act to provide information, documents or other materials requested by any Governmental Authority with respect thereto. The Buyer Parties shall, and shall cause its Subsidiaries to use reasonable best efforts to, (x) take all actions necessary to obtain early termination or expiration of the applicable waiting period under such Antitrust Laws as promptly as practicable or otherwise bring about, as promptly as practicable, the expiration or termination of the waiting period under the Hart-Scott-Rodino Act, without challenge by any Governmental Authority (collectively, the "Antitrust Conditions") (including divesting or holding separate assets or voting securities, terminating or modifying existing relationships or contractual rights, or entering into a consent decree requiring the divestiture or holding separate of assets or voting securities or the termination or modification of existing relationships and contractual rights), (y) resolve as soon as practicable objections, if any, asserted by any such Governmental Authority with respect to this Agreement or the transactions contemplated by this Agreement under any such Antitrust Laws, in each case to enable the transaction to be completed by the End Date. Further, each party shall coordinate and cooperate with the other party in connection with their respective efforts to obtain all requisite clearances and approvals under the Hart-Scott-Rodino Act and to otherwise satisfy the Antitrust Conditions,

including (A) cooperating in all respects with each other in connection with any investigation or other inquiry, (B) keeping each party promptly informed of any material communication received by the other party or any of its Subsidiaries from any Governmental Authority, including the Federal Trade Commission or U.S. Department of Justice or similar foreign Governmental Authority, regarding any of the transactions contemplated hereby, (C) providing each party with a reasonable opportunity to (1) review all proposed communications by the other party with any Governmental Authority, (2) consult with the other party prior to any meeting or conference with any Governmental Authority, and (3) to the extent permitted by such Governmental Authority, permitting the other party to attend and participate in such meetings or conferences, and (D) providing such other information and assistance as the other party may reasonably request in connection with the foregoing.

(c) Other than as set forth in Section 5.03(d), the Parties' obligations in this Section 5.03 are cumulative, and a Party's obligations in any specific clause of this Section 5.03 shall not be interpreted to limit in any way the Parties' obligations in any other clause.

(d) Notwithstanding anything in this Section 5.03 or any other provision of this Agreement, nothing in this Agreement (including this Section 5.03) will require the Buyer Parties or any of its Affiliates to take or commit to take any action, including any action contemplated by Section 5.03(b), (1) unless such action is conditioned on the occurrence of the Closing or is only effective after the Closing or (2) with respect to any of the Buyer Parties' Affiliates (including Blackstone Inc. ("Blackstone") and any investment funds or investment vehicles Affiliated with, or managed or advised by Affiliates of, Blackstone or any portfolio company (as such term is commonly understood in the private equity industry) or investment of Blackstone or of any such investment fund or investment vehicle), or any interest therein, other than with respect to the Target Companies. Further, in no event shall the Sellers or the Target Companies propose, negotiate, effect or agree to any action, including any action contemplated by Section 5.03(b), without the prior written consent of Parent.

5.04. Conduct of the Business.

(a) From the date hereof until the Closing Date, except as set forth on Schedule 5.04(a) and except as otherwise expressly required by this Agreement, pursuant to the Reorganization, required by Law or consented to in writing by Parent (which consent will not be unreasonably withheld, delayed or conditioned), the Target Companies and their Subsidiaries shall each (i) use its commercially reasonable efforts to carry on its business in the ordinary course of business and substantially in the same manner as previously conducted, except any action reasonably taken in response to COVID-19 (including to comply with Laws resulting from or relating to COVID-19) shall not result in a violation of this clause (i), and (ii) not take any action that would result in a violation of Section 4.09 of this Agreement; provided, however, that, notwithstanding the foregoing clause (i) or (ii), the Target Companies and their Subsidiaries may use all available cash to repay any Funded Debt and Transaction Expenses prior to the Closing.

(b) Notwithstanding anything to the contrary in this Agreement, between the Measurement Time and the Closing, none of the Target Companies or their Subsidiaries shall take any action (or omit to take any action) with the purpose of modifying the Cash Amount or Working Capital (in each case as if such amounts were measured as of immediately prior to the Closing

rather than as of the Measurement Time) in order to increase the Cash Payment payable to Representative (or Sellers).

(c) Nothing in this Section 5.04 is intended to result in the Sellers, the Target Companies, or the Subsidiaries of the Target Companies ceding control to the Buyer Parties of the Target Companies' or the Subsidiaries of the Target Companies' basic ordinary course of business and commercial decisions prior to the Closing Date.

5.05. Access to Information. From the date hereof until the Closing Date, the Target Companies shall provide the Buyer Parties and their authorized agents and representatives reasonable access at reasonable times during normal business hours, and upon reasonable notice, to the executive officers, properties and books and records of the Target Companies and their Subsidiaries; provided that (a) such access shall be coordinated on reasonable advance notice, (b) such access shall be subject to the reasonable security measures and insurance requirements of each Target Company and their Subsidiaries and shall not unreasonably interfere with the operations of any Target Company or any Subsidiary of the Target Companies, (c) except for communications unrelated to the transactions contemplated by this Agreement or for general market diligence, which market diligence shall not reference the identities of the Buyer Parties or their Affiliates or solely the Target Companies or their Affiliates to the exclusion of other businesses in the applicable market, the Buyer Parties and their authorized agents and representatives shall not contact or otherwise communicate with the customers or suppliers of the Target Companies or their Subsidiaries unless, in each instance, approved in writing in advance by the Target Companies or the Representative and (d) nothing herein shall require the Sellers or the Target Companies to furnish to the Buyer Parties or provide the Buyer Parties with access to information that legal counsel for the Sellers or the Target Companies reasonably conclude may give rise to antitrust or competition Law issues or that is subject to attorney-client privilege; provided, that the Sellers and the Target Companies will reasonably cooperate with the Buyer Parties to attempt to find a way to allow disclosure of such information to the extent doing so would not (in the reasonable judgment of the Sellers and the Target Companies after consultation with counsel) reasonably be likely to violate any Law or result in the loss of any attorney-client privilege.

5.06. Exclusivity. During the period from the date hereof through the Closing Date or the earlier termination of this Agreement pursuant to Section 12.01, the Owner Parties and the Target Companies shall not, and shall direct their respective Affiliates, directors, officers, employees, investment bankers and other representatives not to, (a) solicit, initiate or knowingly encourage the initiation of any Acquisition Proposal or (b) participate in any discussions or negotiations with any third party regarding, or furnish to any third party any information in connection with, any Acquisition Proposal. In furtherance of the foregoing, promptly after the execution of this Agreement, the Target Companies shall request that each Person that received confidential information (other than the Buyer Parties and their representatives) in connection with any Acquisition Proposal return or destroy such information in accordance with the confidentiality agreement entered into by such Person.

5.07. Confidentiality Agreement. The Parties acknowledge and agree that as of the date hereof, and continuing through the Closing Date, the Parties and each of their respective Affiliates, employees and advisors are and remain bound to the confidentiality agreement executed on June

25, 2021 by the Parties (or on their behalf) (the "Confidentiality Agreement"); provided, further, that the Confidentiality Agreement is hereby amended to permit any investor, potential investor, funding source or insurer to be a "Representative" of a party or a party's Affiliates (without any further action or consent on the part of any Person).

5.08. Financing.

(a) Buyer acknowledges that it shall be fully responsible for obtaining the Equity Financing and shall take (or cause to be taken) all actions, and do (or cause to be done) all things, necessary, proper or advisable to obtain the Equity Financing, including taking all actions necessary to (i) maintain in effect the Equity Commitment Letter in accordance with the terms thereof, (ii) satisfy on a timely basis all conditions in such Equity Commitment Letter, (iii) consummate the Equity Financing at or prior to the Closing and (iv) fully enforce its rights under the Equity Commitment Letter. Prior to the Closing, Buyer shall not agree to, or permit, any amendment or modification of, or waiver under, the Equity Commitment Letter without the prior written consent of the Owner Parties.

(b) Buyer acknowledges and agrees that the obtaining of the Financing is not a condition to the Closing, and reaffirms its obligations under this Section 5.08.

5.09. Assistance with Financing.

(a) The Target Companies agree (and shall cause their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, legal counsel, agents and other representatives) to use best efforts to take, or cause to be taken, all actions and to do, or cause to be done, all things necessary, proper or advisable and cooperate with the Buyer Parties in respect of all cooperation reasonably requested by any of the Buyer Parties and/or the Debt Financing Sources to the extent customary in connection with the arrangement of any potential debt financing for the transactions contemplated hereby that may be sought by the Buyer Parties or their Affiliates, including any potential debt financing of Debt Merger Sub (the "Debt Financing"), including (i) having senior management assist in preparation for and participation in a reasonable number of lender marketing meetings and calls and a reasonable number of other due diligence sessions with prospective lenders and ratings agencies in each case in connection with obtaining the Debt Financing, (ii) assisting with the preparation of customary materials for rating agency presentations, bank information memoranda, lender presentations, and similar documents in connection with the Debt Financing, including execution and delivery of customary representation and authorization letters in connection with bank information memoranda (authorizing the distribution of information to prospective lenders or investors and containing customary representations, including with respect to the presence or absence of material nonpublic information about the Target Companies and their Subsidiaries and regarding the accuracy of the information provided by, or with respect to, the Target Companies and their Subsidiaries), (iii) furnishing the Buyer Parties and the Debt Financing Sources as promptly as reasonably practicable with financial and other pertinent information regarding the Target Companies and their Subsidiaries as may be reasonably requested by the Buyer Parties to the extent available and customarily included in a bank information memorandum or lender presentation in connection with the arrangement of financings similar to the Debt Financing, including (x) the unaudited consolidated balance sheets of the Target Companies and their Subsidiaries as of the end of, and

the related consolidated statements of income and cash flows of the Target Companies and their Subsidiaries for, any fiscal quarter occurring after September 30, 2021 and ending forty-five (45) days prior to the Closing Date, (y) the audited consolidated balance sheets of the Target Companies and their Subsidiaries as of the end of, and the related consolidated statements of income and cash flows of the Target Companies and their Subsidiaries for the fiscal year ending December 31, 2021 if ending ninety (90) days prior to the Closing Date and (z) financial information necessary for the Buyer Parties to prepare a pro forma balance sheet and related pro forma statement of income for Target Companies as of and for the twelve (12)-month period ending on the last day of the most recently completed four-fiscal quarter period ended prior to the Closing; provided, that the such information shall not include, and the Buyer Parties shall be responsible for, any post-Closing or pro forma cost savings, synergies, capitalization, ownership, or other post-Closing pro forma adjustments desired to be incorporated into any information used in connection with the Debt Financing, (iv) providing such corporate resolutions, certificates and other documents (which may state that they are conditioned on the occurrence of the Closing) and customary corporate authorizations as may be reasonably requested by the Buyer Parties in connection with the Debt Financing (including a certificate of the chief financial officer of the Target Companies with respect to solvency matters as of the Closing on a pro forma basis), (v) obtaining such consents, approvals and authorizations which may be reasonably requested by the Buyer Parties in connection with the Debt Financing and collateral arrangements in connection therewith solely to the extent such consents, approvals or authorizations are conditions to the closing of the Debt Financing, (vi) providing pertinent and customary information regarding the Target Companies and their Subsidiaries, including information required under "know your customer", anti-money laundering rules and beneficial ownership rules and regulations, and other pertinent financial information and (vii) assisting in making arrangements for the pledge and perfection of liens (including the release, identification, grant or perfection of any liens on the assets of the Target Companies and any of their Subsidiary) and the providing of guarantees supporting the Debt Financing that are required for closing under the Debt Financing; provided, that, in each case of the foregoing clauses, (A) neither the Target Companies, nor any of their Subsidiaries nor any of their respective officers, directors, managers, employees, accountants, consultants, legal counsel, agents and other representatives shall be required to pay (or agree to pay) any commitment or other fee, provide any indemnities or incur any liability or enter into any agreement in connection with the Debt Financing (other than agreements entered into and liability incurred by the Target Companies and their Subsidiaries that only become effective upon the consummation of the Closing), (B) no personal liability shall be imposed on the officers, directors, managers, employees, accountants, consultants, legal counsel, agents or other representatives of the Target Companies or any of their Subsidiaries involved, and (C) the Target Company and their Subsidiaries and their respective officers and employees shall not be required to take any action that would unreasonably interfere with the operation of the business of the Target Companies and their Subsidiaries. The Target Companies and their Subsidiaries hereby consent to the use of their logos solely in connection with the Debt Financing.

(b) The Buyer Parties shall promptly, upon request by the Target Companies, reimburse the Target Companies, their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives for all reasonable out-of-pocket and documented costs and expenses incurred by them in connection with the cooperation of the Target Companies, their Subsidiaries, and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives contemplated by

this Section 5.09. The Buyer Parties shall indemnify, defend, and hold harmless the Target Companies, their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives from and against any and all damages, liabilities, claims, actions or other actual losses arising in whole or in part out of actions or omissions undertaken by the Target Companies, their Subsidiaries and their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives pursuant to this Section 5.09; provided, that the Buyer Parties shall not have any obligation to indemnify and hold harmless any such party to the extent that any such damages, liabilities, claims, actions or other actual losses suffered or incurred arose from (A) information provided by the Target Companies, their Subsidiaries or their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives; or (B) the gross negligence, bad faith or willful misconduct by any of the Target Companies, their Subsidiaries or their respective officers, directors, managers, employees, accountants, consultants, agents, and other representatives.

5.10. Termination of Affiliate Agreements. Except as set forth on Schedule 5.10, the Owner Parties and the Target Companies shall, prior to the Closing, terminate or settle in full (without any payments by any Buyer Party or any Target Company or any of its Subsidiaries) all Related Party Arrangements, pursuant to documentation that is reasonably acceptable to Buyer such that as of the Closing, all such contracts, transactions, or other obligations or liabilities shall be of no further force or effect and without any liability to any Buyer Party or any Target Company or any of its Subsidiaries notwithstanding any terms thereof to the contrary.

ARTICLE VI
POST-CLOSING COVENANTS

The Parties agree as follows with respect to the period following the Closing:

6.01. Further Assurances. From and after the Closing, upon the reasonable request of the other Party and at such requesting Party's expense, each of the Buyer Parties, the Target Companies, the Owner Parties and the Representative shall execute, acknowledge and deliver, or cause to be executed, acknowledged and delivered, all such further documents and instruments and shall take, or cause to be taken, all such further actions as the requesting Party may reasonably deem necessary or desirable to evidence and effectuate the transactions contemplated by this Agreement.

6.02. Director and Officer Liability and Indemnification.

(a) For a period of six (6) years after the Closing, Parent shall not, and shall not permit the Target Companies or any of their Subsidiaries to, amend, repeal or modify any provision in the Target Companies' or any of their Subsidiaries' organizational documents relating to the exculpation or indemnification of any officers, directors or managers (unless required by Law), it being the intent of the Parties that the officers, directors and managers of the Target Companies and their Subsidiaries shall continue to be entitled to such exculpation and indemnification to the full extent of the Law (it being expressly agreed that the officers, directors and managers to whom this Section 6.02 applies shall be third party beneficiaries of this Section 6.02, each of whom may enforce the provisions of this Section 6.02). Parent shall pay all reasonable costs and expenses,

including attorney's fees that may be incurred by any such officer, director or manager in enforcing this Section 6.02.

(b) Parent shall, or shall cause the Target Companies and their Subsidiaries, as applicable, to, at Parent's expense, at the Closing obtain and fully pay for, and following the Closing, maintain in effect, a director and officer liability run-off policy, providing coverage for a coverage period of at least six (6) years from the Closing Date to the individuals who were officers, directors or managers of the Target Companies or their Subsidiaries prior to Closing, comparable to the coverage provided as of the date hereof under the policy or policies maintained by the Target Companies or their Subsidiaries, as applicable, for the benefit of such individuals; provided that Parent shall not be required to pay for such "tail" insurance policies an aggregate amount in excess of 250% of the last annual premium paid by the Target Companies for directors' and officer's liability insurance; provided, further, that if the aggregate cost of such "tail" insurance policies would exceed such amount, Parent shall only be required to obtain "tail" insurance policies with the greatest coverage available for a cost not exceeding such amount. Parent will not, and will cause the Target Companies and their Subsidiaries not to, cancel or change such insurance policies in any respect. Parent will make available to the Sellers and any officers, directors or managers covered under such policies, upon request, proof of compliance with this Section 6.02(b).

(c) In the event that all or substantially all of the equity or assets of the Target Companies or their Subsidiaries are sold, or the Target Companies or any of their Subsidiaries merges or otherwise combines with another Person, in each case whether in one transaction or a series of transactions, then Parent will cause the successors and assigns of the Target Companies or their Subsidiaries, as applicable, to assume the obligations set forth in this Section 6.02 (to the extent not assumed by operation of law). The provisions of this Section 6.02(c) will apply to all of the successors and assigns of the Target Companies and their Subsidiaries.

6.03. Access to Books and Records. From and after the Closing, Parent shall, and shall cause the Target Companies and their Subsidiaries to, provide the Owner Parties and its authorized representatives with reasonable access (for the purpose of examining and copying), during normal business hours, to the books and records of the Target Companies and their Subsidiaries with respect to periods prior to the Closing Date to the extent reasonably required for its accounting, Tax or legal defense needs. Nothing herein shall require the Buyer Parties, the Target Companies or their Subsidiaries to furnish to the Owner Parties or its authorized representatives with access to information that legal counsel for Parent or the Target Companies reasonably concludes may give rise to antitrust or competition Law issues or that is subject to attorney-client privilege; provided, that Parent and the Target Companies will reasonably cooperate with the Owner Parties to attempt to find a way to allow disclosure of such information to the extent doing so would not (in the reasonable judgment of Parent and the Target Companies after consultation with counsel) reasonably be likely to violate any Law or result in the loss of any attorney-client privilege. Unless otherwise consented to in writing by the Representative, Parent shall not permit the Target Companies or their Subsidiaries, for a period of seven (7) years following the Closing Date (or for such longer period that may be required under applicable Law), to destroy or otherwise dispose of any books and records of the Target Companies or their Subsidiaries, or any portions thereof, relating to periods prior to the Closing Date without first giving reasonable prior written notice to the Representative (on behalf of the Sellers) and offering to surrender to the Owner Parties such books and records or such portions thereof.

6.04. Employees; Benefits.

(a) Parent shall not, at any time prior to ninety (90) days after the Closing Date, effectuate a "mass layoff" as that term is defined in the WARN Act, affecting in whole or in part any persons who were employed by the Target Companies or any of their Subsidiaries immediately preceding the Closing Date, including those on vacation, leave of absence or disability (the "Company Employees") or any facility, site of employment or operating unit of the Target Companies or any of their Subsidiaries without complying fully with the requirements of the WARN Act.

(b) For all purposes under the employee benefit plans of Parent providing benefits after the Closing Date, each Company Employee shall be credited with his or her years of service with the Target Companies or the applicable Subsidiary of the Target Companies before the Closing Date, to the same extent as such Company Employee was entitled, before the Closing Date, to credit for such service under any similar Plans, except (x) to the extent such credit would result in a duplication of benefits or (y) for benefit accruals under any defined benefit pension plan or for purposes of qualifying for subsidized early retirement benefits. In addition, and without limiting the generality of the foregoing: (i) Parent shall use commercially reasonable efforts to cause each Company Employee to be immediately eligible to participate, without any waiting time, in any and all employee benefit plans sponsored by Parent and its Subsidiaries for the benefit of employees (such plans, collectively, the "New Plans") to the extent coverage under such New Plan replaces coverage under a comparable Plan in which such Company Employee participated immediately before the Closing Date (such Plans, collectively, the "Old Plans"), and (ii) for purposes of each New Plan providing medical, dental, pharmaceutical or vision benefits to any Company Employee, Parent shall use commercially reasonable efforts to cause all pre-existing condition exclusions and actively-at-work requirements of such New Plan to be waived for such Company Employee and his or her covered dependents, and Parent shall use commercially reasonable efforts to cause any eligible expenses incurred by such Company Employee and his or her covered dependents during the portion of the plan year of the Old Plan ending on the date such Company Employee's participation in the corresponding New Plan begins to be taken into account under such New Plan for purposes of satisfying all deductible, coinsurance and maximum out-of-pocket requirements applicable to such Company Employee and his or her covered dependents for the applicable plan year as if such amounts had been paid in accordance with such New Plan.

(c) Before the Closing, the Target Companies shall use commercially reasonable efforts to seek, prior to the initiation of the approval by the stockholders described in the next sentence, from each Person to whom any payment or benefit is required or proposed to be made that could constitute "parachute payments" under Section 280G(b)(2) of the Code, a written agreement waiving such Person's right to receive or retain some or all of such payment or benefit (such amounts, the "Waived Benefits"), to the extent necessary so that all remaining payments and benefits applicable to such Person shall not be deemed a parachute payment, and accepting in substitution for the Waived Benefits, the right to receive the Waived Benefits only if approved by the stockholders in a manner that complies with Section 280G(b)(5) of the Code (the "280G Stockholder Vote"). Before the Closing, with respect to each "disqualified individual" (as defined in Section 280G(c) of the Code) (each, a "Disqualified Individual") from which the Target Companies have obtained any necessary waivers and consents, the Target Companies will take all necessary actions to submit for approval by the members of such Target Companies, in a manner

that satisfies Section 280G(b)(5) of the Code, the right of each such Disqualified Individual to receive or retain, as applicable, that portion of any payments and benefits (whether in cash or property or the vesting of property) that, together with any other payments and benefits the applicable Disqualified Individual may become entitled to receive that may be considered "parachute payments" under Section 280G(b)(2) of the Code ("Section 280G Payments"), exceeds 299% of such Disqualified Individual's "base amount" (as defined in Section 280G(b)(3) of the Code) such that the deduction of such Section 280G Payments will not be limited by the application of Section 280G(a) of the Code. The Target Companies shall make available to the Buyer Parties, prior to submission to the stockholders, copies of all documents prepared by the Target Companies in connection with this Section 6.04(c) for its review and comment and shall consider in good faith any reasonable comments thereon. Prior to the Closing, the Target Companies shall deliver to the Buyer Parties and their counsel evidence that an effective 280G Stockholder Vote was solicited and that either (i) the requisite number of stockholder votes was obtained and the Waived Benefits shall be made or retained or (ii) the requisite number of stockholder votes was not obtained and no Waived Benefits shall be made or retained.

(d) The provisions of this Section 6.04 are solely for the benefit of the Parties and no provision of this Section 6.04, express or implied, is intended or shall be construed to create any third party beneficiary or other rights in any current or former Company Employee (including any dependent or beneficiary thereof) in respect of the terms and conditions of employment with, or any benefits that may be provided by, Parent or any of its Subsidiaries.

6.05. Investment Intent of Buyer. Buyer will refrain from transferring or otherwise disposing of any of the Purchased Securities acquired by it, or any interest therein, in such manner as to violate the Securities Act or any applicable state or foreign securities Law regulating the disposition thereof. Buyer agrees that any certificates representing the Purchased Securities may bear legends to the effect that the Purchased Securities have not been registered under the Securities Act or such other state or foreign securities Laws, and that no interest therein may be transferred or otherwise disposed of in violation of the provisions thereof.

ARTICLE VII
TAX COVENANTS

7.01. Responsibility for Filing Income Tax Returns.

(a) Buyer shall prepare and file or cause to be prepared and filed all Tax Returns for the Target Companies and their Subsidiaries (other than Flow-Through Tax Returns for taxable periods ending on or before the Closing Date) that are filed after the Closing Date. Any such Tax Return described in the preceding sentence that is a Flow-Through Tax Return for any taxable period that includes (but does not end on) the Closing Date (a "Seller Review Return") shall be prepared, and all elections with respect to such Flow-Through Tax Returns shall be made, in a manner consistent with the prior practice of the Target Companies and their Subsidiaries, except as otherwise required by applicable Law. Buyer shall provide the Representative with completed drafts of any Seller Review Returns for Representative's review and comment at least twenty (20) days prior to the due date for filing thereof (or with respect to any such Tax Return that is due within twenty (20) days of Closing, as soon as reasonably practicable), and shall make such revisions to such Tax Returns as are reasonably requested by the Representative.

(b) The Representative shall be responsible for preparing and filing or causing to be prepared and filed, at its sole expense, all Flow-Through Tax Returns for the Target Companies and their Subsidiaries for taxable periods ending on or before the Closing Date that are filed after the Closing Date. The Representative shall provide Buyer with completed drafts of such Flow-Through Tax Returns for Buyer's review, comment at least twenty (20) days prior to the due date for filing thereof (or with respect to any such Tax Return that is due within twenty (20) days of Closing, as soon as reasonably practicable) and no such Tax Return shall be filed without the prior written consent of Buyer (not to be unreasonably withheld, conditioned or delayed).

(c) For the avoidance of doubt, all Transaction Tax Deductions shall be reflected as deductions in a taxable period (or portion thereof) ending on or before the Closing Date (assuming, for this purpose, that the safe harbor election provided for in IRS Revenue Procedure 2011-29 is made with respect to any Transaction Tax Deduction that constitutes a "success-based fee"), in each case, to the maximum extent permitted by applicable Law.

(d) The Target Companies and any applicable Subsidiaries of the Target Companies shall make an election under Section 754 of the Code (and any corresponding state and local elections) for the Tax year that includes the Closing Date.

7.02. Amendments, Elections, Etc. Without the consent of the Representative, which consent shall not be unreasonably withheld, conditioned or delayed, except as otherwise required by applicable Law, none of Buyer or any of its Affiliates shall (or shall cause or permit any other Person to) (a) file any Flow-Through Tax Return of a Target Company or any Subsidiary of a Target Company for a taxable period ending on or before the Closing Date other than in accordance with Section 7.01 or amend, re-file or otherwise modify any Flow-Through Tax Return relating in whole or in part to the Target Companies or any Subsidiary of the Target Companies with respect to any taxable period (or portion thereof) ending on or before the Closing Date, (b) make any Tax election or change any material Tax accounting method of the Target Companies or their Subsidiaries that has retroactive effect to any taxable period (or portion thereof) ending on or before the Closing Date or (c) file any ruling or request for a ruling with any Taxing Authority that relates to Taxes or Tax Returns of the Target Companies or any Subsidiary of the Target Companies for any taxable period (or portion thereof) ending on or before the Closing Date, in each case, (i) with respect to a Flow-Through Tax Return of the Target Companies or any Subsidiary of the Target Companies for a Pre-Closing Tax Period or (ii) to the extent such action would reasonably be expected to result in incremental Tax liability to the Sellers in respect of Covered Taxes for which the Sellers are responsible pursuant to Section 7.07.

7.03. Cooperation on Tax Matters. Buyer shall provide to the Representative, and the Representative shall provide to Buyer, such material documents and other relevant information, without charge (except for out-of-pocket costs in accordance with this Section 7.03) and in a reasonably timely fashion, as each may reasonably request of the other, in connection with the filing of Tax Returns pursuant to Section 7.01(a) and Section 7.01(b) and any audit, litigation or other proceeding with respect to Taxes imposed on the Target Companies or their Subsidiaries. Such cooperation shall include the retention and, upon the other Party's request, the provision of records and information that are reasonably relevant to any such audit, litigation or other proceeding and making employees available on a mutually convenient basis to provide additional information and explanation of any material provided hereunder. Buyer agrees (A) to retain all

books and records with respect to Tax matters pertinent to the Target Companies and their Subsidiaries relating to any taxable period (or portion thereof) ending on or before the Closing Date, and to abide by all record retention arrangements entered into with any Taxing Authority with respect thereto, and (B) to give the Representative reasonable written notice and receive the consent of Representative, which consent shall not be unreasonably withheld, prior to transferring, destroying or discarding any such books and records. The party requesting such cooperation shall bear the reasonable out-of-pocket costs of the other party.

7.04. Transfer Taxes. Buyer will pay, or cause to be paid, one hundred percent (100%) of any stamp tax, real property transfer tax, stock transfer tax, or other similar Tax (collectively, the "Transfer Taxes") imposed on the Target Companies or their Subsidiaries, as a result of the sale of the Sellers' Purchased Securities. The Representative agrees to cooperate with Buyer in the filing of any Tax Returns with respect to Transfer Taxes, including promptly supplying any information in its possession that is reasonably necessary to complete such Tax Returns and the payment of such amounts due under this Section 7.04. The Representative shall be responsible for any Transfer Taxes resulting from the Reorganization.

7.05. Intended Tax Treatment; Allocation of Purchase Price. The Parties agree that for U.S. federal Income Tax purposes, it is intended that (i) Parent shall be treated as a continuation of LSL Holdings (or, if LSL Holdings is treated as a continuation of another LSL Holdco, of such LSL Holdco), (ii) if the acquisition of the Sellers' Purchased Securities is treated in whole or in part as an "assets-over form" merger under Treasury Regulation Section 1.708-1(c)(3), then any such Purchased Securities acquired for cash shall be treated as acquired through a sale of partnership interests for cash in accordance with Treasury Regulation Section 1.708-1(c)(4), and (iii) the sale of the Sellers' Purchased Securities shall be treated as a sale of partnership interests (such treatment, the "Intended Tax Treatment"). The Parties agree that the amounts paid pursuant to Section 1.08 (as adjusted pursuant to Section 1.09 and as increased by the amounts treated as assumed liabilities of the Target Companies and their Subsidiaries for federal Income Tax purposes and other amounts treated as taxable sale consideration for federal Income Tax purposes) shall be allocated among the assets of the Target Companies and their Subsidiaries for purposes of Sections 743, 751, 755 and 1060 of the Code in a manner consistent with the methodology set forth on Schedule 7.05 (the "Purchase Price Allocation Schedule"). Within ninety (90) days after the Closing Statement is finalized pursuant to Section 1.09, the Representative will provide Buyer with a draft allocation prepared in a manner consistent with the methodology set forth on Schedule 7.05 (the "Draft Purchase Price Allocation"). The Draft Purchase Price Allocation will be binding upon Buyer, the Target Companies and their Subsidiaries, and the Representative unless Buyer, within thirty (30) days of delivery of the Draft Purchase Price Allocation to Buyer, provides to the Representative written notice of its objection to the Draft Purchase Price Allocation and the reasons therefor, in which event Buyer and the Representative shall endeavor in good faith to agree upon an allocation schedule. If Buyer and the Representative cannot resolve such objection within thirty (30) days of Buyer's notice of objection, the items in question shall be resolved by the Independent Auditor in accordance with Section 1.09, it being understood that the Independent Auditor is to resolve any such items in question in accordance with the methodology set forth on Schedule 7.05. None of Buyer, the Target Companies or their Subsidiaries, nor the Owner Parties shall take a position for federal and all applicable state Income Tax purposes on any Tax Return, before any Taxing Authority or in any judicial proceeding that is inconsistent with the allocation as finally determined in accordance with this Section 7.05 (the "Final Purchase Price Allocation")

or the Intended Tax Treatment, in each case, unless specifically required pursuant to a determination within the meaning of Section 1313(a) of the Code by an applicable Taxing Authority. If the Final Cash Payment is adjusted pursuant to this Agreement, the Final Purchase Price Allocation shall be adjusted as appropriate and Buyer and the Representative shall cooperate in good faith in making any such adjustments.

7.06. Income Tax Contests.

(a) If Buyer, the Target Companies or any Subsidiary of the Target Companies, the Representative or any Owner Party receives notice of any deficiency, proposed adjustment, assessment, audit, examination, suit, dispute or other claim by a Taxing Authority with respect to Income Taxes of, or attributable to, the Target Companies or any of their Subsidiaries for a Pre-Closing Tax Period or Straddle Period with respect to a Flow-Through Tax Return (an "Income Tax Contest"), such party will notify (within thirty (30) days of the receipt of such notice) the other parties in writing of such Income Tax Contest; provided that failure to timely provide notice will not impact the responsibility of the Sellers or any other Owner Parties for any such Taxes except to the extent such failure actually and materially prejudices the Sellers or Owner Parties.

(b) The Representative shall have the right to control the proceedings in connection with an Income Tax Contest with respect to any taxable period ending on or before the Closing Date (such Income Tax Contest, a "Representative Income Tax Contest") at its sole expense; provided that (i) the Representative shall keep Buyer reasonably informed with respect to the status and progress of such Representative Income Tax Contest, (ii) Buyer may participate in the conduct of such Representative Income Tax Contest at its own expense, and (iii) the Representative may not settle or compromise such Representative Income Tax Contest without the prior written consent of Buyer, which consent shall not be unreasonably withheld or delayed. Buyer shall control any Income Tax Contest for a Straddle Period or which Representative does not timely elect to control (such Income Tax Contest, a "Buyer Income Tax Contest") at its sole expense; provided that (i) Buyer shall keep the Representative reasonably informed with respect to the status and progress of such Buyer Income Tax Contest, (ii) the Representative may participate in the conduct of such Buyer Income Tax Contest at its own expense, and (iii) Buyer may not settle or compromise such Buyer Income Tax Contest without the prior written consent of the Representative, which consent shall not be unreasonably withheld or delayed.

(c) To the maximum extent permitted by Law, the parties hereto agree that the Target Companies and their Subsidiaries, if applicable, shall make a timely election under Section 6226(a) of the Code with respect to any Pre-Closing Tax Period or Straddle Period of the Target Companies and their Subsidiaries, and the Representative and the Owner Parties shall cooperate with respect to the foregoing.

7.07. Covered Taxes.

(a) Indemnification for Covered Taxes. Each Seller shall jointly and severally indemnify, defend and hold harmless each of Parent, Buyer, the Target Companies, their Subsidiaries and their Affiliates (each hereinafter referred to individually as an "Indemnified Party" and collectively as the "Indemnified Parties") from and against any and all liabilities, losses, damages, claims, interest, awards, judgments, Taxes, penalties, costs, and expenses (including

reasonable legal, accounting and other professional fees and expenses and other out-of-pocket expenses incurred in investigating, preparing or defending any of the foregoing) (collectively, "Losses") incurred by the Indemnified Parties, directly or indirectly, arising out of, relating to or resulting from the Covered Taxes (including any Covered Taxes required to be paid to a Governmental Authority in connection with the final settlement of a VDA and any reasonable out-of-pocket costs incurred in connection with such VDA). The obligations of the Sellers pursuant to this Section 7.07 shall survive until the date that is thirty (30) days following the expiration of the statute of limitations for any Covered Taxes.

(b) VDA Process. Notwithstanding anything to the contrary in this Agreement, Buyer may, in its sole discretion, cause the Target Companies or their Subsidiaries to initiate, pursue or enter into any voluntary disclosure programs, voluntary compliance programs, or other similar programs or agreements with the relevant Governmental Authority (a "VDA") with respect to Covered Taxes and the Representative will cooperate with any reasonable request of Buyer in connection with the foregoing; provided that (i) prior to initiating any VDA with respect to Covered Taxes, Buyer will consult with the Representative and shall consider in good faith the Representative's comments regarding the decision to initiate a VDA, and (ii) if any such VDA is initiated with respect to Covered Taxes, the Representative may participate in such VDA process at its own expense.

(c) Covered Tax Claims. If, following the Closing, Buyer, the Target Companies or any Subsidiary of the Target Companies receives notice from a Governmental Authority that it is initiating an audit or litigation in respect of Covered Taxes for which the Sellers are responsible pursuant to this Agreement (a "Covered Tax Claim"), then Buyer shall, within thirty (30) days after receipt of such notice, give written notice to the Representative of such Covered Tax Claim; provided, however, that no delay on the part of Buyer in notifying the Representative will relieve any Seller from any obligation under this Section 7.07 except to the extent such failure actually and materially prejudices the Seller or Owner Parties. The Buyer shall control the defense of any Covered Tax Claim; provided that (i) Representative may participate in the conduct of such Covered Tax Claim at its own expense, and (ii) the Buyer may not settle or compromise such Covered Tax Claim without the prior written consent of the Representative, which consent shall not be unreasonably withheld or delayed.

ARTICLE VIII
CONDITIONS TO THE OBLIGATIONS OF THE BUYER PARTIES

The obligations of the Buyer Parties to consummate the Closing and the other transactions contemplated hereby shall be subject to the satisfaction of the following conditions, any or all of which may be waived in whole or in part by the Buyer Parties:

8.01. Accuracy of Representations and Warranties. Except for those representations and warranties that address matters only as of a particular date (which need only be true and correct in all material respects as of such date), (a) the representations and warranties set forth in Section 4.09(b) shall be true and correct in all respects as of the date hereof and as of the Closing Date, (b) the representations and warranties of the Owner Parties set forth in Section 3.02 and the representations and warranties of the Target Companies set forth in Section 4.01, Section 4.02, Section 4.03, Section 4.04, Section 4.05, Section 4.06 and Section 4.23 shall be true and correct in

all respects other than *de minimis* errors as of the date hereof and as of the Closing Date and (c) all other representations and warranties of the Target Companies set forth in Article IV (without giving effect to any "materiality" or "Material Adverse Effect" qualifier) shall be true and correct in all respects as of the date hereof and as of the Closing Date except, in the case of this clause (c), as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect.

8.02. Compliance with Obligations. The Target Companies and the Owner Parties shall have performed in all material respects all of their respective obligations and covenants required to be performed under this Agreement at or prior to the Closing.

8.03. No Adverse Ruling. No Governmental Authority shall have enacted, promulgated, issued, entered or enforced any injunction, judgment, order or ruling enjoining, restraining or prohibiting the performance of this Agreement or the consummation of any of the transactions contemplated by this Agreement.

8.04. Termination of HSR Waiting Period. The waiting period under the Hart-Scott-Rodino Act shall have expired or been terminated.

8.05. No Material Adverse Effect. Since the date of this Agreement, there has been no Material Adverse Effect.

8.06. State Licenses. All applicable license applications to the state agencies set forth on Schedule 4.06(d) shall have been submitted and all consents and approvals of the applicable state Governmental Authority necessary for the continued operation of the businesses of the Target Companies and their Subsidiaries in the applicable state jurisdiction relating thereto, or a written statement from the applicable state Governmental Authority thereof that such consent and approval is not necessary for continued operation of the businesses of the Target Companies and their Subsidiaries following the Closing, shall have been obtained, as reasonably determined by Parent.

8.07. Representative Deliveries. The Representative shall have delivered to the Buyer Parties each of the following:

(a) a certificate from each Target Company dated as of the Closing Date, stating that the preconditions specified in Sections 8.01, 8.02, and 8.03 have been satisfied;

(b) (A) an IRS Form W-9 from each Seller, (B) a certificate from each Target Company in compliance with Treasury Regulations Section 1.1445-11T(d)(2)(i) certifying that the transactions contemplated by this Agreement are exempt from withholding under of Section 1445 of the Code and (C) an IRS Form W-9 or applicable IRS Form W-8 from each payee of Transaction Expenses;

(c) a certificate of good standing of each Target Company from the State of formation of such Target Company, dated within ten (10) days of the Closing Date;

(d) copies of the resolutions or written consent duly adopted by the governing body of each Target Company authorizing the execution, delivery and performance of this Agreement

and the other agreements contemplated hereby, and the consummation of all transactions contemplated hereby and thereby;

(e) (i) payoff and release letters from the holders of the Funded Debt listed on Schedule 8.07(e) that (A) reflect the amounts required in order to pay in full all such Funded Debt outstanding as of the Closing and (B) provide that, upon payment in full of the amounts indicated, all Liens with respect to the assets of each Target Company and their Subsidiaries shall be terminated and of no further force and effect, and (ii) release letters from the holders of any Funded Debt that is not listed on Schedule 8.07(e) or any other Person that has a Lien granted in their favor with respect to any of the assets of the Target Companies and their Subsidiaries, including the Liens set forth on Schedule 5.02, which release letters shall provide that all such Liens shall be terminated and of no further force and effect;

(f) resignations, effective as of the Closing, of each officer or manager of the Target Companies and their Subsidiaries, as applicable, listed on Schedule 8.07(f);

(g) copies of the Owner No Claims Declarations, which shall have also been provided to the insurer(s) of the R&W Insurance Policy; and

(h) a copy of the Escrow Agreement, duly executed by the Representative (on behalf of the Sellers).

8.08. Third Party Consents. All of the consents, approvals or authorizations set forth on Section 8.08 of the Disclosure Schedule shall have been obtained.

If the Closing occurs, all closing conditions set forth in this Article VIII that have not been fully satisfied as of the Closing shall be deemed to have been fully waived by the Buyer Parties.

ARTICLE IX
CONDITIONS TO THE OBLIGATIONS OF THE OWNER PARTIES

The obligations of the Target Companies and the Owner Parties to complete the transactions contemplated hereby shall be subject to the satisfaction of the following conditions, any or all of which may be waived in whole or in part by the Representative (on behalf of the Sellers):

9.01. Accuracy of Representations and Warranties. Except for those representations and warranties that address matters only as of a particular date (which need only be true and correct in all material respects as of such date), the representations and warranties of the Buyer Parties set forth in Section 3.01 (without giving effect to any "materiality" or "Buyer Material Adverse Effect" qualifier) shall be true and correct in all respects as of the date hereof and as of the Closing Date except as has not had, and would not reasonably be expected to have, individually or in the aggregate, a Buyer Material Adverse Effect.

9.02. Compliance with Obligations. The Buyer Parties shall have performed in all material respects all of its obligations and covenants required to be performed under this Agreement at or prior to the Closing.

9.03. No Adverse Ruling. No Governmental Authority shall have enacted, promulgated, issued, entered or enforced any injunction, judgment, order or ruling enjoining, restraining or prohibiting the performance of this Agreement or the consummation of any of the transactions contemplated by this Agreement.

9.04. Termination of Hart-Scott-Rodino Act Waiting Period. The waiting period under the Hart-Scott-Rodino Act shall have expired or been terminated.

9.05. Buyer Deliveries. The Buyer Parties shall have delivered to the Representative each of the following:

(a) the payments referred to in Section 1.08(a) by wire transfer of immediately available funds;

(b) a certificate of Buyer dated as of the Closing Date in the form attached hereto as Exhibit C, stating that the preconditions specified in Sections 9.01 and 9.02 have been satisfied; and

(c) a copy of the Escrow Agreement, duly executed by Buyer and the Escrow Agent.

If the Closing occurs, all closing conditions set forth in this Article IX that have not been fully satisfied as of the Closing shall be deemed to have been fully waived by the Representative and the Sellers.

ARTICLE X
NON-SURVIVAL OF REPRESENTATIONS; WARRANTIES AND COVENANTS

10.01. Non-Survival of Representations, Warranties and Covenants. The Parties, intending to modify any applicable statute of limitations, agree that the representations and warranties of the Target Companies and the Owner Parties contained in this Agreement and any agreement or certificate delivered pursuant hereto and the covenants and agreements of the Target Companies and the Owner Parties contained in this Agreement to be performed at or prior to the Closing Date shall all terminate at, and not survive, the Closing such that no claim or claim of liability in respect of any such representation, warranty, covenant or agreement (whether in contract or under any other legal theory and regardless of the type of claim) may be brought by any party or their respective Affiliates after the Closing. Except in the case of fraud, no claim for breach of any such representation, warranty, covenant or agreement, detrimental reliance or other right or remedy (whether in contract, in tort or at law or in equity) may be brought after the Closing with respect thereto against the Owner Parties, the Target Companies, the Representative or any of their Affiliates, and there will be no liability in respect thereof, whether such liability has accrued prior to or after the Closing, on the part of the Owner Parties, the Target Companies, the Representative or any of their Affiliates. All covenants and agreements contained in this Agreement that contemplate performance thereof following the Closing will survive the Closing in accordance with their terms. Notwithstanding anything to the contrary herein, the obligations of the Sellers in respect of Covered Taxes shall survive in accordance with Section 7.07.

10.02. R&W Insurance Policy.

(a) Notwithstanding the foregoing, the Parties hereby acknowledge and agree that Parent may, at its sole cost, obtain an insurance policy in respect of, among other things, inaccuracies or breaches of the representations and warranties made in Section 3.02 and Article IV (the "Insured Representations" and such insurance policy, the "R&W Insurance Policy"). The parties intend for the R&W Insurance Policy to be the sole and exclusive remedy in respect of any losses incurred by Parent, the Target Companies, and each of their respective Subsidiaries, Affiliates, equity holders, directors, managers, officers, representatives, successors and assigns arising out of inaccuracies or breaches of the Insured Representations and that neither the Owner Parties nor any of its Affiliates shall have any liability whatsoever in respect of any such inaccuracies or breaches (or any losses or liabilities resulting therefrom). Such R&W Insurance Policy shall expressly exclude rights of subrogation against the Owner Parties and their Affiliates except in the case of fraud. Notwithstanding anything in this Agreement to the contrary, the rights of the Representative and the Sellers with respect to any claim or proceeding pursuant to this Agreement shall be subject to any rights of the insurer with respect to such claim or proceeding pursuant to the R&W Insurance Policy, unless the Sellers agree that the Sellers will be fully liable for any Losses resulting from such claim or proceeding.

(b) The Owner Parties shall, and shall cause their respective Affiliates to, reasonably cooperate and assist Parent in obtaining the R&W Insurance Policy, including through the delivery to the insurers of a customary no claims declaration as of the date on which the R&W Insurance Policy is bound and as of the Closing Date (collectively, the "Owner No Claims Declarations").

ARTICLE XI
DEFINITIONS

11.01. Defined Terms. As used herein, the following terms shall have the following meanings:

"280G Stockholder Vote" has the meaning set forth in Section 6.04(c).

"Accounting Principles" means the principles set forth on Schedule 1.06.

"Acquisition Proposal" means any inquiry, proposal or offer from any Person (other than the Buyer Parties) relating to any (a) direct or indirect acquisition (whether in a single transaction or a series of related transactions) of assets of the Target Companies or any of their Subsidiaries (excluding sales of assets in the ordinary course of business) equal to ten (10%) or more of the value of the assets of the Target Companies and their Subsidiaries or to which ten percent (10%) or more of the revenues or earnings of the Target Companies and their Subsidiaries are attributable, (b) tender offer for, or direct or indirect acquisition (whether in a single transaction or a series of related transactions) of, ten percent (10%) or more of the equity securities of the Target Companies and their Subsidiaries, or (c) merger, consolidation, share exchange, business combination, recapitalization, liquidation, dissolution or similar transaction involving the Target Companies and their Subsidiaries or involving the assets of the Target Companies and their Subsidiaries with a value set forth in clause (a) of this definition, in each case, other than the transactions contemplated by this Agreement.

"Acquired EBITDA" means, with respect to an Earnout Period, an amount equal to the sum of the net income (adjusted to exclude the items set forth in clauses (a)-(f) of the definition of "Actual EBITDA") attributable to assets or equity interests in Persons other than the Target Companies and their respective Subsidiaries, in each case, acquired by the Target Companies and their respective Subsidiaries after the date of this Agreement but prior to the end of such Earnout Period, for the 365-day period ending on the date of the closing of the applicable acquisition.

"Actual EBITDA" means, with respect to an Earnout Period, an amount equal to the net income of the Target Companies and their respective Subsidiaries on a consolidated basis for such Earnout Period as reflected on the consolidated statement of income (loss) included in the Audited Financials of the Target Companies and their Subsidiaries for such Earnout Period, but adjusted to exclude: (a) interest expense, (b) Taxes based on the Target Companies' and their Subsidiaries' net income, (c) depreciation and amortization, (d) gains, incomes, or losses resulting from the sale of assets other than in the ordinary course of business consistent with past practice; (e) the impact of purchase accounting for the acquisition (or proposed acquisition) of the stock or assets of any other entity (or a division or segment of that entity) occurring after the date of this Agreement, including the transactions contemplated by this Agreement and (f) all one time or non-recurring revenues and expenses associated with federal or state government contracts (including, for the avoidance of doubt, set up related revenue and expenses).

"Affiliate" of any particular Person means any other Person controlling, controlled by or under common control with such particular Person. For the purposes of this definition, "control" means the possession, directly or indirectly, of the power to direct the management and policies of a Person whether through the ownership of voting securities, contract or otherwise.

"Agreement" has the meaning set forth in the Preamble.

"Antitrust Conditions" has the meaning set forth in Section 5.03(b).

"Antitrust Laws" means the Sherman Act of 1980, as amended, the Clayton Act of 1914, as amended, the Hart-Scott-Rodino Act, the Federal Trade Commission Act of 1914, as amended, and all other federal, state, multinational or non-U.S. Laws, Orders, and administrative or judicial doctrines that are designed or intended to prohibit, restrict, or regulate actions having the purpose or effect of monopolization or restraint of trade or lessening competition through merger or acquisition.

"Anti-Corruption Laws" means the United States Foreign Corrupt Practices Act of 1977, as amended, and any other anti-corruption or anti-bribery laws applicable to the Target Companies and their Subsidiaries from time to time.

"Authorized Action" has the meaning set forth in Section 13.17(c).

"Bankruptcy and Equity Exceptions" has the meaning set forth in Section 3.01(c).

"Base Purchase Price" means the sum of the LSL Holdings Base Purchase Price and the LSL NY Base Purchase Price.

"Business Day" means any day, excluding Saturday, Sunday and any other day on which commercial banks in New York, New York are authorized or required by law or executive order to close.

"Buyer" has the meaning set forth in the Preamble.

"Buyer Financing Party" means, collectively; (i) any past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any of the Buyer Parties and (ii) any past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any of the foregoing.

"Buyer Income Tax Contest" has the meaning set forth in Section 7.06.

"Buyer Parties" has the meaning set forth in the Preamble.

"Buyer Material Adverse Effect" means a material adverse effect on the ability of the Buyer Parties to consummate the transactions contemplated by this Agreement and perform all of its obligations hereunder.

"Cash Amount" means, with respect to any Person as of Measurement Time, (a) the sum of all cash and cash equivalents of such Person, reduced by (b) outstanding checks written or wire transfers or drafts issued, in each case, on an account of such Person but not yet cleared (but only to the extent not included as a current liability in the calculation of Working Capital) and increased by (c) deposits made in an account of such Person but not yet cleared (but only to the extent not included as a current asset in the calculation of Working Capital), minus any Restricted Cash (to the extent otherwise included in the Cash Amount), in each case, as of the Measurement Time.

"Cash Payment" means, collectively, the LSL Holdings Cash Payment and the LSL NY Cash Payment.

"Certificate of Merger" has the meaning set forth in Section 1.02(b)

"Closing" has the meaning set forth in Section 2.01.

"Closing Date" has the meaning set forth in Section 2.01.

"Closing Statement" has the meaning set forth in Section 1.09.

"Code" means the Internal Revenue Code of 1986, as amended.

"Commitment Letters" has the meaning set forth in Section 3.01(f)(i).

"Company Employees" has the meaning set forth in Section 6.04(a).

"Confidentiality Agreement" has the meaning set forth in Section 5.07.

"Consulting Agreement" means the consulting agreement by and between Parent (or Parent's designee) and Steve Solomon, in a form reasonably acceptable to Parent and effective upon the Closing.

"Contract" means any contract, subcontract, purchase order, take order, call, agreement, arrangement, lease, license, note, indenture, pledge, mortgage, undertaking, understanding or other legally binding agreement or commitment pursuant to which the applicable Person is a party or by which the applicable Person or of its properties, rights or assets is bound.

"Covered Taxes" means any U.S. federal, state, or local sales or use Taxes of the Target Companies and their Subsidiaries for any Pre-Closing Tax Period (or any portion thereof).

"COVID-19" means the Coronavirus Disease 2019 (COVID-19) or any similar or related disease caused by the SARS-CoV-2 virus.

"COVID-19 Relief Laws" means any Laws, programs, executive orders, executive memos or similar schemes which are designed to address the impact of COVID-19 (whether coming into force before or after the date hereof), including the Coronavirus Aid, Relief, and Economic Security Act of 2020 (H.R. 748), as amended, the Consolidated Appropriations Act, 2021, the American Rescue Plan Act of 2021, Section 13(3) of the Federal Reserve Act, the Memorandum on Deferring Payroll Tax Obligations in Light of the Ongoing Covid 19 Disaster, dated August 8, 2020, and IRS Notice 2020 65, the Health and Economic Recovery Omnibus Emergency Solutions Act and the Health, Economic Assistance, Liability Protection, and Schools Act.

"Debt Financing" has the meaning set forth in Section 5.09.

"Debt Financing Sources" means the Persons that have committed to provide or arrange or have otherwise entered into agreements in connection with the Debt Financing or other financings in connection with the transactions contemplated hereby, including the parties to any related joinder agreements, credit agreements or other definitive agreements relating thereto and their respective successors and assigns, together with their respective Affiliates, and their (and their respective Affiliates') representatives and agents and their respective successors and assigns.

"Debt Merger" has the meaning set forth in Section 1.02(a).

"Debt Merger Closing" has the meaning set forth in Section 1.03.

"Debt Merger Effective Time" has the meaning set forth in Section 1.02(b)

"Debt Merger Sub" has the meaning set forth in the Preamble.

"Delaware LLC Act" means the Delaware Limited Liability Company Act.

"Designated Courts" has the meaning set forth in Section 13.09(a).

"Designated Parties" has the meaning set forth in Section 13.07(a).

"Disclosure Schedule" means the disclosure schedule delivered by the Owner Parties and the Target Companies to the Buyer Parties on the date hereof regarding certain exceptions to the representations and warranties in Section 3.02 and Article IV hereof.

"Disqualified Individual" has the meaning set forth in Section 6.04(c).

"Dissolution" has the meaning set forth in the Recitals.

"Distribution" has the meaning set forth in Section 1.04.

"Distribution Amount" has the meaning set forth in Section 1.04.

"Draft Purchase Price Allocation" has the meaning set forth in Section 7.05.

"Earnout Amount" means each of the First Earnout Amount and the Second Earnout Amount.

"Earnout Milestone" means each of the First Earnout Milestone and the Second Earnout Milestone.

"Earnout Period" means a fiscal year that ends both (a) on or after the Closing Date and (b) on or prior to the Parent Exit Date.

"End Date" has the meaning set forth in Section 12.01(b).

"Environmental Laws" means all Laws concerning pollution or protection of the environment, or human health and safety (with respect to exposure to hazardous, harmful, or deleterious materials, substances or wastes), including all those relating to the presence, use, production, generation, handling, transportation, treatment, storage, disposal, distribution, labeling, testing, processing, discharge, release, control, or cleanup of, or exposure to, any hazardous, harmful or deleterious materials, substances or wastes.

"Equity Commitment Letter" has the meaning set forth in Section 3.01(f)(i).

"Equity Financing" has the meaning set forth in Section 3.01(f)(i).

"Equity Financing Commitment" has the meaning set forth in Section 3.01(f)(i).

"Equity Investor" has the meaning set forth in Section 3.01(f)(i).

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended.

"Escrow Agent" means Citibank, N.A.

"Escrow Agreement" means an escrow agreement with the Escrow Agent, Buyer and the Representative in the form and with such terms and subject to such conditions as are reasonably acceptable to Buyer and the Representative.

"Escrow Amount" means an amount equal to $10,000,000.

"Estimated Cash Payment" means, collectively, the Estimated LSL Holdings Cash Payment and the Estimated LSL NY Cash Payment.

"Estimated Closing Statement" has the meaning set forth in Section 1.07.

"Estimated LSL Holdings Cash Payment" means an amount equal to (a) the Estimated LSL Holdings Purchase Price less (b) the aggregate Rolled Value (as defined in the applicable Rollover Contribution Agreement) for all Rollover Investors under all of the Rollover Contribution Agreements.

"Estimated LSL Holdings Purchase Price" means, the amount equal to (a) the LSL Holdings Base Purchase Price, minus (b) the Distribution Amount, if any, plus (c) (i) the Representative's good faith estimate of the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) multiplied by (ii) the LSL Holdings Percentage, minus (d) (i) the Representative's good faith estimate of all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL Holdings Percentage, minus (e) (i) the Representative's good faith estimate of the Transaction Expenses Amount multiplied by (ii) the LSL Holdings Percentage, minus (f) (i) the Escrow Amount multiplied by (ii) the LSL Holdings Percentage, minus (g) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL Holdings Percentage minus (h) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage plus (j) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage.

"Estimated LSL NY Cash Payment" means, the amount equal to (a) the LSL NY Base Purchase Price, plus (b) (i) the Representative's good faith estimate of the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) multiplied by (ii) the LSL NY Percentage, minus (c) (i) the Representative's good faith estimate of all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL NY Percentage, minus (d) the (i) Representative's good faith estimate of the Transaction Expenses Amount multiplied by (ii) the LSL NY Percentage, minus (e) (i) the Escrow Amount multiplied by (ii) the LSL NY Percentage, minus (f) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL NY Percentage minus (g) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage plus (h) (i) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage.

"Estimated Purchase Price" means, the amount equal to (a) the LSL Holdings Base Purchase Price, plus (b) the LSL NY Base Purchase Price plus (c) the Representative's good faith estimate of the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis), minus (d) the Representative's good faith estimate of all Funded Debt of the Target

Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing, minus (e) the Representative's good faith estimate of the Transaction Expenses Amount, minus (f) the Escrow Amount multiplied by (ii) the LSL Holdings Percentage, minus (g) (i) the amount of the Representative Expense Fund minus (h) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, plus (j) the amount by which the Representative's good faith estimate of the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any.

"Excess Amount" has the meaning set forth in Section 1.08(b)(iii).

"Export Control Laws" means all Laws, regulations, and restrictive measures relating to the import, export, re-export, transfer of information, data, goods, and technology (including the Export Administration Regulations administered by the U.S. Department of Commerce, the International Traffic in Arms Regulations administered by the U.S. Department of State, and customs and import Laws administered by the U.S. Customs and Border Protection).

"Final Cash Payment" has the meaning set forth in Section 1.09.

"Final Purchase Price Allocation" has the meaning set forth in Section 7.05.

"Financial Statements" has the meaning set forth in Section 4.07.

"Financing" has the meaning set forth in Section 3.01(f)(i).

"Financing Commitments" has the meaning set forth in Section 3.01(f)(i).

"First Earnout Milestone" means the first Earnout Period for which the Actual EBITDA with respect to such Earnout Period exceeds the First Target EBITDA.

"First Earnout Amount" means $100,000,000.

"First Target EBITDA" means (a) $125,000,000 plus (b) with respect to an Earnout Period, the Acquired EBITDA for such Earnout Period.

"Flow-Through Tax Return" means any U.S. federal, state, or local Income Tax Returns that reports income of the Target Companies or any of their Subsidiaries that is required to be reported on a Tax Return of the direct or indirect beneficial owners of the Target Companies and with respect to which such direct or indirect beneficial owners are required to pay the related Tax (including, for the avoidance of doubt, IRS Form 1065 and any similar state or local Tax form).

"FDA" means the United States Food and Drug Administration.

"Funded Debt" means, with respect to any Person and without duplication, the sum of (a) all obligations of such Person for indebtedness for borrowed money, (b) all obligations of the such Person as lessee or lessees under leases that are capital leases as determined under GAAP, (c) all obligations of such Person under notes, bonds, debentures or other similar instruments or debt securities, (d) all payment obligations under any interest rate swap agreements, interest rate hedge

agreements or any other arrangements designed to provide protection against fluctuations in interest or currency rates to which such Person is a party (in each case, calculated at the termination value as if terminated at or immediately prior to the Closing; provided, if the termination value for any given instrument would otherwise reduce the value of "Funded Debt", such termination value shall be deemed to be zero), (e) obligations of such Person under any performance bond or letter of credit, but only to the extent drawn or called, (f) amounts owing as deferred purchase price of property or services with respect to which such Person is liable (other than ordinary course trade payables and ordinary course capital expenditures), including earn-outs, holdbacks, purchase price adjustments or other similar obligations (calculated as the full amount of possible payment outstanding), (g) all accrued payment obligations in respect of contributions, including employer matching contributions, if any, of the Target Companies or their Subsidiaries under defined contribution retirement plans, including Section 401(k) plans, (h) all obligations of the Target Companies or their Subsidiaries in respect of deferred compensation, post-retirement welfare benefits and unfunded or underfunded pensions or pension-like liabilities, (i) all obligations of the Target Companies or their Subsidiaries in respect of accrued paid time off, accrued bonuses, accrued commissions, or accrued severance or termination payments payable to any current or former employee, officer, director or individual independent contractor of the Target Companies or their Subsidiaries, including the employer portion of any payroll or other similar Taxes and tax "gross-up" payments, if any, due or payable as a result of or in connection therewith, (j) deferred Payroll Taxes of such Person pursuant to COVID-19 Relief Laws, (k) unpaid Income Tax liabilities of such Person for any Pre-Closing Tax Period (provided that such amounts shall (A) not be an amount less than zero, and (B) be calculated taking into account all Transaction Tax Deductions that are deductible in the Pre-Closing Tax Period and other Tax assets, in each case, that are available to offset such Income Taxes in such jurisdiction as a matter of applicable Law), (l) deferred revenue, (m) deferred rent (calculated as the aggregate amount by which rent expense incurred in accordance with GAAP has exceeded cash rent), (n) cash received in connection with tenant improvements for which the associated outstanding liability has not yet been paid, (o) cash due from the holders of equity interests in the Target Companies and their Subsidiaries (other than other Target Companies or other Subsidiaries thereof), (p) liabilities or other obligations relating to pending litigation or other proceedings, (q) all guaranties, direct or indirect, by such Person of all or any part of any indebtedness, liability or obligation of any other Person of a type described in one or more of the foregoing clauses (a) through (p), and (r) any unpaid principal, accrued but unpaid interest, premiums, related expenses, prepayment penalties, commitment and other fees, reimbursements, indemnities and all other amounts payable in connection with respect to the indebtedness and obligations referred to in the foregoing clauses (a) through (q), assuming the repayment in full of such indebtedness or obligation at the Closing (regardless of whether actually repaid); provided that Funded Debt shall exclude the indebtedness, liabilities and obligations set forth on Section 11.01(a) of the Disclosure Schedule. For the avoidance of doubt, Funded Debt shall not include any amounts included in the calculation of Transaction Expenses or Working Capital.

"Funded Debt Repayment Amount" has the meaning set forth in Section 1.03.

"GAAP" means United States generally accepted accounting principles as in effect (a) with respect to the Financial Statements and other financial information covering periods ending on or after the Closing Date, as of the date of this Agreement, and (b) with respect to the Financial

Statements and other financial information covering periods prior to the Closing Date, as of such applicable time.

"Governmental Authority" means any foreign, federal, state, provincial or local governmental or regulatory commission, board, bureau, agency, official, organization, department, instrumentality, regulatory or administrative body or other entity and any court, arbitrator, or other tribunal.

"Guarantor" has the meaning set forth in Section 3.01(f)(iv).

"Guaranty" has the meaning set forth in Section 3.01(f)(iv).

"Hart-Scott-Rodino Act" means the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended and the rules and regulations promulgated thereunder, and any successor to such statute, rules or regulations.

"Hazardous Materials" means any substance, material or waste defined as "hazardous," "toxic," "radioactive," a "contaminant," a "pollutant" or words of similar meaning under any Environmental Law or that is regulated pursuant to any Environmental Law due to its actual or suspected hazardous or dangerous or other harmful properties or characteristics, including any petroleum or petroleum product, asbestos or asbestos containing material, radon, toxic mold, polychlorinated biphenyls, per- and polyfluoroalkyl substances and 1,4-dioxane.

"Income Taxes" means United States federal income Tax and any United States state or local or non-U.S. net income Tax or any franchise or business profits Tax incurred in lieu of a Tax on net income.

"Income Tax Contest" has the meaning set forth in Section 7.06.

"Income Tax Return" means a Tax Return with respect to Income Taxes.

"Independent Auditor" has the meaning set forth in Section 1.09.

"Initial Contributions" has the meaning set forth in the Recitals.

"Insurance Policies" has the meaning set forth in Section 4.17.

"Insured Representations" has the meaning set forth in Section 10.02.

"Intellectual Property" means all worldwide intellectual property rights, including copyrights, patents, trademarks, trade names, trade dress, logos, product designations, service marks, domain names and other source indicators (and all associated goodwill and common-law rights), trade secrets, know-how, proprietary data, methods and processes and all applications (pending or in process) and registrations for any of the foregoing.

"Interim Financial Statements" has the meaning set forth in Section 4.07.

"IPO Corporation" means (a) Parent, (b) any successor to Parent or any surviving entity resulting from a merger, conversion, reorganization, consolidation or transfer, redomestication, redomiciliation or other movement of Parent or any successor thereof to another jurisdiction or any similar transaction involving Parent or any Subsidiary of Parent, (c) a holding company that is initially a Subsidiary of Parent whose securities are subsequently distributed to the members of Parent (including in exchange of Parent Units held by Parent's members), (d) a parent holding company that would control Parent following a Public Offering with continuing members having the right to exchange their Parent Units for cash or equity interests in such parent holding company or (e) such other suitable vehicle as determined by the board of directors or members of Parent for purposes of effecting a Public Offering.

"IRS" means the United States Internal Revenue Service.

"IT Assets" means all hardware, software, code, databases, networks, systems, websites, applications and other information technology assets and equipment.

"Knowledge" when used to qualify any representation or warranty, means that the Target Companies have no actual knowledge that such representation or warranty is not true and correct to the same extent as provided in the applicable representation or warranty. For the purpose of this definition, the "actual knowledge" of the Target Companies means the actual knowledge (after due and reasonable inquiry) of Steve Solomon, Richard Beeny, Max Kamhi, David Helffrich, Randy McCollom and Paul Hayward.

"Latest Balance Sheet" has the meaning set forth on Section 4.07.

"Law" means any order, constitution, law (including common law), ordinance, rule, regulation, statute or treaty or other pronouncement or legal requirement having the effect of law of any Governmental Authority.

"Leased Real Property" has the meaning set forth in Section 4.12(b).

"Leases" has the meaning set forth in Section 4.12(b).

"Lien" means any lien, charge, mortgage, pledge, claim or other legal or equitable encumbrance, adverse ownership interest, encumbrance, deed of trust, security interest or any other restriction on transfer (other than restrictions on transfer generally arising under federal and state securities Laws).

"Losses" has the meaning set forth in Section 7.07(a).

"LSL" has the meaning set forth in the Preamble.

"LSL LLC" has the meaning set forth in the Recitals.

"LSL California" has the meaning set forth in the Recitals.

"LSL Connecticut" has the meaning set forth in the Recitals.

"LSL Florida" has the meaning set forth in the Recitals.

"LSL GP" has the meaning set forth in the Recitals.

"LSL Healthcare" has the meaning set forth in the Preamble.

"LSL Healthcare Companies" has the meaning set forth in the Recitals.

"LSL Healthcare Contribution" has the meaning set forth in the Recitals.

"LSL Holdcos" has the meaning set forth in the Preamble.

"LSL Holdings" has the meaning set forth in the Preamble.

"LSL Holdings Units" has the meaning set forth in Section 1.02(c)(iii)

"LSL Holdings Base Purchase Price" means $615,500,000.

"LSL Holdings Cash Payment" means an amount equal to (a) the LSL Holdings Purchase Price less (b) the aggregate Rolled Value (as defined in the applicable Rollover Contribution Agreement) for all Rollover Investors under all of the Rollover Contribution Agreements.

"LSL Holdings Percentage" means the quotient of the LSL Holdings Base Purchase Price divided by the Base Purchase Price.

"LSL Holdings Purchase Price" means the amount equal to (a) LSL Holdings Base Purchase Price, minus (b) the Distribution Amount, if any, plus (c) (i) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated basis) multiplied by (ii) the LSL Holdings Percentage, minus (d) (i) all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL Holdings Percentage, minus (e) (i) the Transaction Expenses Amount multiplied by (ii) the LSL Holdings Percentage, minus (f) (i) the Escrow Amount multiplied by (ii) the LSL Holdings Percentage, minus (g) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL Holdings Percentage minus (h) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage plus (j) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL Holdings Percentage.

"LSL Holdings Purchased Securities" has the meaning set forth in the Recitals.

"LSL Holdings Securities" has the meaning set forth in the Recitals.

"LSL NY" has the meaning set forth in the Preamble.

"LSL NY Base Purchase Price" means $12,000,000.

"LSL NY Cash Payment" means the amount equal to (a) LSL NY Base Purchase Price, plus (b) (i) the Cash Amount of the Target Companies and their Subsidiaries (on a consolidated

basis) multiplied by (ii) the LSL NY Percentage, minus (c) (i) all Funded Debt of the Target Companies and their Subsidiaries (on a consolidated basis) as of immediately prior to the Closing multiplied by (ii) the LSL NY Percentage, minus (d) (i) the Transaction Expenses Amount multiplied by (ii) the LSL NY Percentage, minus (e) (i) the Escrow Amount multiplied by (ii) the LSL NY Percentage, minus (f) (i) the amount of the Representative Expense Fund multiplied by (ii) the LSL NY Percentage, minus (g) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is less than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage, plus (h) (i) the amount by which the Working Capital of the Target Companies and their Subsidiaries (on a consolidated basis) is greater than the Working Capital Target, if any, multiplied by (ii) the LSL NY Percentage.

"LSL NY Percentage" means the quotient of the LSL NY Base Purchase Price divided by the Base Purchase Price.

"LSL NY Securities" has the meaning set forth in the Recitals.

"LSL NY Sellers" means the Owner Holdcos designated as "LSL NY Sellers" on Schedule 1-B hereto.

"LSL Opcos" has the meaning set forth in Section 4.07.

"LSL Rollover Aggregator" has the meaning set forth in the Recitals.

"LSL Seller" has the meaning set forth in the Preamble.

"LSL South Carolina" has the meaning set forth in the Recitals.

"LSL Technology" has the meaning set forth in the Preamble.

"LSL Technology Contribution" has the meaning set forth in the Recitals.

"LSL Texas" has the meaning set forth in the Recitals.

"Material Adverse Effect" means any change, effect, event, occurrence, circumstance, state of facts or development (each, an "Effect"), which, individually or in the aggregate with any other Effects, (a) prevents, materially delays or impairs, or would reasonably be expected to prevent, materially delay or impair, the ability of any Seller or any Target Company to perform its respective obligations under this Agreement or consummate the transactions contemplated by this Agreement or (b) has, or would reasonably be expected to have, a material adverse effect on the results of operations or condition (financial or otherwise) of the Target Companies and their Subsidiaries, taken as a whole, provided, that any Effect to the extent attributable to the following, either alone or in combination, shall not constitute, and shall not be taken into account in determining whether there has been or will be, a Material Adverse Effect for purposes of the foregoing clause (b): (i) the execution, delivery, announcement or pendency of this Agreement or the transactions contemplated by this Agreement; (ii) business or political conditions or conditions generally affecting the industry or segments therein in which the Target Companies and their Subsidiaries participate, the U.S. economy as a whole or the capital, credit or financial markets in general or the markets in which the Target Companies and their Subsidiaries operate; (iii) the

taking of any action expressly required by this Agreement or expressly consented to by Parent in writing; (iv) any change after the date hereof in accounting rules (including GAAP) requirements, standards or principles or any change after the date hereof in applicable Laws or the interpretation thereof by a Governmental Authority; (v) actions required to be taken under applicable Laws (including in compliance with Laws resulting from or relating to COVID-19 or other disease, virus or outbreak); (vi) any acts of war (whether or not declared), armed hostilities, sabotage or terrorism, insurrection, riots, civil disobedience, military actions or the continuation, escalation or worsening of any of the foregoing, whether or not threatened, occurring or commenced as of the date of this Agreement; (vii) any earthquakes, hurricanes, tornados, wildfires, floods or other natural disasters, epidemics, pandemics, disease outbreaks (including COVID-19 or other disease, virus or outbreak) or public health emergencies, acts of God or force majeure events, or the continuation, escalation or worsening of any of the foregoing, whether or not threatened, occurring or commenced before or after the date of this Agreement; (viii) the failure by the Target Companies or their Subsidiaries to meet any projection, estimate or budget for any period prior to, on or after the date of this Agreement (but excluding herefrom any Effect underlying such failure to the extent such Effect would otherwise constitute a Material Adverse Effect); provided, that in the case of the foregoing clauses (ii), (iv), (v), (vi) and (vii), if such Effect disproportionately affects the Target Companies and their Subsidiaries as compared to other Persons or businesses that operate in the industry in which the Target Companies and their Subsidiaries operate, then the disproportionate aspect of such effect may be taken into account in determining whether a Material Adverse Effect has occurred or will occur.

"Material Contracts" has the meaning set forth in Section 4.20(a).

"Material Customer" has the meaning set forth in Section 4.22(b).

"Material Supplier" has the meaning set forth in Section 4.22(a).

"Measurement Time" means 11:59 p.m. on the day immediately preceding the Closing Date.

"New Plans" has the meaning set forth in Section 6.04(b).

"Objection Disputes" has the meaning set forth in Section 1.09.

"Objection Statement" has the meaning set forth in Section 1.09.

"Old Plans" has the meaning set forth in Section 6.04(b).

"Owner" or "Owners" has the meaning set forth in the Preamble.

"Owner Holdco" or "Owner Holdcos" has the meaning set forth in the Preamble.

"Owner Parties" means the Owners, the Owner Holdcos and the Sellers.

"Parent" has the meaning set forth in the Preamble.

"Parent Equityholder" means each of the Equity Investors.

"Parent Exit Date" means the earlier of (a) the first date occurring after the Closing Date on which the Parent Equityholders collectively own, directly or indirectly, fifty percent (50%) or less of the then-outstanding Parent Units and (b) the date on which a Public Offering is first consummated.

"Parent Exit Event" means the consummation or, if earlier, the execution of a definitive agreement with respect to, a transaction that results in a Parent Exit Date.

"Party" or "Parties" has the meaning set forth in the Preamble.

"Payroll Taxes" mean all employer-side payroll Taxes, including social security, Medicare and unemployment Taxes, national insurance contributions and all similar Taxes, contributions or obligations, whether or not deferred or deferrable.

"Permits" has the meaning set forth in Section 4.18.

"Permitted Liens" means (a) statutory liens for current Taxes, assessments or other governmental charges not yet due and payable or the amount or validity of which is being contested in good faith by appropriate proceedings by the Target Companies and their Subsidiaries and for which appropriate reserves have been established by the appropriate Target Company or Subsidiary in accordance with GAAP; (b) mechanics', carriers', workers', repairers' and similar statutory liens arising or incurred in the ordinary course of business which are not yet due and payable; (c) zoning, entitlement, building and other land use regulations imposed by any Governmental Authority having jurisdiction over Leased Real Property which are not violated in any material respect by the current use, occupation, or operation of the Leased Real Property; (d) covenants, conditions, restrictions, easements and other similar matters of record affecting title to the Leased Real Property which do not materially impair the occupancy or use of the Leased Real Property for the purposes for which it is currently used or proposed to be used in connection with the business of the Target Companies and their Subsidiaries; and (e) other Liens arising in the ordinary course of business and not incurred in connection with the borrowing of money.

"Person" means an individual, partnership, corporation, limited liability company, business trust, joint stock corporation, estate, trust, unincorporated association, joint venture, Governmental Authority or other entity, of whatever nature.

"PWHC Holdings Contribution" has the meaning set forth in the Recitals.

"Plans" has the meaning set forth in Section 4.15(a).

"Post-Closing Tax Period" means any taxable period beginning after the Closing Date and, with respect to any Straddle Period, the portion of such Straddle Period beginning after the Closing Date.

"Pre-Closing Tax Period" means any taxable period ending on or before the Closing Date and, with respect to any Straddle Period, the portion of such Straddle Period through the end of the Closing Date.

"Pro Rata Percentage" means with respect to each Seller, the percentage set forth opposite

such Sellers' name on Schedule 1.08, as updated through the Closing, or such other percentage as may be determined by the Representative from time to time.

"Public Offering" means (a) a sale of Parent Units or any other equity securities in an IPO Corporation to the public in an underwritten offering pursuant to an effective registration statement filed with the Securities and Exchange Commission pursuant to the Securities Act (provided that, subject to clause (b), a Public Offering shall not include an offering made in connection with a business acquisition or combination or an employee benefit plan) or (b) an offering or issuance of equity securities by a special purpose acquisition company (a "SPAC") in a transaction or series of transactions in which (x) such equity securities are or will become listed on a national securities exchange and (y) Parent or any other IPO Corporation (or any of Parent's or such other IPO Corporation's Subsidiaries) would become a Subsidiary or Affiliate of or merge with such SPAC.

"Purchase Price Allocation Schedule" has the meaning set forth in Section 7.05.

"Purchased Securities" has the meaning set forth in the Recitals.

"R&W Insurance Policy" has the meaning set forth in Section 10.02.

"Reorganization" has the meaning set forth in the Recitals.

"Representative" has the meaning set forth in the Preamble.

"Representative Expense Fund" means $250,000.

"Representative Expenses" has the meaning set forth in Section 13.17(f).

"Representative Income Tax Contest" has the meaning set forth in Section 7.06.

"Restricted Cash" means, with respect to any Person, (a) any insurance proceeds or indemnification payments received by such Person with respect to any casualty loss or otherwise in respect of liabilities that have not been discharged prior to the Closing, (b) cash deposits, cash held in escrow accounts, cash held as collateral for outstanding letters of credit and any other restricted cash of such Person and (c) Taxes, fees, expenses and any other costs associated with repatriating any cash or cash equivalents of such Person held outside of the United States into the United States.

"Restrictions" means any restriction on the exercise of any rights related to the Purchased Securities, including proxies, voting agreements, transfer restrictions, agreements to sell or purchase and similar items, but excluding restrictions on transfer generally arising under federal and state securities Laws.

"Retention and Transition Agreement" means the retention and transition agreement by and between Parent (or Parent's designee) and Richard Beeny, in a form reasonably acceptable to Parent and effective upon the Closing.

"Rollover Closing" has the meaning set forth in the Recitals.

"Rollover Contribution" has the meaning set forth in the Recitals.

"Rollover Contribution Agreement" means each Contribution, Rollover and Subscription Agreement, dated as of the date hereof, between Parent and a Rollover Investor, as amended, supplemented or modified from time to time.

"Rollover Investors" has the meaning set forth in the Recitals.

"Rollover Securities" has the meaning set forth in the Recitals.

"Sale Transaction" has the meaning set forth in Section 1.05.

"Sale Transaction Closing" has the meaning set forth in Section 2.01.

"Sanctioned Country" means any of the Crimea region of Ukraine, Cuba, Iran, North Korea, and Syria.

"Sanctioned Person" means any Person located, organized, or resident in a Sanctioned Country; any Person named on any sanctions list administered by the U.S. Department of Treasury Office of Foreign Assets Control ("OFAC"), including OFAC's Specially Designated Nationals List, the Sectoral Sanctions Identifications List, and the Foreign Sanctions Evaders List; any other Person who is the target of Sanctions Laws; and any Person directly or indirectly 50% or more owned or controlled by one or more Sanctioned Persons.

"Sanctions Laws" means all economic sanctions and regulations administered and maintained by OFAC, including OFAC's Specially Designated Nationals List, the Sectoral Sanctions Identifications List, and the Foreign Sanctions Evaders List; economic or financial sanctions or trade embargoes imposed, administered, or enforced from time to time by the United Nations Security Council, the European Union, or her Majesty's Treasury of the United Kingdom; and any other economic sanctions maintained by a jurisdiction in which any of the Target Companies or their Subsidiaries do business or are otherwise subject to jurisdiction.

"Second Earnout Milestone" means the first Earnout Period for which the Actual EBITDA with respect to such Earnout Period exceeds the Second Target EBITDA.

"Second Earnout Amount" means $150,000,000.

"Second Target EBITDA" means (a) $190,000,000 plus (b) with respect to an Earnout Period, the Acquired EBITDA for such Earnout Period.

"Section 280G Payments" has the meaning set forth in Section 6.04(c).

"Securities Act" means the Securities and Exchange Act of 1933, as amended.

"Seller" or "Sellers" has the meaning set forth in the Preamble.

"Seller Group" has the meaning set forth in Section 13.14.

"Seller Review Return" has the meaning set forth in Section 7.01(a).

"Straddle Period" means any taxable period that includes (but does not end on) the Closing Date.

"Subsidiaries" or "Subsidiary" of any Person means any corporation, partnership, limited liability company or other legal entity in which such Person (either alone or through or together with any other Subsidiary), owns, directly or indirectly, fifty percent (50%) or more of the stock or other equity or ownership interests, the holder of which is generally entitled to elect a majority of the board of directors or other governing body of such legal entity, its general partner or its managing member, or of which the specified Person control the management of such legal entity. Notwithstanding the foregoing or anything to the contrary in this Agreement, each reference to a "Subsidiary" or "Subsidiaries" of a Target Company prior to the Closing shall be deemed to mean a Subsidiary or the Subsidiaries of such Target Company after giving effect to the Reorganization, including but not limited to, for purposes of the representations and warranties made in respect of the Target Companies and their Subsidiaries in Article IV.

"Surviving Company" has the meaning set forth in Section 1.02(a).

"Surviving Company Charter" has the meaning set forth in Section 1.02(d).

"Surviving Company LLC Agreement" has the meaning set forth in Section 1.02(d).

"Target Companies" or "Target Company" has the meaning set forth in the Preamble.

"Tax Return" means any declaration, estimate, return, report, information statement, schedule or other document (including any related or supporting information and including any amendments thereof) with respect to Taxes that is required to be filed with any Taxing Authority.

"Taxes" or "Tax" means all federal, provincial, territorial, state, municipal, local, domestic, foreign or other taxes, imposts and assessments including ad valorem, capital, capital stock, customs and import duties, disability, documentary stamp, employment; excise, franchise, gains, goods and services, gross income, gross receipts, income, intangible, inventory, license, mortgage recording, net income, occupation, payroll, personal property, production, profits, property, real property, recording, rent, sales, social security, stamp, transfer, transfer gains, unemployment, use, value added, windfall profits, and withholding, together with any interest, additions, fines or penalties with respect thereto or in respect of any failure to comply with any requirement regarding Tax Returns and any interest in respect of such additions, fines or penalties.

"Taxing Authority" means the IRS and any other Governmental Authority that has responsibility over the imposition, assessment, determination or collection of Taxes.

"Transaction Expenses" means (a) all fees, costs and expenses payable by any Target Company or any of its Subsidiaries to UBS Securities LLC, McDermott Will & Emery LLP and other professional advisors, including legal counsel, investment bankers or other representative and consultants, engaged by any Target Company or its Subsidiaries in connection with this Agreement or the transactions contemplated hereby (including any related auction process), in each case, assuming that the transactions contemplated by this Agreement have been

consummated, (b) all change-in-control, retention, transaction or similar bonuses, severance or similar arrangements or amounts, if any, payable or that become payable to officers, employees, directors or individual independent contractors of any Target Company or its Subsidiaries in connection with the consummation of the transactions contemplated by this Agreement (or by the Closing and continued employment or service following the Closing), including the employer portion of any payroll or similar taxes and any tax "gross-up" payments, if any, payable with respect to any of the foregoing and (c) all fees or other amounts payable by any Target Company or any its Subsidiaries (or which any Target Company or any its Subsidiaries is liable) to any Seller or any Affiliate of such Target Company or its Subsidiary in connection with this Agreement and the consummation of the transactions contemplated by this Agreement. For the avoidance of doubt, Transaction Expenses shall not include any amounts included in the calculation of Funded Debt or Working Capital.

"Transaction Expenses Amount" means an amount equal to all Transaction Expenses that have not been paid prior to the Closing Date, whether or not the applicable Target Company or its Subsidiaries has been billed for such expenses.

"Transaction Tax Deductions" means any deductions for U.S. federal Income Tax purposes, to the extent properly deductible for U.S. federal Income Tax purposes in a taxable period (or portion thereof) ending on or before the Closing Date, that is attributable to any of the following: (a) the incurrence or payment of Transaction Expenses, and (b) the payment or deduction of Funded Debt that is indebtedness for borrowed money (including the write-off of any previously deferred financing fees) on the Closing Date.

"Transfer Taxes" has the meaning set forth in Section 7.04.

"Treasury Regulations" means the United States Treasury Regulations promulgated under the Code, and any reference to any particular Treasury Regulation section shall be interpreted to include any final or temporary revision of or successor to that section regardless of how numbered or classified.

"VDA" has the meaning set forth in Section 7.07(b).

"Waived Benefits" has the meaning set for in Section 6.04(c).

"WARN Act" has the meaning set forth in Section 4.14(c).

"Working Capital" means, as at a specified date and time and without duplication, an amount, whether positive or negative, equal to (a) the aggregate value of the current assets, excluding the Cash Amount, reflected on the consolidated balance sheet of the Target Companies and their Subsidiaries (on a consolidated basis) minus (b) the sum of the current liabilities, excluding any Funded Debt or Transaction Expenses, reflected on the consolidated balance sheet of the Target Companies and their Subsidiaries (on a consolidated basis), in each case, (i) excluding income Tax assets or liabilities or deferred Tax assets or liabilities and (ii) calculated in accordance with the Accounting Principles and the illustrative calculation of Working Capital as of December 31, 2020 attached hereto in Schedule 1.06 (such illustrative calculation, the "Sample Net Working Capital Calculation").

"Working Capital Target" means $14,355,755.

"Year-End Financial Statements" has the meaning set forth in Section 4.07.

11.02. Other Definitional Provisions.

(a) All terms defined in this Agreement shall have the defined meanings when used in any certificates, reports or other documents made or delivered pursuant hereto or thereto, unless the context otherwise requires, and any pronoun used in this Agreement shall include the corresponding masculine, feminine or neuter forms.

(b) Terms defined in the singular shall have a comparable meaning when used in the plural, and vice versa.

(c) All references to "$" or "dollars" in this Agreement shall be deemed references to United States dollars.

(d) Accounting terms which are not otherwise defined in this Agreement have the meanings given to them under GAAP. To the extent that the definition of an accounting term defined in this Agreement is inconsistent with the meaning of such term under GAAP, the definition set forth in this Agreement will control.

(e) To the extent any provision of this Agreement provides that any Target Company or any of its Subsidiaries shall take any action or omit to take any action, such provision shall also be deemed to require the Sellers to cause such Target Company or Subsidiary to take such action or omit to take such action.

ARTICLE XII
TERMINATION

12.01. Termination. This Agreement may be terminated at any time prior to the Closing Date:

(a) by mutual written consent of Parent and the Representative (on behalf of the Owner Parties);

(b) by Parent, if (i) there has been a material violation or material breach by the Target Companies or the Owner Parties of any covenant, representation or warranty contained in this Agreement, which has prevented or would prevent the satisfaction of any condition to the obligations of the Buyer Parties to complete the Closing and (A) such material violation or material breach has not been waived by the Buyer Parties; (B) Parent has provided written notice to the Representative of such material violation or material breach; and (C) the Target Companies or the Owner Parties, as the case may be, have not cured such material violation or material breach within twenty (20) Business Days after the Representative receives written notice thereof from Parent; or (ii) the transactions contemplated hereby have not been consummated by February 16, 2022 (the "End Date"), provided that if as of such date all of the conditions to Closing set forth in Article VIII other than the condition set forth in Section 8.06 are satisfied or would be satisfied if such date were the Closing Date, Parent shall have the option to extend the End Date for an additional

period of up to sixty (60) days; provided, however, Parent shall not be entitled to terminate this Agreement pursuant to this Section 12.01(b) if the Buyer Parties' breach of this Agreement has prevented the consummation of the transactions contemplated hereby to occur by the End Date;

(c) by the Representative (on behalf of the Owner Parties), if: (i) there has been a material violation or material breach by the Buyer Parties of any covenant, representation or warranty contained in this Agreement which has prevented or would prevent the satisfaction of any condition to the obligations of the Target Companies and the Owner Parties to complete the Closing and (A) such material violation or material breach has not been waived by the Representative; (B) the Representative has provided written notice to the Buyer Parties of such material violation or material breach; and (C) the Buyer Parties have not cured such material violation or material breach within twenty (20) Business Days after receiving written notice thereof from the Representative, or (ii) the transactions contemplated hereby have not been consummated by the End Date (as may be extended pursuant to Section 12.01(b)); provided, however, the Representative shall not be entitled to terminate this Agreement pursuant to this Section 12.01(c) if the Target Companies' or Owner Parties' breach of this Agreement has prevented the consummation of the transactions contemplated hereby to occur by the End Date; or

(d) by either Parent or the Representative (on behalf of the Owner Parties), if any Governmental Authority shall have enacted, promulgated, issued, entered or enforced any injunction, judgment, order or ruling permanently enjoining, or prohibiting the transactions contemplated by this Agreement, which shall have become final and non-appealable.

12.02. Effect of Termination. If any Party validly terminates this Agreement pursuant to Section 12.01, all rights and obligations of the Parties hereunder shall terminate without any liability of any Party to any other Party, except for this Article XII and Article XIII and pursuant to the Confidentiality Agreement, which each shall survive the termination of this Agreement as applicable and in accordance with their terms; provided, however, subject to Section 12.03, that the termination of this Agreement shall in no way limit any claim by a Party that another Party breached the terms of this Agreement prior to or in connection with such termination, including by failing to consummate the transactions contemplated by this Agreement, nor shall such termination limit the right of such non-breaching Party to seek specific performance and all other remedies available at law or equity.

12.03. Termination Fee.

(a) In the event that this Agreement is terminated:

(i) by the Representative (on behalf of the Owner Parties) pursuant to Section 12.01(c)(i);

(ii) by the Representative pursuant to Section 12.01(c)(ii) or Parent pursuant to Section 12.01(b)(ii) (if, at the time of or prior to such termination, the Representative (on behalf of the Owner Parties) could have terminated this Agreement pursuant to Section 12.01(c)(i)); or

(iii) by Parent pursuant to Section 12.01(b)(ii) or by the Representative pursuant to Section 12.01(c)(ii), if (x) all of the conditions set forth in Article VIII

to Parent's obligation to consummate the Closing have been satisfied (or with respect to conditions that relate to delivery of items to be delivered at the Closing and those conditions that by their nature are to be satisfied by actions taken at the Closing, are capable of being satisfied at such time), other than the condition set forth in Section 8.06, (y) all consents and approvals of the applicable state Governmental Authorities listed on Section 12.03(a)(iii) of the Disclosure Schedule necessary for the continued operation of the businesses of the Target Companies and their Subsidiaries in the applicable state jurisdiction relating thereto, or a written statement from the applicable state Governmental Authority thereof that such consent and approval is not necessary for continued operation of the businesses of the Target Companies and their Subsidiaries following the Closing, shall have been obtained, as reasonably determined by Parent and (z) there has not been a material violation or material breach by the Target Companies or the Owner Parties of any covenant, representation or warranty of such Parties contained in this Agreement, in each case of this clause (z), that was the proximate or direct cause of the failure of the condition set forth in Section 8.06 to be satisfied,

Buyer shall, promptly and in any event within five (5) Business Days after such termination, pay the Representative (on behalf of the Owner Parties), by wire transfer in immediately available funds, a non-refundable termination fee in an amount equal to $25,100,000 (the "Reverse Termination Fee").

(b) Notwithstanding anything to the contrary in this Agreement, in the event that this Agreement is terminated, Buyer shall not have any liability of any nature whatsoever to the Sellers with respect to any breach of this Agreement or the failure of the Closing to occur, other than the liability of Buyer to pay the Reverse Termination Fee to the extent payable pursuant to Section 12.03(a); provided, however, that the Confidentiality Agreement (and any rights and liabilities of the Parties thereunder) will survive any termination of this Agreement in accordance with its terms. The Parties acknowledge and agree that the Reverse Termination Fee is not a penalty, but rather is liquidated damages in a reasonable amount that will compensate the Owner Parties in the circumstances in which the Reverse Termination Fee is payable for the efforts and resources expended and the opportunities foregone while negotiating this Agreement and in reliance on this Agreement and on the expectation of the consummation of the transactions contemplated by this Agreement, which amount would otherwise be uncertain and incapable of accurate determination.

(c) Notwithstanding anything to the contrary in this Agreement, the Representative's right (on behalf of the Owner Parties) to terminate this Agreement and the Representative's right (on behalf of the Owner Parties) to receive the Reverse Termination Fee pursuant to this Section 12.03(a) shall be the sole and exclusive remedy of the Representative and the Owner Parties and their Affiliates for any loss suffered as a result of any breach of any covenant or agreement in this Agreement or the failure of the transactions contemplated by this Agreement to be consummated, in each case, in any circumstance in which the Representative or the Owner Parties are permitted to terminate this Agreement and receive the Reverse Termination Fee pursuant to Section 12.03(a), and Buyer shall have no further liability or obligation relating to or arising out of this Agreement or the transactions contemplated by this Agreement; provided, however, nothing in this Section 12.03(c) shall limit the ability of the Owner Parties to pursue a

grant of specific performance to the extent permitted by Section 13.10 prior to the termination of this Agreement.

(d) For the avoidance of doubt, (i) while the Representative or the Owner Parties may pursue a grant of specific performance to the extent permitted by Section 13.10, under no circumstances shall the Representative or the Owner Parties be permitted or entitled to receive both a grant of specific performance to require Buyer to consummate the Closing and payment of the Reverse Termination Fee and (ii) in no event shall the Representative or the Owner Parties be entitled to receive the Reverse Termination Fee more than once. Notwithstanding the foregoing, in the event this Agreement is terminated and the Reverse Termination Fee is paid, the Owner Parties and the Target Companies shall be entitled to receive any amounts reimbursable by Buyer pursuant to Section 5.09. Notwithstanding anything to the contrary set forth in this Agreement, each of the parties to this Agreement expressly acknowledges and agrees that under no circumstances shall (i) the maximum aggregate liability of the Buyer Parties (and the Guarantors in accordance with, and subject to the limitations in, the Guaranty) for all claims, actions or liabilities arising out of or related to this Agreement (including any breach of this Agreement, whether willful or material) and the transactions contemplated hereby (the "Transaction-Related Matters") exceed an amount equal to the Reverse Termination Fee (the "Cap"), (ii) any Person seek to recover any money damages against the Buyer Parties in excess of the Cap, (iii) any Person bring any proceeding or action or otherwise seek to recover any losses against any Buyer Financing Party or any Debt Financing Source or its representatives for any Transaction-Related Matter (other than against Buyer or against the Guarantors pursuant to, and subject to the terms of, the Guaranty) or (iv) any Buyer Financing Party or any Debt Financing Source or its representatives have any liability or obligation of any nature whatsoever to any Person for any Transaction-Related Matter (other than Buyer or the Guarantors pursuant to, and subject to the terms of, the Guaranty).

(e) The Parties acknowledge and agree that the agreements contained in this Section 12.03 are an integral part of the transactions contemplated by this Agreement, and that, without these agreements, neither Party would enter into this Agreement.

ARTICLE XIII
GENERAL PROVISIONS

13.01. Notices. All notices, demands and other communications to be given or delivered under or by reason of the provisions of this Agreement shall be in writing and shall be deemed to have been given when (i) personally delivered, (ii) one (1) day after deposit with Federal Express or similar nationally reputable overnight courier service, (iii) upon transmission by email if a customary confirmation of transmission is received during normal business hours and, if not, the next Business Day after transmission or (iv) three (3) days after being mailed by first class mail, return receipt requested. Notices, demands and communications to any Party shall, unless another address is specified in writing, be sent to the addresses indicated below:

(a) if to the Buyer Parties (and, after the Closing, the Target Companies) to:

Paradigm TopCo, LLC
c/o Blackstone Inc.

345 Park Avenue
New York, NY 10154
Attention: Todd Hirsch
Ram Jagannath
Email: todd.hirsch@blackstone.com
ram.jagannath@blackstone.com

with a copy to (which notice shall not constitute):

Simpson Thacher & Bartlett LLP
425 Lexington Avenue
New York, NY 10017
Attention: Anthony F. Vernace
Email: avernace@stblaw.com

(b) if to the Target Companies (prior to Closing) or the Owner Parties or the Representative to:

Life Science Logistics Corporation
3100 Olympus Blvd.
Suite 100
Dallas, TX 75019
Attention: Richard Beeny
Email: rbeeny@lslog.com

and:

Max Kamhi
3628 Dartmouth Ave.
Dallas, TX 75205
Email: maxk@lslog.com

with a copy to (which notice shall not constitute notice):

McDermott Will & Emery LLP
333 Avenue of the Americas, Suite 4500
Miami, Florida 33131
Attention: Fred Levenson and Daniel Layfield
Email: flevenson@mwe.com and dlayfield@mwe.com

13.02. Entire Agreement. This Agreement (including the Exhibits and Schedules attached hereto) and other documents delivered at the Closing pursuant hereto or thereto, contain the entire understanding of the Parties in respect of their subject matter and supersede all prior agreements and understandings (verbal or written) between the Parties with respect to such subject matter, other than the Confidentiality Agreement. The Disclosure Schedule, Exhibits and Schedules constitute a part hereof as though set forth in full above.

13.03. Expenses. Except as otherwise provided herein, the Parties shall pay their own fees and expenses, including their own counsel fees, incurred in connection with this Agreement.

13.04. Amendment; Waiver. This Agreement may not be modified, amended, supplemented, canceled or discharged, except by written instrument executed by the Buyer Parties, the Owner Parties and the Representative; provided, that with respect to any waiver or amendment of this Section 13.04 and/or Section 13.17 (and any provision of this Agreement to the extent a waiver of such provision would modify the substance of any of the foregoing provisions) that is materially adverse to any Debt Financing Source, the prior written consent of such affected Debt Financing Source shall be required before any such waiver or amendment may become effective (such consent not to be unreasonably withheld, conditioned or delayed). No failure to exercise, and no delay in exercising, any right, power or privilege under this Agreement shall operate as a waiver, nor shall any single or partial exercise of any right, power or privilege hereunder preclude the exercise of any other right, power or privilege. Any waiver must be in writing and signed by or on behalf of the Party providing such waiver. No waiver of any breach of any provision shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision, nor shall any waiver be implied from any course of dealing between the Parties. No extension of time for performance of any obligations or other acts hereunder or under any other agreement shall be deemed to be an extension of the time for performance of any other obligations or any other acts.

13.05. Binding Effect; Assignment. The rights and obligations of this Agreement shall bind and inure to the benefit of the Parties and their respective successors and assigns. Nothing expressed or implied herein or therein shall be construed to give any other person any legal or equitable rights hereunder, other than as provided in Section 6.02. Except as expressly provided herein, the rights, and obligations of this Agreement may not be assigned by the Parties without the prior written consent of the other Party; provided, that each of the Buyer Parties may assign any of its rights or obligations to one or more of its Affiliates, except no such assignment shall relieve such Buyer Party of its obligations under this Agreement except to the extent actually performed by its assignee(s); provided, further, each Buyer Party may collaterally assign any and all of its rights, but not its obligations, under this Agreement to any of its Debt Financing Sources.

13.06. Counterparts. This Agreement may be executed in any number of counterparts (including by means of electronically transmitted portable document format (pdf) signature pages), each of which shall be an original but all of which together shall constitute one and the same instrument.

13.07. Interpretation; Schedules. When a reference is made in this Agreement to an article, section, paragraph, clause, schedule or exhibit, such reference shall be deemed to be to this Agreement unless otherwise indicated. Whenever the words "include," "includes" or "including" are used in this Agreement, they shall be deemed to be followed by the words "without limitation." Words of one gender shall be held to include the other gender as the context requires. The word "or" shall not be exclusive. The words "herein," "hereof," "hereunder" or "hereby" and similar terms are to be deemed to refer to this Agreement as a whole and not to any specific section. The headings contained herein and on the Schedules are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement or the Schedules. Unless otherwise specified herein, references to any statute, listing rule, rule, standard, regulation or other law

include a reference to the corresponding rules and regulations and each of them as amended, modified, supplemented, consolidated, replaced or rewritten from time to time. References to any section of any statute, listing rule, rule, standard, regulation or other law include any successor to such section. References to any Contract (including this Agreement) or organizational document are to the Contract or organizational document as amended, modified, supplemented or replaced from time to time, unless otherwise stated. References to any Person include such Person's predecessors or successors, whether by merger, consolidation, amalgamation, reorganization or otherwise, and permitted assigns. Any information set forth in one section of the Disclosure Schedule will be deemed to apply to other sections of the Disclosure Schedule to which its relevance is reasonably apparent from the face of such disclosure (notwithstanding the omission of a reference or cross-reference thereto, but without reference to any document actually referenced in such disclosure). The specification of any dollar amount in the representations and warranties contained in this Agreement or the inclusion of any specific item in the Schedules hereto is not intended to imply that such amounts, or higher or lower amounts, or the items so included, are or are not required to be disclosed, and neither Party shall use the fact of the setting of such amounts or the fact of the inclusion of any such item in the Schedules in any dispute or controversy with any Party as to whether any obligation, item or matter not described herein or included in a Schedule hereto is or is not required to be disclosed (including, without limitation, whether such amounts or items are required to be disclosed as material). The information contained in the Schedules hereto is disclosed solely for the purposes of this Agreement, and no information contained therein shall be deemed to be an admission by any Party to any third party of any matter whatsoever, including of any violation of Law or breach of any agreement. If the date specified for giving any notice or taking any action is not a Business Day (or if the period during which any notice is required to be given or any action taken expires on a date which is not a Business Day), then the date for giving such notice or taking such action (and the expiration date of such period during which notice is required to be given or action taken) shall be the next date which is a Business Day. With respect to all dates and time periods set forth or referred to in this Agreement, time is of the essence. In the event a conflict between the Escrow Agreement and any agreement of the parties hereto in this Agreement, such agreement of the parties hereto in this Agreement shall govern.

13.08. Governing Law; Interpretation. This Agreement shall be construed in accordance with and governed for all purposes by the internal substantive Laws of the State of Delaware applicable to contracts executed and to be wholly performed within the State of Delaware.

13.09. Forum Selection and Consent to Jurisdiction.

(a) Any suit, action or proceeding against the Buyer Parties, the Target Companies, the Owner Parties or the Representative arising out of, or with respect to, this Agreement or any judgment entered by any court in respect thereof shall be brought exclusively in the Delaware Court of Chancery (or in the event (but only in the event) that such court does not have subject matter jurisdiction over such action or proceeding, in the United States District Court for the Southern District of New York) (together, the "Designated Courts"), and the Parties irrevocably and unconditionally submit to the exclusive jurisdiction of the Designated Courts for the purpose of any suit, action or proceeding. Each Party agrees that service of any process, summons, notice or document by U.S. registered mail addressed to such Party in accordance with Section 13.01 shall be effective service of process for any action, suit or proceeding brought against such Party

in any such court. The Buyer Parties hereby designates the individuals listed in Section 13.01(a) to whom notice may be given on behalf of the Buyer Parties as their true and lawful agent upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Target Companies, the Representative or any Owner Party. The Target Companies, the Representative and the Owner Parties hereby designate the individual(s) listed in Section 13.01(b) to whom notice may be given on behalf of the Target Companies, the Representative and the Owner Parties as their true and lawful agent upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Buyer Parties.

(b) In addition, each Party hereby (i) irrevocably waives, to the fullest extent permitted by Law, any objection which it may now or hereafter have to, or any defense of, the laying of venue of any suit, action or proceeding arising out of or relating to this Agreement or any judgment entered by any of the Designated Courts, (ii) irrevocably waives any claim or defense that any suit, action or proceedings brought in the Designated Courts has been brought in an inconvenient forum, (iii) agrees that all claims with respect to any such action or proceeding shall be heard and determined in the Designated Courts and agrees not to commence any action or proceeding relating to this Agreement or the transactions contemplated hereby (whether based on contract, tort or other theory) except in such courts and (iv) agrees that a final judgment in any such action or proceeding shall be conclusive and may be enforced in other jurisdictions by suit on the judgment or in any other manner provided by Law.

(c) Notwithstanding the foregoing, each party hereto agrees that any action or proceeding of any kind or nature (whether based on contract, tort or other theory) against any Debt Financing Source relating to this Agreement, the Debt Financing or any of the transactions contemplated hereby shall be subject to the exclusive jurisdiction of the Supreme Court of the State of New York, County of New York, Borough of Manhattan or if under applicable Law exclusive jurisdiction is vested in Federal courts, the United States District Court for the Southern District of New York (and the appellate courts thereof). The parties hereto agree that any violation of this Section 13.09 shall constitute a material breach of this Agreement and shall constitute irreparable harm.

(d) EACH PARTY ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY THAT MAY ARISE OUT OF, OR WITH RESPECT TO, THIS AGREEMENT IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE EACH SUCH PARTY HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVES TO THE FULLEST EXTENT PERMITTED BY LAW ANY RIGHT SUCH PARTY MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY ACTION DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT (INCLUDING ANY ACTION, PROCEEDING, CLAIM OR COUNTERCLAIM INVOLVING ANY DEBT FINANCING SOURCE AND THEIR RESPECTIVE AFFILIATES) (IN EACH CASE WHETHER BASED ON CONTRACT, TORT OR ANY OTHER THEORY). EACH PARTY CERTIFIES AND ACKNOWLEDGES THAT (I) NO REPRESENTATIVE, AGENT OR ATTORNEY OR ANY OTHER PARTY HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT SUCH OTHER PARTY WOULD NOT, IN THE EVENT OF LITIGATION, SEEK TO ENFORCE THE FOREGOING WAIVER, (II) EACH PARTY UNDERSTANDS AND HAS CONSIDERED THE IMPLICATIONS OF THIS WAIVER, (III) EACH PARTY MAKES THIS WAIVER

VOLUNTARILY AND (IV) EACH PARTY HAS BEEN INDUCED TO ENTER INTO THIS AGREEMENT BY, AMONG OTHER THINGS, THE MUTUAL WAIVERS AND CERTIFICATIONS OF THIS SECTION 13.09. EITHER PARTY MAY FILE AN ORIGINAL COUNTERPART OR A COPY OF THIS AGREEMENT WITH ANY COURT AS WRITTEN EVIDENCE OF THE CONSENT OF THE PARTIES TO THE WAIVER OF THEIR RIGHT TO TRIAL BY JURY.

13.10. Specific Performance. Each of the Parties agrees that this Agreement is intended to be legally binding and specifically enforceable pursuant to its terms, and that the Buyer Parties, the Target Companies, the Owner Parties and the Representative would be irreparably harmed if any of the provisions of the Agreement are not performed in accordance with their specific terms and that monetary damages would not provide adequate remedy in such event. Accordingly, in addition to any other remedy to which a non-breaching Party may be entitled at Law, a non-breaching Party shall be entitled to injunctive relief without the posting of any bond or other security to prevent breaches of this Agreement and to specifically enforce the terms and provisions hereof. Each Party further waives any defense that a remedy at Law would be adequate in any action, suit or proceeding for specific performance or injunctive relief hereunder.

13.11. Arm's Length Negotiations; Drafting. Each Party herein expressly represents and warrants to the other Parties that before executing this Agreement, said Party has fully informed itself of the terms, contents, conditions and effects of this Agreement; said Party has relied solely and completely upon its own judgment in executing this Agreement; and said Party has had the opportunity to seek and has obtained the advice of counsel before executing this Agreement, which is the result of arm's length negotiations conducted by and among the Parties and their respective counsel. This Agreement shall be deemed drafted jointly by the Parties and nothing shall be construed against one Party or another as the drafting Party.

13.12. Confidentiality; Publicity. No Owner Party or its respective Affiliates, employees, agents and representatives shall disclose to any third party the existence of this Agreement or the subject matter or terms hereof without the prior consent of Parent; provided, however that the Owner Parties and their Affiliates shall be permitted to disclose such information (a) to their attorneys, advisors, representatives, members or investors who are reasonably required to receive such information, (b) in connection with enforcing their rights and fulfilling their obligations under this Agreement or any other agreement entered into in connection with this Agreement and (c) as may be requested or required pursuant to applicable Law. No press release or public announcement related to this Agreement or the transactions contemplated herein, or, prior to the Closing, any other announcement or communication to the employees, customers or suppliers of the Target Companies and their Subsidiaries, shall be issued or made by any Party without the joint approval of the Buyer Parties and the Sellers, unless required by Law (in the reasonable opinion of counsel) in which case Buyer and the Sellers shall have the right to review and reasonably approve such press release, announcement or communication prior to its issuance, distribution or publication. Notwithstanding the foregoing, nothing in this Agreement shall restrict the ability of (i) the Owner Parties or any of its Affiliates from communicating or disclosing the financial results achieved by Owner Parties and its Affiliates with respect to its beneficial interest in the Target Companies and their Subsidiaries, (ii) any Party or any of its Affiliates from communicating or disclosing a general description of the Target Companies and their Subsidiaries (including their financial performance), and the Owner Parties' and their Affiliates' investment

and role therein, to the current or prospective limited partners or other business affiliates of such Party or its Affiliates and their advisors in the ordinary course of business or (iii) the Buyer Parties and their Affiliates from communicating or disclosing any information relating to this Agreement to any third party in connection with the Buyer Parties' or their Affiliate(s)' normal fund raising, marketing, informational or reporting activities.

13.13. Made Available. The phrase "made available to the Buyer Parties" or similar phrases as used in this Agreement shall mean that the subject documents were either posted to the "Project Paradigm" data room hosted by Datasite or delivered to the Buyer Parties or their accountants, attorneys or other agents at least one (1) Business Day prior to the date of this Agreement.

13.14. Company Representation. Each of the Parties agree, on its own behalf and on behalf of its directors, managers, members, partners, equity holders, officers, employees and Affiliates, that, McDermott Will & Emery LLP may serve as counsel to the Owner Parties and their Affiliates (individually and collectively, the "Seller Group"), on the one hand, and the Target Companies, on the other hand, in connection with the negotiation, preparation, execution and delivery of this Agreement and the consummation of the transactions contemplated hereby, and that, following consummation of the transactions contemplated hereby, McDermott Will & Emery LLP (or any successor) may serve as counsel to the Seller Group or any director, manager, member, partner, equity holder, officer, employee or Affiliate of the Seller Group, in connection with any litigation, claim or obligation arising out of or relating to this Agreement or the transactions contemplated by this Agreement notwithstanding such representation or any continued representation of the Target Companies, and each of the Parties consents thereto and waives any conflict of interest arising therefrom, and each of such Parties shall cause any Affiliate thereof to consent to waive any conflict of interest arising from such representation. The Buyer Parties also further agree that, as to all communications subject to attorney-client privilege among McDermott Will & Emery LLP and the Owner Parties, the Target Companies and their Subsidiaries that relate to the transactions contemplated by this Agreement (including the negotiation, preparation, execution and delivery of this Agreement), the attorney-client privilege and the expectation of client confidence belongs to the Owner Parties and may be controlled by the Owner Parties and shall not pass to or be claimed by the Buyer Parties or any of their Affiliates and such communications would not be subject to disclosure to the Buyer Parties in connection with any process relating to a dispute arising under or in connection with, this Agreement or the transactions contemplated hereby. The Parties acknowledge that McDermott Will & Emery LLP has represented and performed services for the Owner Parties, the Target Companies and their Subsidiaries prior to the Closing and consent to the sharing by McDermott Will & Emery LLP (or any successor) with the Owner Parties of all information obtained during such past representation that McDermott Will & Emery LLP (or any successor) believes to be relevant to any future dispute or litigation with respect to this Agreement.

13.15. Severability. Whenever possible, each term or other provision of this Agreement shall be interpreted in such manner as to be effective, valid and enforceable under applicable law, but if any term or other provision of this Agreement is or becomes invalid, illegal or incapable of being enforced in any respect by any rule of Law or public policy, all other terms, conditions and provisions of this Agreement shall nevertheless remain in full force and effect so long as the economic or legal substance of the transactions contemplated by this Agreement is not affected in

any manner materially adverse to the any Party against which enforcement is being sought thereto; provided, that the economic and legal substance of the transactions contemplated by this Agreement shall be deemed to be affected in a manner materially adverse to the Parties hereto if Section 13.16 is invalid, void or incapable of being enforced. Upon such determination that any term or other provision is invalid, illegal or incapable of being enforced, the Owner Parties and the Buyer Parties shall negotiate in good faith to modify this Agreement so as to effect the original intent of the Parties as closely as possible in a mutually acceptable manner in order that the transactions contemplated by this Agreement be consummated as originally contemplated to the fullest extent possible.

13.16. No Recourse. This Agreement may only be enforced against, and any claim or cause of action based upon, arising out of, or related to this Agreement or the transactions contemplated hereby may only be brought against, the entities that are expressly named as Parties hereto and then only with respect to the specific obligations set forth herein with respect to such Party. Except to the extent a named Party to this Agreement, (i) no past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any named Party to this Agreement and (ii) no past, present or future director, officer, employee, incorporator, member, partner, equityholder, Affiliate, agent, attorney, advisor or representative or Affiliate of any of the foregoing shall have any liability (whether in contract, tort, equity or otherwise) for any one or more of the representations, warranties, covenants, agreements or other obligations or liabilities of the Owner Parties, Target Companies or the Buyer Parties under this Agreement (whether for indemnification or otherwise) of or for any claim based on, arising out of, or related to this Agreement or the transactions contemplated hereby.

13.17. Designation of the Representative.

(a) Designation. Life Science Logistics Corporation, a Delaware corporation, is hereby designated by the Owner Parties and the Target Companies (collectively, "Designated Parties") to serve as the representative of the Designated Parties with respect to the matters expressly set forth in this Agreement and the Escrow Agreement to be performed by the Representative.

(b) Authority. The Representative is hereby irrevocably appointed as the agent, proxy and attorney-in-fact for each Designated Party for all purposes of this Agreement, the Escrow Agreement and any other agreement entered into in connection herewith (including the full power and authority on such Person's behalf) (i) to execute the Escrow Agreement and otherwise to consummate the transactions contemplated herein and therein, (ii) to pay the expenses incurred by such Person or the Representative in connection with the negotiation and performance of this Agreement, the Escrow Agreement and any other agreement entered into in connection herewith (whether incurred on or after the date hereof), (iii) to disburse any funds received hereunder or under the Escrow Agreement to each other Seller, (iv) to endorse and deliver any certificates or instruments representing the Purchased Securities and execute such further agreements or instruments of assignment as the Buyer Parties shall reasonably request or which the Representative shall consider necessary or proper to effectuate the transactions contemplated by this Agreement and the Escrow Agreement, all of which shall have the effect of binding the Owner Parties as if such Owner Parties had personally executed such agreement or instrument,

(v) to resolve any adjustments or issues relating to any component of the LSL Holdings Cash Payment or the LSL NY Cash Payment, as applicable, (vi) to receive notices and other deliverables hereunder on behalf of such Person, (vii) to execute and deliver on behalf of such Person any amendment or waiver hereto or to any other agreement contemplated hereunder, (viii) to take all other actions to be taken by or on behalf of such Person in connection herewith including under the Escrow Agreement, (ix) to dispute, compromise, settle and pay any claims made in connection with this Agreement or the Escrow Agreement and the transactions contemplated hereunder and thereunder, (x) to retain legal and other professional advisors on behalf of, and at the expense of the Sellers in connection with its actions hereunder, (xi) to dispense funds from the Escrow Amount (or direct the Escrow Agent to do so) to the Owner Parties pursuant to the terms of this Agreement and to retain from such funds an amount sufficient to satisfy the reasonable out-of-pocket expenses incurred by the Representative in fulfilling its obligations hereunder, (xii) to make any calculations required under this Agreement (including calculations with respect to the distribution of the LSL Holdings Cash Payment or the LSL NY Cash Payment, as applicable), and (xiii) to do each and every act and exercise any and all rights which such Person or the Owner Parties collectively are permitted or required to do or exercise under this Agreement or the Escrow Agreement. Each Designated Party agrees that such agency, proxy and attorney-in-fact and all authority granted hereunder are coupled with an interest, are therefore irrevocable without the consent of the Representative and shall survive the death, incapacity, bankruptcy, dissolution or liquidation of any Person. If, after the execution of this Agreement, any Designated Party dies, dissolves or liquidates or becomes incapacitated or incompetent, then the Representative is nevertheless authorized, empowered and directed to act in accordance with this Agreement as if that death, dissolution, liquidation, incapacity or incompetency had not occurred and regardless of notice thereof. All decisions and actions by the Representative (to the extent authorized by this Agreement) shall be binding upon all Designated Parties, and no Designated Party shall have the right to object, dissent, protest or otherwise contest the same.

(c) Authority; Indemnification. Each Designated Party agrees that the Buyer Parties shall be entitled to rely on any action taken by the Representative, on behalf of the Sellers, pursuant to this Section 13.17 (each, an "Authorized Action"), and that each Authorized Action shall be binding on each Designated Party as fully as if such Person had taken such Authorized Action. The Buyer Parties agrees that the Representative, as the Representative, shall have no liability to the Buyer Parties for any Authorized Action, except to the extent that such Authorized Action is found by a final order of a court of competent jurisdiction to have constituted fraud or willful misconduct. Each Designated Party hereby severally, for itself only and not jointly, agrees to indemnify and hold harmless the Representative against all expenses (including reasonable attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the Representative in connection with any action, suit or proceeding to which the Representative is made a party by reason of the fact it is or was acting as the Representative pursuant to the terms of this Agreement.

(d) Duties of the Representative. The Representative hereby accepts its obligations under this Agreement. The Representative shall have only the duties expressly stated in this Agreement and the Escrow Agreement, and shall have no other duty, express or implied. The Representative is not, by virtue of serving as Representative, a fiduciary of the Designated Parties or any other Person. The Representative, in its capacity as such, has no responsibility or liability for any representation, warranty or covenant of the Target Companies or their Subsidiaries.

(e) Exculpation. The Representative shall not be liable to any Designated Party for any action taken or omitted by it or any agent employed by it hereunder or under any other document entered into in connection herewith, except that the Representative shall not be relieved of any liability imposed by Law for fraud or willful misconduct. The Representative shall not be liable to the Designated Parties for any apportionment or distribution of payments made by the Representative in good faith, and, if any such apportionment or distribution is subsequently determined to have been made in error, the sole recourse of any Person to whom payment was due, but not made, shall be to recover from other Designated Parties any payment in excess of the amount to which they are determined to have been entitled. The Representative shall not be required to make any inquiry concerning either the performance or observance of any of the terms, provisions or conditions of this Agreement. Neither the Representative nor any agent employed by it shall incur any liability to any Designated Party by virtue of the failure or refusal of the Representative for any reason to consummate the transactions contemplated hereby or relating to the performance of its other duties hereunder, except for actions or omissions constituting fraud or willful misconduct.

(f) No Fees to or Compensation of the Representative. The Representative shall receive no compensation for service as such but shall receive reimbursement from, and be indemnified from, the Representative Expense Fund, by the Designated Parties for any and all expenses, charges and liabilities, including, but not limited to, reasonable attorneys' fees (collectively, the "Representative Expenses"), incurred by the Representative in the performance or discharge of its duties set forth in this Section 13.17. If the amount of the Representative Expense Fund is less than the Representative Expenses, each Designated Party shall be severally, for itself only and not jointly, responsible for paying the difference between (x) the Representative Expenses and (y) the Representative Expense Fund.

(g) Replacement of the Representative. If the Representative resigns or is otherwise unable or unwilling to serve in such capacity, then the Designated Parties will appoint a new Person to serve as the Representative and will provide prompt written notice thereof to the Buyer Parties. Until such notice is received, the Buyer Parties will be entitled to rely on the actions and statements of the previous Representative.

13.18. Debt Financing Sources. Notwithstanding anything in this Agreement to the contrary, each party hereto, on behalf of itself and each of its Affiliates, hereby: (i) agrees that any proceeding or action involving any Debt Financing Source arising out of or relating to this Agreement, the Debt Financing or any of the agreements entered into in connection with the Debt Financing or any of the transactions contemplated hereby or thereby or the performance of any services thereunder shall be subject to the exclusive jurisdiction of any federal or state court in the Borough of Manhattan, New York, New York, so long as such forum is and remains available, and any appellate court thereof and each party hereto irrevocably submits itself and its property with respect to any such proceeding or action to the exclusive jurisdiction of such court, and such proceeding or action (except to the extent relating to the interpretation of any provisions in this Agreement) shall be governed by the laws of the State of New York (without giving effect to any conflicts of law principles that would result in the application of the laws of another jurisdiction), (ii) agrees not to bring or support any proceeding or action of any kind or description, whether in law or in equity, whether in contract or in tort or otherwise, against any Debt Financing Source in any way arising out of or relating to, this Agreement, the Debt Financing or any of the trans

proceeding or action s contemplated hereby or thereby or the performance of any services thereunder in any forum other than any federal or state court in the Borough of Manhattan, New York, New York, (iii) agrees that service of process upon any party or any of their respective subsidiaries or Affiliates in any such proceeding or action shall be effective if notice is given in accordance with Section 13.01, (iv) irrevocably waives, to the fullest extent that it may effectively do so, the defense of an inconvenient forum to the maintenance of such proceeding or action in any such court, (v) KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW ALL RIGHTS OF TRIAL BY JURY IN ANY PROCEEDING OR ACTION BROUGHT AGAINST THE DEBT FINANCING SOURCES IN ANY WAY ARISING OUT OF OR RELATING TO, THIS AGREEMENT, THE DEBT FINANCING OR ANY OF THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY OR THE PERFORMANCE OF ANY SERVICES THEREUNDER, AND EACH PARTY HERETO CERTIFIES THAT NO REPRESENTATIVE, AGENT OR ATTORNEY OF ANY OTHER PARTY HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT SUCH PARTY WOULD NOT, IN THE EVENT OF ANY PROCEEDING OR ACTION, SEEK TO ENFORCE THE FOREGOING WAIVER AND ACKNOWLEDGES THAT IT AND THE OTHER PARTIES HERETO HAVE BEEN INDUCED TO ENTER INTO THIS AGREEMENT BY, AMONG OTHER THINGS, THE MUTUAL WAIVER AND CERTIFICATIONS CONTAINED HEREIN, (vi) agrees that no Debt Financing Source shall be subject to any special, consequential, punitive or indirect damages or damages of a tortious nature, (vii) agrees that no Debt Financing Source will have any liability to the Target Companies, any of their Subsidiaries or their respective Affiliates in connection with this Agreement, the Debt Financing or any of the transactions contemplated hereby or thereby or the performance of any services thereunder, whether in law or in equity, whether in contract or in tort or otherwise (provided that, notwithstanding the foregoing, nothing herein shall affect the rights of the Buyer Parties against the Debt Financing Sources with respect to the Debt Financing or any of the transactions contemplated hereby or any services thereunder), and (viii) agrees that the Debt Financing Sources are express third party beneficiaries of, and may enforce any of the provisions in this Agreement reflecting the foregoing agreements in this Section 13.17 and the proviso contained in the first sentence of Section 13.04, and such provisions and the definitions of "Debt Financing Sources" (and any other provision of this Agreement to the extent an amendment, supplement, waiver or other modification of such provision would modify the substance of such Sections) shall not be amended in any way materially adverse to the Debt Financing Sources without the prior written consent of such Debt Financing Sources (such consent not to be unreasonably withheld, conditioned or delayed). For purposes of this Section 13.17, "Debt Financing Sources" includes all officers, employees, consultants, accountants, agents and other representatives of the Debt Financing Sources.

[SIGNATURES APPEAR ON THE FOLLOWING PAGES]

IN WITNESS WHEREOF, the Parties have caused this Equity Purchase Agreement and Plan of Merger to be duly executed and delivered as of the day and year first above written.

PARENT:

PARADIGM TOPCO, LLC

By: _____
Name: Todd J. Hirsch
Title: Co-President

BUYER:

PARADIGM BUYER, LLC

By: _____
Name: Todd J. Hirsch
Title: Co-President

DEBT MERGER SUB:

PARADIGM DEBT MERGER SUB, LLC

By: _____
Name: Todd J. Hirsch
Title: Co-President

IN WITNESS WHEREOF, the Parties have caused this Equity Purchase Agreement to be duly executed and delivered as of the day and year first above written.

LSL SELLER, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

LSL HOLDCO, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

LIFE SCIENCE LOGISTICS NY, LLC

By: Life Science Logistics Corporation
Its: Manager

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

LIFE SCIENCE LOGISTICS, LP

By: Life Science Logistics Corporation
Its: General Partner

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

LSL HEALTHCARE SERVICES, LLC

By: Life Science Logistics Corporation
Its: Manager

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

LSL TECHNOLOGY SERVICES, LLC

By: Life Science Logistics Corporation
Its: Manager

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

LIFE SCIENCE LOGISTICS CORPORATION

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Chief Executive Officer

OWNERS:

BEENY FAMILY HOLDINGS, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: Manager

KAMHI HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D8332D7B3483...
Name: Max Kamhi
Title: Manager

PWHC INVESTMENTS, LLC

By: DocuSigned by: Jonah Petchesky C686210FC661476...
Name: Jonah Petchesky
Title: Manager

KF-C 2020 TRUST

By: DocuSigned by: Claudia Beeny 12692BCC8681441...
Name: Claudia Beeny
Title: Trustee

KF-D 2020 TRUST

By: DocuSigned by: Claudia Beeny 12692BCC8681441...
Name: Claudia Beeny
Title: Trustee

KF-N 2020 TRUST

By: DocuSigned by: Claudia Beeny 12592BCC8681441...
Name: Claudia Beeny
Title: Trustee

KF-C 2018 TRUST

By: DocuSigned by: Michael Kulper 3FC59562F759466...
Name: Michael Kulper
Title: Trustee

KF-D 2018 TRUST

By: DocuSigned by: Michael Kulper 3FC59562F759466...
Name: Michael Kulper
Title: Trustee

KF-N 2018 TRUST

By: DocuSigned by: Michael Kulper 3FC59562F759466...
Name: Michael Kulper
Title: Trustee

TECTONIC INVESTMENTS, LP

By: Tectonic Investments GP, LLC
Its: General Partner

By: DocuSigned by: Steven Solomon 18ED83DD0F7A4C1...
Name: Steve Solomon
Title: Manager

GEN INVESTMENTS PARTNERS, LP

By: Gen Investments GP, LLC
Its: General Partner

By: DocuSigned by: Dr. Sunie Marchbanks Solomon BE561062F0AC404...
Name: Dr. Sunie Marchbanks Solomon
Title: Manager

David Helffrich

DocuSign Envelope ID: DB73DF15-4EA2-4D01-8164-DB9F6EBC83C9

KF-N 2020 TRUST

By: _____
Name: Claudia Beeny
Title: Trustee

KF-C 2018 TRUST

By: _____
Name: Michael Kulper
Title: Trustee

KF-D 2018 TRUST

By: _____
Name: Michael Kulper
Title: Trustee

KF-N 2018 TRUST

By: _____
Name: Michael Kulper
Title: Trustee

TECTONIC INVESTMENTS, LP

By: Tectonic Investments GP, LLC
Its: General Partner

By: _____
Name: Steve Solomon
Title: Manager

GEN INVESTMENTS PARTNERS, LP

By: Gen Investments GP, LLC
Its: General Partner

By: _____
Name: Dr. Sunie Marchbanks Solomon
Title: Manager

DocuSigned by:
David Helffrich
3400B2F38884418...
David Helffrich

OWNER HOLDCOS:

BFH HOLDINGS SELLER, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

BFH RO HOLDINGS, LLC

By: DocuSigned by: Richard Beeny 4FB00D9F3D844C1...
Name: Richard Beeny
Title: President

KH HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KH RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

PWHC HOLDINGS, LLC

By: DocuSigned by: Jonah Petchesky C68621DFC661476...
Name: Jonah Petchesky
Title: President

PWHC RO HOLDINGS, LLC

By: DocuSigned by: Jonah Petchesky C68621DFC661476...
Name: Jonah Petchesky
Title: President

KF-C 2020 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

KF-C 2020 RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-D 2020 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-D 2020 RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-N 2020 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-N 2020 RO HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-C 2018 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

KF-D 2018 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

DocuSign Envelope ID: 3D7CACB6-6CE0-4F0B-85F0-7B00A02D3EDC

KF-N 2018 HOLDINGS, LLC

By: DocuSigned by: Max Kamhi 4A1D83B2D7B3483...
Name: Max Kamhi
Title: President

TI-GI HOLDINGS, LLC

By: DocuSigned by: Steven Solomon 18ED83D00F7A4C1...
Name: Steve Solomon
Title: President

TI-GI RO HOLDINGS, LLC

By: DocuSigned by: Steven Solomon 18ED83D00F7A4C1...
Name: Steve Solomon
Title: President

Schedule 1-A
The Owners

1. Beeny Family Holdings, LLC
2. Kamhi Holdings, LLC
3. PWHC Investments, LLC
4. KF-C 2020 Trust
5. KF-D 2020 Trust
6. KF-N 2020 Trust
7. KF-C 2018 Trust
8. KF-D 2018 Trust
9. KF-N 2018 Trust
10. Tectonic Investments, LP
11. Gen Investments Partners, LP
12. David Hellfrich

Schedule 1-B
The Owner Holdcos

1. BFH Holdings Seller, LLC
2. BFH RO Holdings, LLC
3. KH Holdings, LLC
4. KH RO Holdings, LLC
5. PWHC Holdings, LLC
6. PWHC RO Holdings, LLC
7. KF-C 2020 Holdings, LLC
8. KF-C 2020 RO Holdings, LLC
9. KF-D 2020 Holdings, LLC
10. KF-D 2020 RO Holdings, LLC
11. KF-N 2020 Holdings, LLC
12. KF-N 2020 RO Holdings, LLC
13. KF-C 2018 Holdings, LLC
14. KF-D 2018 Holdings, LLC
15. KF-N 2018 Holdings, LLC
16. TI-GI Holdings, LLC
17. TI-GI RO Holdings, LLC

NY Sellers

1. BFH Holdings Seller, LLC
2. BFH RO Holdings, LLC
3. KH Holdings, LLC
4. KH RO Holdings, LLC

5. PWHC Holdings, LLC
6. PWHC RO Holdings, LLC
7. KF-C 2018 Holdings, LLC
8. KF-D 2018 Holdings, LLC
9. KF-N 2018 Holdings, LLC
10. TI-GI Holdings, LLC
11. TI-GI RO Holdings, LLC

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

April 30, 2018

DATED MATERIAL ENCLOSED

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- May 30, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- May 14, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 30, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely

Virginia Herold

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **May 30, 2018.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Ericka Busby
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7731

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than May 14, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 30, 2018 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Jennifer Sevilla, Associate Enforcement Analyst, at (916) 574-7924.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2017 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	Citation without a fine
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	$900.00

CONDUCT:

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC) who shall be responsible for compliance, and to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a DRIC ceases to act as the DRIC. Specifically, on Oct. 26, 2016, Lifescience Logistics LLC notified the Board 55 days after the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016.

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC). Specifically, Lifescience Logistics LLC operated for 428 days without a DRIC, between the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016, and the date Perry Utley (EXC 23899) was licensed as a designated representative on Nov. 3, 2017.

CITATION ISSUED ON: April 30, 2018	TOTAL AMOUNT OF FINE(S): $900.00

PAYMENT OF FINE(S) DUE BY: May 30, 2018

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No
CI 2017 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	Citation without a fine
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	$900.00

CONDUCT:

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC) who shall be responsible for compliance, and to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a DRIC ceases to act as the DRIC. Specifically, on Oct. 26, 2016, Lifescience Logistics LLC notified the Board 55 days after the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016.

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC). Specifically, Lifescience Logistics LLC operated for 428 days without a DRIC, between the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016, and the date Perry Utley (EXC 23899) was licensed as a designated representative on Nov. 3, 2017.

CITATION ISSUED ON: April 30, 2018	TOTAL AMOUNT OF FINE(S): $900.00

PAYMENT OF FINE(S) DUE BY: May 30, 2018

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: LIFESCIENCE LOGISTICS LLC

License No: OSD 6246

Citation Number : CI 2017 78097

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) ( ) _____ Residence: ( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against:	Citation Case No : CI 2017 78097
LIFESCIENCE LOGISTICS LLC OSD 6246 Respondent	NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___)_____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: LIFESCIENCE LOGISTICS LLC, OSD 6246
Citation and Fine CI 2017 78097

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On April 30, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
LIFESCIENCE LOGISTICS LLC ATTN: MAX KAMHI, MEM 4475 SOUTH FULTON PKWY BLDG 5 STE C ATLANTA, GA 30349	7016 1970 0001 0142 6645

I declare under penalty of perjury that the forgoing is true and correct.

Executed on April 30, 2018, at Sacramento, California.

DECLARANT
Ericka Busby
Enforcement Analyst

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

May 30, 2018

LIFESCIENCE LOGISTICS LLC
ATTN: PERRY UTLEY, EIC
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Enforcement Analyst, Ericka Busby at (916) 574-7731.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

March 6, 2017

LifeScience Logistics
Attn: Outlet Manager
1105 E Northfield Dr Ste 300-400
Brownsburg, IN 46112-2529

Sent via email: lsl@slsny.com

RE: LifeScience Logistics, WHO 7828 and Case 2016-3687

Dear Manager:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective March 6, 2017.

Please note that pursuant to section 8 - Fine with Surcharge - Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). Check #921995 in the amount of $1,150.00 was received 02/28/217.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

Cc: Paul Hayward phayward@lslog.com

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-3687

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF LIFESCIENCE LOGISTICS, REGISTRATION NO. WHO 7828,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and LifeScience Logistics ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2016-3687, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Outlet was originally registered in the State of Colorado on or about June 29, 2011, being issued registration number WHO 7828, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1105 E Northfield Dr., Ste. 300-400, Brownsburg, IN 46112.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, approximately 100 days transpired between November 16, 2015, the date the previous designated representative ceased the position, and February 29, 2016, the date the application and fee were received.

6. On or about July 19, 2016, the Board initiated a complaint against Respondent Outlet because of the delay of approximately 100 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or
Pharmacists, Pharmacy, and Pharmaceuticals 31 of 54 2016;

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-303. Wholesaler license requirements. (1)(a) A wholesaler that resides in this state must be licensed by the board. A wholesaler that does not reside in this state must be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-42.5-304, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rule-making by the board;

(b) A manufacturer's exclusive distributor and pharmacy buying cooperative warehouse must be licensed by the board as a wholesaler pursuant to this part 3. A third-party logistics provider must be licensed by the board as a wholesale distributor pursuant to this part 3;

(2)(a) The board may adopt rules to approve an accreditation body to evaluate a wholesaler's operations to determine compliance with professional standards and any other applicable laws and to perform inspections of each facility and location where the wholesaler conducts wholesale distribution operations;

(b) An applicant for a license shall pay any fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(c) The board shall not issue or renew a license to a wholesaler who does not comply with this part 3;

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:

(A) The name of each partner if the applicant is a partnership;

(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;

(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section;

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license;

(4) Prior to issuing a wholesaler license to an applicant, the board, the regulatory oversight body from another state, or board-approved accreditation body may conduct a physical inspection of the facility at the business address provided by the applicant. Nothing in this subsection (4) shall preclude the board from inspecting a wholesaler;

(5) The designated representative of an applicant for a wholesaler license shall:

(a) Be at least twenty-one years of age;

(b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs;

(c) Be employed by the applicant in a full-time managerial position;

(d) Be actively involved in and aware of the actual daily operation of the wholesaler;

(e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;

(f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue Code of 1986";

(g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance, as defined in section 18-18-102 (5), C.R.S.;

(h) Not have any felony convictions pursuant to federal, state, or local law; and

(i) Update all of the information required in this part 3 whenever changes occur;

(6) A wholesaler shall obtain a license for each facility it uses for the distribution of prescription drugs.

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7828) and the case number (2016-3687) on the check.

9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges.

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. to appeal this Final Agency Order.

Respondent Outlet freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Outlet from the Final Agency Order, and Respondent Outlet's registration will be restored to active and unencumbered status.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative

18. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record with the Board. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Paul Hayward DIRECTOR QARA Dated: 22 Feb 2017
Authorized Representative / Title

Subscribed and sworn to before me in the County of Howard, State of Maryland, this 22 day of February, 2017, by Paul Hayward, authorized representative of LifeScience Logistics.

My commission expires:

JOHN BENNETT NOTARY PUBLIC HOWARD COUNTY, MD. COMMISSION EXPIRES MAY 12, 2019

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 6th day of March, 2017.

State Board of Pharmacy

BY: _____
Chris Gassen
Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 6th day of March 2017, addressed as follows:

By electronic mail to Respondent:
LifeScience Logistics
Attn: Outlet Manager
1105 E. Northfield Dr., Ste. 300-400
Brownsburg, IN 46112
Email: lsl@slsny.com

Paul Hayward
LifeScience Logistics
Email: phayward@lslog.com

Agent of the Board

AL Discipline

Alabama Board of Pharmacy
111 Village Street
Birmingham AL 35242

US POSTAGE AND FEES PAID
FIRST-CLASS
Oct 29 2018
Mailed from ZIP 35242
1 oz First-Class Mail Letter

endicia

071S00777793

USPS CERTIFIED MAIL

9414 8108 9876 5020 7252 37

LIFE SCIENCE LOGISTICS
1105 EAST NORTHFIELD DRIVE
BROWNSBURG IN 46112

FO - 18-L-0075 193417 AND 195184

FOLD ALONG THIS LINE

ALABAMA
BOARD OF PHARMACY

Donna Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

MEMBERS 2018

David Darby, R.Ph.
President

Ralph Sorrell, R.Ph.
Treasurer

Brenda Denson, PharmD

Chris Phung, R.Ph.

October 29, 2018

Lifescience Logistics, LLC
Permit #'s 193417 and 195184
1105 East Northfield Drive
Brownsburg, IN 46112

RE: Final order

Dear Lifescience Logistics LLC,

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter. The order also states that your renewal will not be processed until the fine has been paid. Permit # 195184 renewal has already been issued so it has been placed on administrative hold until fine is paid.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, additional charges will be brought against you.

Sincerely,

Wendy Passmore

Wendy Passmore
Operations Manager
Alabama State Board of Pharmacy
Phone 205-981-4764
Fax 205-803-6481
Email - wpassmore@albop.com

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
LIFESCIENCE LOGISTICS, LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit Number 193417	)	Case Number 18-L-0075
	)	
and	)	
	)	
Third Party Logistics Permit Number 195184	)	

FINAL ORDER

On October 16, 2018 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board") on a Complaint against Lifescience Logistics, LLC (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Facts

1. The Respondent is a Wholesale Distributor which the Board issued permit number 193417 and also a Third Party Logistics facility which the Board issued permit number 195184.

2. The Respondent was notified of the charges by certified mail at the address provided to the Board by the Respondent, however, the notice was returned by the United States Postal Service with the indication "return to sender insufficient address unable to forward". (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's facility is located at 1105 East Northfield Drive, Brownsburg,

Indiana 46112.

5 On April 30, 2018 the Board of Pharmacy, Department of Consumer Affairs, State of California, issued a Citation and Fine to the Respondent for failure to designate a new representative in charge for a period of four hundred and twenty-eight (428) days. (Board's Exhibit One "A").

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-32, Code of Alabama (1975), § 34-23-32.1 , Code of Alabama (1975), § 34-23-92 (11) and (12), Code of Alabama (1975), § 41-22-12 and Board Rule 680-X-2.23.

2. The Respondent was properly notified of the charges, failed to appear, was not represented by counsel and did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's wholesale distributor permit and third party logistics permit in the state of Alabama are due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (3) (k) (1) and Board Rule 680-X-2.23 (3) (k) (3) and it was not qualified to possess the permits, and/or its operation was not consistent with the public safety or endangers the public health of the citizens of this state based upon violating California law relating to non-resident wholesales as set out in the Citation and Fine entered by the California State Board of Pharmacy on April 30, 2018 and/or the failure to have a licensed designated representative in charge for Four Hundred Twenty-Eight (428) days as described in the referenced Citation and Fine.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent shall pay the Board an administrative fine of One Thousand ($1,000.00) Dollars within thirty (30) days of the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 26 day of October 2018.

Mr. David S. Darby, R.Ph.., President
Alabama State Board of Pharmacy

Copies to:
Lifescience Logistics, LLC
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☑ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Adagio Therapeutics, Inc.

Physical Address: 1601 Trapelo Road, Suite 178

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 781-819-0080 Website: www.adagiotx.com

Name of Designated Representative (DR): Aria Tavana

Licensing Company Email: atavana@adagiotx.com DR Email: atavana@adagiotx.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Clinics	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Adagio Therapeutics, Inc.

Mailing Address: 1601 Trapelo Road, Suite 178

City: Waltham State: MA Zip: 02451

Telephone: 781-819-0080 Email: atavana@adagiotx.com

Contact Person Name: Aria Tavana

Date of SEC Registration: 7/16/2021 | SEC Registration Number: 001-40703 | Stock Exchange Symbol: ADGI

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A-publicly traded		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment D	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** See Attachment D	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aria Tavana

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

16 Nov 2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc

Processed 12/15/21

Attachment A

Nature of Business

Adagio Therapeutics, Inc. "Adagio" is a virtual prescription drug manufacturer. Adagio is developing products for the treatment and prevention of COVID-19 and future potential coronavirus outbreaks. Adagio will use a contract manufacturer to produce its product and a third party logistics provider to ship. No product will be handled at Adagio's business office. Provided below is the contact information for the contract manufacturer and third party logistics provider.

Contract Manufacturer:

WuXi Biologics Co., Ltd.
108 Meiliang Road
Mashan, Binhu District
Wuxi, Jiangsu 214092, China
FDA Registration: 3010606982

Third Party Logistics Provider:

Integrated Commercialization Solutions LLC
420 International Blvd, STE 500
Brooks, KY 40109

Lam, Maggie P.

From: edrls@fda.hhs.gov
Sent: Tuesday, May 25, 2021 10:19 AM
To: Jasmine Gupta
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 25-MAY-2021
Labeler DUNS: 117621026
Labeler Name: Adagio Therapeutics, Inc
Labeler Code Assigned: 81960

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

AutoSave Off ndc_nhric_labeler_codes_12_01_2021 - Protected View Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

F18057

	A	B
1	**NDC/NHRIC Labeler**	**Firm Name**
8035	82173	Prestige Alliance Limited
8036	71779	Verastem Inc
8037	71626	Medstone Pharma LLC
8038	71998	Epic Dental LLC
8039	72192	Jailbreak Toys, INC.
8040	77545	IFF
8041	23261	Sanitor Corportion
8042	73991	McConnell Labs Inc
8043	71105	Redicare LLC
8044	69934	OMOM PHARMACEUTICALS, INC.
8045	80419	NE LABS, INC.
8046	52998	Jinan Shangrun Tongda Composite Material Co., Ltd.
8047	69103	Provision Medical
8048	23634	ASADA MILLING CO., LTD.
8049	79051	MaxxPro, LLC
8050	10418	Forest Laboratories, Inc.
8051	79144	American Health RX, LLC
8052	80012	SKN Group
8053	27792	TG United Liquid, Inc.
8054	81086	Global Distributors, Inc
8055	77789	Vin Mar Industries LLC
8056	73049	Innova Cosmetic Solutions LLC
8057	81960	Adagio Therapeutics, Inc
8058	69863	HATCHBEAUTY PRODUCTS LLC
8059	63163	Gehring-Montgomery, Inc

verified MH 12/1/21

Attachment C

Corporate Officer and Director Information

Adagio Therapeutics, Inc.
1601 Trapelo Road, Suite 178
Waltham, MA 02451

Corporate Officer:

Tillman U. Gerngross
CEO

David Hering
COO

Jane V. Henderson
CFO

Board of Directors:

René Russo
Tom Heyman
Terry McGuire
Anand Shah
Tillman U. Gerngross
Howard Mayer
Ajay Royan
Michael Wyzga

Adagio Therapeutics, Inc.
1601 Trapelo Road, Suite 178
Waltham, MA 02451
List of Employees as of 02 December 2021

Name	Name	Name
Aanika Das	James Stevens	Mai-Lan Richards
Alissa Hicks	Jane Henderson	Mark Jaeger
Amanda Copans	Jasmine Gupta	Melissa Fredette
Andre Jones	Jason Dubois	Michael Gavazzi
Andres Berrio	Jason Smith	Michele Crosby
Anna Holmes	Jennifer Busa	Michelle Smith
Anne-Marie Phelan	Jennifer Honig	Myra Popejoy
Aria Tavana	Jennifer Renner	Natalia Betancourt
Ashley Cooper	Jeremy Moore	Pamela Brady
Ashley Dawson	Jill Andersen	Pamela Hawn
Ashley Snyder	Joanne Conley	Paul Ambrose
Audrey Brennan	Joanne Popoloski	Paul Grous
Bhavin Pardiwala	John Clarke	Peter Schmidt
Blake Jensen	Joshua Richards	Qi Lu
Brian Vidal	Julie Chan	Rebecca Dabora
Bryan Penwell	Julie Tran	Ryan Kohl
Catherine Hay	Junhong Zhang	Sandra Gutierrez
Chad Johnson	Kanak Duttaroy	Sandra Pennell
Chloe Katz	Kathleen Falzone	Scott Vautin
Cristina Damatarca	Kathryn Mahoney	Shyamosree Bhattacharya-McCain
David Hering	Kayleen Boykin	Silvia LeBlanc
Deepali Gupta	Kazima Saira Tosh	Sonit Tomar
Dennis Knox	Keith White	Sophia Forbes
Edward Campanaro	Kevin O'Keeffe	Stephen Raso
Elham Hershberger	Khamphone Toscano	Stephen Scarola
Emily Peterson	Kimberley Wyman	Steven Adler
Eric Kimble	Kimberly Chambert	Susan Curran
Erik Slaughter	Kristin Narayan	Tillman Gerngross
Georgene Nathan	Laura Walker	Timothy Piringer
Heidi Spurling	Liza Horwath	Xia Pu
Hilda Gonzalez	Lukas Dillinger	Xiajing Gong
Holly Prentice	Lynda Levasseur	Yong Li
Ilker Yalcin	Lynn Connolly	

Attachment F

List of Senior Employees

Tillman U. Gerngross, Ph.D.
CEO

David Hering
COO

Jane V. Henderson
CFO

Eric Kimble
CCO

Lynn Connolly, M.D.
CMO

Becky Dabora, Ph.D.
CT&MO

Ellie Hershberger, Pharm.D.
CDO

Laura Walker, Ph.D.
CSO

Aria Tavana
Vice President, Quality Assurance

Attachment D

SEC Report and Top Shareholders

Enclosed is the latest 8-K filing. (A 10-K is not yet available, as the company recently became publicly traded.)

Top Four Shareholders:

Holder	Shares	%
Fidelity Growth Company Fund	1,889,481	1.70
Fidelity Blue Chip Growth Fund	1,077,223	.97
iShares Russell 2000 ETF	485,021	.44
Fidelity Series Growth Company Fund	390,187	.35

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): October 19, 2021

Adagio Therapeutics, Inc.
(Exact name of registrant as specified in its Charter)

Delaware	001-40703	85-1403134
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

303 Wyman Street, Suite 300 Waltham, Massachusetts	02451
(Address of Principal Executive Offices)	(Zip Code)

(781) 819-0080
(Registrant's Telephone Number, Including Area Code)

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value	ADGI	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 8.01 Other Events.

On October 19, 2021, Adagio Therapeutics, Inc. (the "Company") issued a press release entitled "Adagio Therapeutics Announces New In Vitro Data Highlighting Broad and Potent Neutralization of ADG20 Against All Known SARS-CoV-2 Variants." The full text of the press release is attached as Exhibit 99.1 to this Current Report on Form 8-K.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press release, dated October 19, 2021.
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Adagio Therapeutics, Inc.

Dated: October 19, 2021

By: /s/ Jane Pritchett Henderson
Jane Pritchett Henderson
Chief Financial Offic

Attachment E

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADAGIO THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAGIO THERAPEUTICS, INC." WAS INCORPORATED ON THE THIRD DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3001612 8300

SR# 20213876531

Authentication: 204770506

Date: 11-23-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000822	04/26/2021	04/26/2022	Virtual Drug Manufacturers

ISSUED TO

ADAGIO THERAPEUTICS, INC.
1601 TRAPELO ROAD
SUITE 178
WALTHAM, MA 02451
ATTN: ARIA TAVANA VP, QUALITY ASSURANCE

COMMISSIONER OF PUBLIC HEALTH

827044

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000822	04/26/2021	04/26/2022	Virtual Drug Manufacturers

ISSUED TO

ADAGIO THERAPEUTICS, INC.
1601 TRAPELO ROAD
SUITE 178
WALTHAM, MA 02451
ATTN: ARIA TAVANA VP, QUALITY ASSURANCE

NEW

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000822	04/26/2021	04/26/2022	Virtual Drug Manufacturers

ISSUED TO ADAGIO THERAPEUTICS, INC.
1601 TRAPELO ROAD
SUITE 178
WALTHAM, MA 02451
ATTN: ARIA TAVANA VP, QUALITY ASSURANCE

COMMISSIONER OF PUBLIC HEALTH

827044

FILE COPY

NEW

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Albireo Pharma, Inc.

Physical Address: 10 Post Office Square, Suite 1000

City: Boston State: MA Zip: 02109

Mailing Address (if different from physical address): 10 Post Office Square, Suite 1000

City: Boston State: MA Zip: 02139

Telephone: 857-254-5555 Website: www.albireopharma.com

Name of Designated Representative (DR): Pamela Stephenson

Licensing Company Email: distlicense@Albireopharma.com DR Email: Pamela.stephenson@albireopharma.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Pharmacies, Specialty Distributors	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No suppliers sold, dispensed, or distributed w/in last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Albireo Pharma, Inc.

Mailing Address: 10 Post Office Square, Suite 1000

City: Boston State: MA Zip: 02139

Telephone: 857-254-5555 Email: distlicense@Albireopharma.com

Contact Person Name: Pamela Stephenson

Date of SEC Registration: May 10, 2007 | SEC Registration Number: CIK: 0001322505 | Stock Exchange Symbol: AKBO

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pamela Stephenson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/5/21

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 14529

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000670	05/27/2021	05/27/2022	Virtual Drug Manufacturers

ISSUED TO

ALBIREO PHARMA, INC.
10 POST OFFICE SQUARE
SUITE 1000
BOSTON, MA 02109
ATTN: PAMELA B STEPHENSON CHIEF COMMERCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY **RENEWAL** 843145

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000670	05/27/2021	05/27/2022	Virtual Drug Manufacturers

ISSUED TO

ALBIREO PHARMA, INC.
10 POST OFFICE SQUARE
SUITE 1000
BOSTON, MA 02109
ATTN: PAMELA B STEPHENSON CHIEF COMMERCIAL OFFICER

RENEWAL

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000670	05/27/2021	05/27/2022	Virtual Drug Manufacturers

ISSUED TO

ALBIREO PHARMA, INC.
10 POST OFFICE SQUARE
SUITE 1000
BOSTON, MA 02109
ATTN: PAMELA B STEPHENSON CHIEF COMMERCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

843145

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000670	05/27/2021	05/27/2022	Virtual Drug Manufacturers

ISSUED TO

ALBIREO PHARMA, INC.
10 POST OFFICE SQUARE
SUITE 1000
BOSTON, MA 02109
ATTN: PAMELA B STEPHENSON CHIEF COMMERCIAL OFFICER

RENEWAL

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBIREO PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALBIREO PHARMA, INC." WAS INCORPORATED ON THE EIGHTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3736631 8300

SR# 20212461244

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203456286

Date: 06-16-21

Albirec

Description of Operations

Albireo Pharma, Inc. is a biopharmaceutical company focused on the development of novel bile acid modulators to treat rare pediatric and adult liver diseases, and other adult liver diseases and disorders. We have deep expertise in bile acid biology and a pipeline of clinical and nonclinical programs. Albireo is currently developing novel bile acid modulators to treat rare pediatric and adult liver diseases.

Albireo Pharma, Inc. ("Albireo") is a Virtual Manufacturer located at 10 Post Office Square, Suite 1000, Boston, MA 02109. Albireo's hours of operation are 8:00am-5:00pm, M-F, Eastern Standard Time.

Contract Manufacturer

Albireo uses the following contract manufacturers to produce product. At no time does any contract manufacturer own Albireo product, contract with Albireo customers, invoice or sell Albireo product.

Patheon France S.A.S
40 Boulevard de Champaret
Bourgoin Jallieu, France 38 300
FEIN: 3004468553

Anderson Brecon, Inc. (PCI)
4545 Assembly Dr
Rockford, IL 61109
FEIN: 1421377

Third Party Logistics

Albireo products are distributed to customers by their third-party logistics provider ("3PL"), Integrated Commercialization Solutions, Inc. (ICS). Albireo utilizes the following ICS location for storage and distribution of their product:

Integrated Commercialization Solutions, Inc.
420 International Blvd., Suite 500
Brooks, KY 40109
Contact: Matthew Letow
469-365-7744
matthew.letow@icsconnect.com

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through October 15, 2021

You have searched Finished drug products

Search Results: *'74528'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
BYLVAY	74528-020-01	200 ug/1	CAPSULE, COATED PELLETS	ORAL	NDA215498	Albireo Pharma, Inc.	74528-020	odevixibat	ODEVIXIBAT	HUMAN PRESCRIPTION DRUG	07/20/2021
BYLVAY	74528-040-01	400 ug/1	CAPSULE, COATED PELLETS	ORAL	NDA215498	Albireo Pharma, Inc.	74528-040	odevixibat	ODEVIXIBAT	HUMAN PRESCRIPTION DRUG	07/20/2021
BYLVAY	74528-060-01	600 ug/1	CAPSULE, COATED PELLETS	ORAL	NDA215498	Albireo Pharma, Inc.	74528-060	odevixibat	ODEVIXIBAT	HUMAN PRESCRIPTION DRUG	07/20/2021
BYLVAY	74528-120-01	1200 ug/1	CAPSULE, COATED PELLETS	ORAL	NDA215498	Albireo Pharma, Inc.	74528-120	odevixibat	ODEVIXIBAT	HUMAN PRESCRIPTION DRUG	07/20/2021

Showing 1 to 4 of 4 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified M.H 11/10/21

Company/Ownership Information

Albireo Pharma, Inc.
10 Post Officer Square, Suite 1000
Boston, MA 02109
P: 857-254-5555
E-mail: distlicense@Albireopharma.com

Tax ID: 90-0136863

State of Formation: Delaware
Date Incorporated: **12/08/2003**

Albireo Pharma, Inc. is publicly traded on the NASDAQ
(NASDAQ Symbol: AKBO)

Officers

Ronald Cooper, President and Chief Executive Officer

Simon Harford, Chief Financial Officer

Jason Duncan, General Counsel and Chief Legal Officer

Patrick Horn, Chief Medical Officer

Pamela Stephenson, Chief Commercial Officer

Contact information for all Officers:
10 Post Officer Square, Suite 1000
Boston, MA 02109
P: 857-254-5555
E-mail: distlicense@Albireopharma.com

Employee List - Albireo

Name	Job Title
Thoren, Natasha	Associate General Counsel & Chief Compliance
Conlon, Janice	Commercial Operations Specialist
Kotecha, Shweta,	Associate Director, Pharmaceutical Developmen
Schott, Kira	Administrative Assistant, Clinical
Dadurian, John	Vice President, Finance & Accounting
Cronin, Stephen	Associate Director, Data Operations
Grossman, Melissa	Compliance Analyst
Grant, John	Vice President, Business Development
Roth, Rob	Vice President, Marketing and Support
Gliniecki, Amanda	Senior Manager, Program Management
Feinberg, Tom	Vice President, Clinical Operations
Rochon, Louise	Clinical Scientist
Boustani, Natasha	Senior Manager, Regulatory Affairs
Ali, Syed	Director, Program Management
Wilkins, Michael	Manager, IT Operations
Opalinski, Joanna	Executive Assistant to CEO and Corporate
Long, Michelle	Associate Director, Human Resources
Wright, Gregory	Director, Clinical Operations
Ruvido, Jess	Director, Clinical Operations
Catherman, Jason	Contracts Manager and Counsel
Sneider, Lauren	Director, Corporate Communications
King, Matt	Human Resources and Learning Analyst
Chowdhury, Anika	Product Manager
Alabiso, Colleen	Vice President, Corporate Affairs
Clemson, Christine	Vice President, Head of Global Medical Affair
Kamikawa, Tyson	Vice President, Information Technology
Monet, Dan	Sr. Director, Commercial Operations and Analy
Yu, Qifeng	Vice President, Biometrics
Harford, Simon	CFO
Hammerschmidt, Michelle	Associate Director, Pharmacovigilance
Qin, Changming	Manager, Drug Substance Development
Alban, Aimee	Care Coordinator (Case Manager)
Stein, Philip	Medical Director
Stephenson, Pamela	Chief Commercial Officer
Bartis, Judit	Senior Director, Pharmaceutical Development
Ferdenzi, Nadine	Senior Manager Clinical Data Management
Bockus, Kelsey	Clinical Trial Manager
Graham, Michelle	Chief Human Resources Officer
Boyd, Matt	Vice President, Regulatory Affairs
Barchet, Thom	Director, Global Pricing and Value
Pauyo, Cassandra	Senior Director, Data Management
Jayakumar, Vinay	Director, Statistical Programming
Horn, Patrick	Chief Medical Officer
DiMarco, Brian	Director, Marketing
Sullivan, Stephen	Associate Director, Regulatory Operations
Williams, Amy	Director, Patient Marketing

Werner, Jeff	Senior Director, Patient Support
Shah, Bhavdeep	Director, Regulatory CMC
Thompson, Carrie	Senior Director, Pharmacovigilance
Firely, Stephanie	Talent, Compensation & Benefits Specialist
Carter, Martha	Chief Regulatory Officer
Kelliher, Katie	Office Coordinator/Administrative Assistant
Korah, Prince	Senior Director, Analytical Sciences
McGuire, Carter	Finance Lead, Americas
Soll, Adam	Controller
Duncan, Jason	General Counsel & Chief Legal Officer
Cooper, Ron	CEO
Freivald, Michelle	Director, Enterprise Applications & IT Govern
Keefe, Sonia	Senior Accounting Manager
Savage, Jessica	Medical Director
Walls, Mark	Director, Clinical Supply Operations
Sharma, Praveen	Senior Director, Manufacturing Operations
Ni, Quanhong	Director, Biostatistics
Kohn, Benjamin	Senior Manager, DS Development
Lohmann, Margaret	Director, Drug Safety and Pharmacovigilance
Dragone, Michael	Senior Manager, Quality and Documentation
Wiryo, Surya	Director, Information Architect
Tarsa, Adam	Senior Manager, Talent Acquisition
Coffin, Jaime	Associate Director, Quality Control
He, Shuang	Director of Biostatistics
Tran, Phuong	Senior Manager, Medical Information & Operati
Korakas, Ingrid	Medical Director, Medical Affairs
Martinez, Brian	Senior Associate Regulatory Publishing
Sojka, Deb	Vice President, Rest of World Regulatory
Gonzalez Tabares, Daniela	Accounting Manager
Chen, Anna	Senior Accountant

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-Q

(Mark One)

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period ended June 30, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from ____ to ____.

Commission File Number 001-33451

Albireo Pharma, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**90-0136863**
(State or other jurisdiction of incorporation or organization)	**(IRS Employer Identification No.)**
10 Post Office Square, Suite 1000, Boston, MA	**02109**
(Address of principal executive offices)	**(Zip code)**

Registrant's telephone number, including area code: (857) 254-5555

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock	ALBO	The Nasdaq Capital Market

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). ☐ Yes ☒ No

As of July 29, 2021, there were 19,255,824 shares of Common Stock, $0.01 par value per share, outstanding.

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☑ No

Section 1: General Information

Facility Name: Ortho Clinical Diagnostics, Inc.

Physical Address: 6005 Freeport Ave Suite 130

City: Memphis State: TN Zip: 38141

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 901-500-6391 Website: _____

Name of Designated Representative (DR): Martha McPherson

Licensing Company Email: angeliki.horowitz@orthoclinicaldiagnostics.com DR Email: martha.mcpherson@orthoclinicaldiagnostics.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A; We do not distribute pharmaceutical products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: NY

Parent Company (if any): Ortho Clinical Diagnostics Holding plc

Corporation Name: Ortho Clinical Diagnostics, Inc.

Mailing Address: 1001 Route 202

City: Raritan State: NJ Zip: 08869

Telephone: 901-500-6391 Email: angeliki.horowitz@orthoclinicaldiagnostics.com

Contact Person Name: Angeliki Horowitz

Date of SEC Registration: 1/27/21 | SEC Registration Number: 00139956 | Stock Exchange Symbol: OCDX

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: 3012466784	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARWAN FATHALLAH

Print Name of Authorized Person Submitting Application

Marwan Fathallah

Original signature of Authorized Person (copies or stamps not accepted)

16 JUL 2021

Date

Board Use Only	Date Received: _____	Amount: _____

Executive Officers List

Ortho-Clinical Diagnostics, Inc.

Christopher M. Smith, CEO — Percent Ownership: 0%
[redacted]Fillmore Street
Suite [redacted]
Denver, CO 80206
(P) [redacted]
chris.smith@orthoclinicaldiagnostics.com

Michael A. Schlesinger, EVP, General Counsel and Secretary — Percent Ownership: 0%
[redacted] Route 202
Raritan, NJ 08869
(P) [redacted]
michael.schlesinger@orthoclinicaldiagnostics.com

John K. Sanders, VP and Treasurer — Percent Ownership: 0%
[redacted] Trapelo Road, Suite [redacted]
Waltham, MA 02451
[redacted]
john.sanders@orthoclinicaldiagnostics.com

Joseph Busky, CFO — Percent Ownership: 0%
[redacted]Trapelo Road, Suite [redacted]
Waltham, MA 02451
[redacted]
Joseph.sanders@orthoclinicaldiagnostics.com

Marwan Fathallah, Global Head of QRC, MCSA and Process Excellence — Percent Ownership: 0%
[redacted] Route 202
Raritan, NJ 08869
[redacted]
Marwan.fathallah@orthoclinicaldiagnostics.com

30306

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000003584
EXPIRATION DATE: 09/30/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
ORTHO-CLINICAL DIAGNOSTICS, INC.

COMMISSIONER OF HEALTH

ANGELIKI K HOROWITZ
ORTHO-CLINICAL DIAGNOSTICS, INC.
1001 US HWY 202
RARITAN NJ 08869-1424

12722379
30306

State of Tennessee
Department of Health

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
ORTHO-CLINICAL DIAGNOSTICS, INC.
6005 FREEPORT AVE STE 130
MEMPHIS TN 38141

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000003584
EXPIRATION DATE: 09/30/2023

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ORTHO-CLINICAL DIAGNOSTICS, INC.
DOS ID Number:	1860043
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/17/1994
Statement Status:	CURRENT
Statement Due Date:	10/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 03, 2021 at 06:53 P.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000190072 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Ortho Clinical Diagnostics C/o Kuehne + Nagel
6005 Freeport Avenue
Memphis, TN 38141
Registration Number: 3012466784
FEI Number*: 3012466784
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Verified
MS
11/21/21

Owner/Operator:
ORTHO-CLINICAL DIAGNOSTICS, INC.[6]
100 INDIGO CREEK DR.
Rochester, NY US 14626
Owner/Operator Number: 9011934[7]

Official Correspondent:
Ann M Quinn, Rac
100 INDIGO CREEK DR.
Rochester, NY 14626
Phone: 585-4534152

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

---

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9011934&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9011934&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 11/22/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl

Ortho-Clinical Diagnostics, Inc. Memphis Distribution Center List of Employees

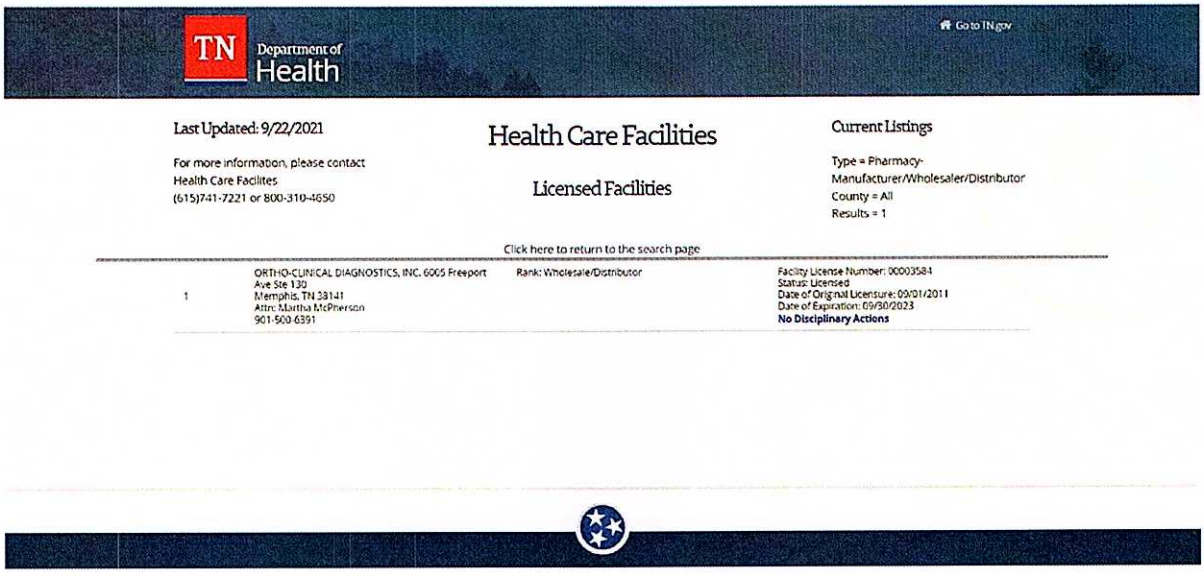
Name	Employee or Contingent Worker
William Elder	Teammate
Jacob Burks	Teammate
Jerry Turner	Teammate
Kyle Moseley	Teammate
Kristian Beasley	Teammate
Robert Mills	Teammate
Jimmy Bollenbach	Teammate
Chandra Jones	Teammate
Cynthia Faught	Teammate
Thomas Henderson Jr.	Teammate
Chris Robinson	Teammate
Reginald Causey	Teammate
Lisa Crawford	Teammate
Mario Crawford	Teammate
Byron Hammett	Teammate
Teddrick Hymon	Teammate
Jasmine Johnson	Teammate
Marquitta Lark	Teammate
Lakeia Reed	Teammate
Catonya Johnson-Clemons	Teammate
Michael Robertson	Teammate
Terrianisha Briggs	Teammate
Jarvis Brooks	Teammate
Milton Harris	Teammate
Silkey Harris	Teammate
Thomas Miles	Teammate
Jermarcus Morrow	Teammate
Kwasi Parker	Teammate

Lloyd Wicks	Teammate
Adrian Brooks	Teammate
Antonio Carter	Teammate
Sammie Cox	Teammate
Tiffany Jackson	Teammate
Melvin Kerr	Teammate
Audrey Love	Teammate
RL Payne	Teammate
Reginald Temple	Teammate
Bernis White	Teammate
Delnishia Atkins	Teammate
Forest Daniel	Teammate
Siera Dixon	Teammate
Jana Ervin	Teammate
Brenda Green	Teammate
Sharon Jones	Teammate
Ashawnte Kenney	Teammate
Josephine Lewis	Teammate
Tony Smith	Teammate
Mario Thornton	Teammate
Ashley Turner	Teammate
Charlotte Williams	Teammate
Antoinette Bell	Teammate
Larry Douglas	Teammate
Shalitha Franklin	Teammate
Kamela Johnson	Teammate
Carl Roberts	Teammate
Dominique Turner	Teammate
Evans Boateng	Teammate
Jeffrey Jackson	Teammate
Louis Jefferson	Teammate
Andrew Smith	Teammate
Jeremiah Jackson	Teammate
JARVIS SMITH	Teammate
Carla Williams	Teammate

Ebony Stanback	Teammate
Kellen Jones	Teammate
Tanika Keefer	Teammate
MELINDA DIXON	Teammate
Edgard Padilla	Teammate
Sharee Barber	Teammate
Lvonte Stone	Teammate
Quiyanna Marshall	Teammate
Keith Smith	Teammate
Mario Tidwell	Teammate
Sandra Rosser	Teammate
Morris Walker	Teammate
Tracey Jackson	Teammate
Lolita Kent	Teammate
TERRENCE BYRD	Teammate
Gloria Sanders	Teammate
QUATERIA STEWART	Contingent Worker
DEVONTAE RILEY	Contingent Worker
DONNA MILLER	Contingent Worker
DEWAYNE MORGAN	Contingent Worker
JOSE LUIS	Contingent Worker
MARTAVEOUS MARION	Contingent Worker
DEANDRE WILLIAMS	Contingent Worker
VERNITA MAYHORN	Contingent Worker
TARVONE BEAL	Contingent Worker
SHALONDA LAWSON	Contingent Worker
KENTRELL MCGHEE	Contingent Worker
COREY LESTER	Contingent Worker
MARVIN STRINGFELLOW	Contingent Worker
JAMERSON JACKSON	Contingent Worker
RAYMOND HODGES	Contingent Worker
JAZARIUS GARDNER	Contingent Worker
BARRY FRANKLIN	Contingent Worker
JEROME WILLIAMS	Contingent Worker
BERNARD BASS	Contingent Worker

MARTAVIOUS JOHNSON Contingent Worker

One more.


TN Department of Health
Go to TN.gov
Last Updated: 9/22/2021
For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650
Health Care Facilities
Licensed Facilities
Current Listings
Type = Pharmacy-Manufacturer/Wholesaler/Distributor
County = All
Results = 1
Click here to return to the search page
1
ORTHO-CLINICAL DIAGNOSTICS, INC. 6005 Freeport Ave Ste 130
Memphis, TN 38141
Attn: Martha McPherson
901-500-6391
Rank: Wholesale/Distributor
Facility License Number: 0000384
Status: Licensed
Date of Original Licensure: 09/01/2011
Date of Expiration: 09/30/2023
No Disciplinary Actions

Ortho Clinical Diagnostics

GM (Chris Smith)

(17)

Chris Smith
GM (Chris Smith)
Chairman and Chief E...
US - CO - Denver

Joseph Busky
FIN (Joseph Busky)
Chief Financial Officer
US - Work From Home
8

Chockalingam...
GM (Chockalingam P...
Chief Innovation Officer
US - CO - Denver
5

Iris Lin
GM (Iris Lin)
Head of Greater China
China - Beijing
12

Marwan Fathallah
GM (Marwan Fathallah)
Head of Quality, Regul...
US - Work From Home
4

Takahiko Hagiwa...
GM (Takahiko Hagiwa...
President, Japan
Japan - Tokyo
7

Gary Passman
HR (Gary Passman)
Head of Global People...
US - NJ - Raritan
8

Michael Schles...
LEGAL (Michael Schle...
Executive Vice Presid...
US - Work From Home
6

Anthony Allen
OPS (Anthony Allen)
VP, Global Internal Ma...
US - NY - Rochester...
10

Chris Smith
OPS (Chris Smith (In...
Chairman and Chief E...
US - CO - Denver
0

Samantha Betan...
OPS (Samantha Beta...
VP, Global Supply Ch...
US - CO - Denver
10

Anand Pande
SALES (Anand Pande)
Vice President- ASPAC
India - Mumbai
9

Joan Martin
SALES (Joan Martin)
Head of EMEA
Italy - Milan
13

Michael Iskra
SALES (Michael Iskra)
Executive Vice Preside...
US - NJ - Raritan
6

Warren Stone
SALES (Warren Stone)
President, Americas
US - Work From Home
9

Faith Hunt
Senior Executive Assi...
US - CO - Denver

Robert Yates
Chairman and Chief E...
US - Work From Home

Yan Lin
HEAD OF BUSINESS...
US - NJ - Raritan

OPS (Samantha Betancourt)

(10)

Ortho Clinical Diagnostics

Samantha Betan...
OPS (Samantha Beta...
VP, Global Supply Ch...
US - CO - Denver

BERNARD DE...
OPS (BERNARD DE...
Director - EMEA Supp...
Belgium - Brussels
5

Bob Grupp
OPS (Bob Grupp)
Sr Manager, Global Su...
US - NY - Rochester...
0

Katy Feltner
OPS (Katy Feltner)
Logistics Project Director
US - NY - Rochester -...
4

Katy Maksymiu
OPS (Katy Maksymiu)
Director, Indirect Proc...
US - NY - Rochester -...
5

Laurie Spring
OPS (Laurie Spring)
Senior Director, Americ...
US - Work From Home
4

Linda Liu
OPS (Linda Liu)
Director Supply Chain,...
China - Shanghai
9

Mariela Reinhard
OPS (Mariela Reinhard)
Head of Global Extern...
US - NJ - Raritan
6

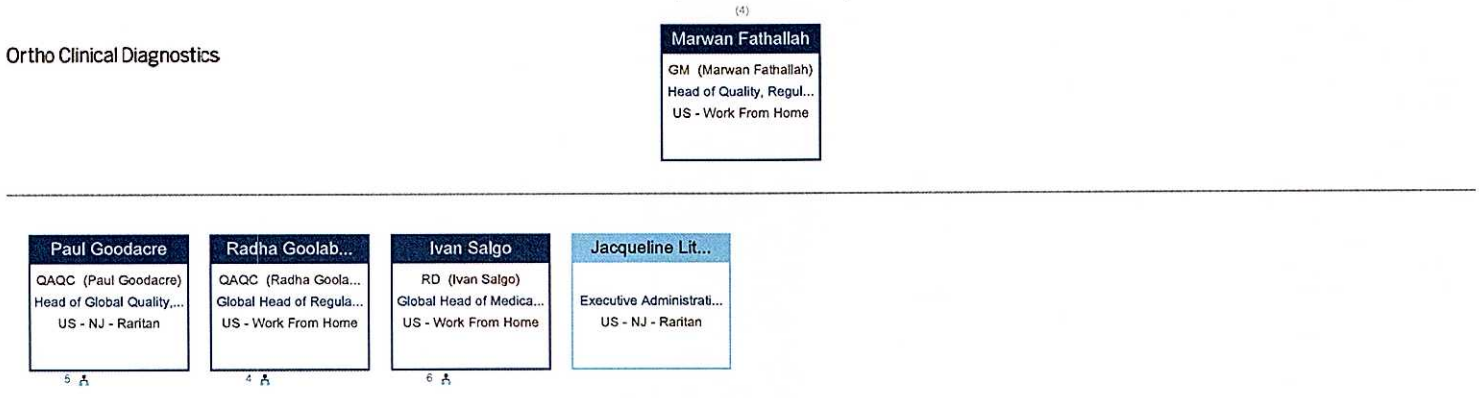
Martha McPherson
OPS (Martha McPhe...
Head of NA Wareho...
US - TN - Memphis
4

Susan Mount
OPS (Susan Mount)
Senior Director, Operat...
US - Work From Home
5

Tony Handzic-...
Director, Global Supply...
US - Work From Home

GM (Marwan Fathallah)

Ortho Clinical Diagnostics



QAQC (Radha Goolabsingh)

(4)

Ortho Clinical Diagnostics

Radha Goolab...
QAQC (Radha Goola...
Global Head of Regula...
US - Work From Home

Ann Quinn
REG (Ann Quinn)
Director, Regulatory A...
US - NY - Rochester -...
13

Marlene Hanna
REG (Marlene Hanna)
Director, Regulatory A...
US - NY - Rochester -...
5

Richard Saunders
REG (Richard Saun...
Technical Director, Int...
UK - Pencoed
3

Robert Buenaga
REG (Robert Buenaga)
Director, Regulatory A...
US - NJ - Raritan
0

Ortho Clinical Diagnostics

REG (Marlene Hanna)

(5)

Marlene Hanna
REG (Marlene Hanna)
Director, Regulatory A...
US - NY - Rochester -...

Declan Hynes
REG (Declan Hynes)
Regulatory Affairs Ma...
UK - Pencoed
1

Angeliki Horowitz
Senior Regulatory Affai...
US - NJ - Raritan

Darlene Phillips
Regulatory Affairs Ma...
US - NY - Rochester -...

Rita Perez
Regulatory Affairs Ma...
US - NJ - Raritan

Tim Benson
Regulatory Affairs Ma...
US - NY - Rochester -...

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended January 3, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 FOR THE TRANSITION PERIOD FROM TO**

Commission File Number: 001-39956

Ortho Clinical Diagnostics Holdings plc

(Exact name of Registrant as specified in its Charter)

England and Wales **(State or other jurisdiction of incorporation or organization)**	**98-1574150** **(I.R.S. Employer Identification No.)**
1001 Route 202 **Raritan, New Jersey** **(Address of principal executive offices)**	**08869** **(Zip Code)**

Registrant's telephone number, including area code: 908-218-8000

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Ordinary shares, $0.00001 par value per ordinary share	OCDX	Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☐ NO ☒

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☐ NO ☒

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES ☐ NO ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

As of June 28, 2020, the last business day of the registrant's most recently completed fiscal second quarter, the registrant's ordinary shares were not publicly traded. The registrant's ordinary shares, $0.00001 nominal value per share, began trading on The Nasdaq Global Select Market ("Nasdaq") on January 28, 2021. As of March 3, 2021, the aggregate market value of the registrant's ordinary shares held by non-affiliates was approximately $1,582,048,957, based on the closing sale price of the ordinary shares on that date on Nasdaq.

As of March 3, 2021, 234,742,792 of the registrant's ordinary shares were outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

No items are incorporated by reference into this Annual Report on Form 10-K.

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Sanofi US Corporation

Physical Address: 55 Corporate Dr.

City: Bridgewater State: NJ Zip: 08807

Mailing Address (if different from physical address): 2500 Southpoint Dr. Attn: Kamara Hirni

City: Forest Park State: GA Zip: 30297

Telephone: 404-675-3685 Website: www.sanofi.us

Name of Designated Representative (DR): Stefan J. Roehr

Licensing Company Email: kamara.hirni@sanofi.com DR Email: stefan.roehr@sanofi.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sanofi-Aventis U.S. LLC (Affiliate Distributor)
Address: 2500 Southpoint Dr. City: Forest Park State: GA Zip: 30297

Name: Sanofi-Aventis U.S. LLC (Affiliate Distributor)
Address: 50 Stauffer Industrial Park City: Taylor State: PA Zip: 18517

Name: Sanofi-Aventis U.S. LLC (Affiliate Distributor)
Address: 1025 Sandhill Rd. City: Reno State: NV Zip: 89521

Name: N/A
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Sanofi US Services Inc. (Direct Parent); Sanofi (Ultimate Parent / Publicly Traded)
Corporation Name: Sanofi US Corporation
Mailing Address: 2500 Southpoint Dr. Attn: Kamara Hirni
City: Forest Park State: GA Zip: 30297
Telephone: 404-675-3685 Email: kamara.hirni@sanofi.com
Contact Person Name: Kamara Hirni

Date of SEC Registration: 08/23/2004 | SEC Registration Number: CIK 1121404 | Stock Exchange Symbol: SNY (Nasdaq)

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration **See Attachment A** 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. **N/A - Publicly Traded**		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** **See Attachment B**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** **See Attachment C**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** **See Attachment D**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** **N/A**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** **See Attachment E**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** **See Attachment F**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kamara Hirni

Print Name of Authorized Person Submitting Application **See Attachment G for POA**

Original signature of Authorized Person (copies or stamps not accepted)

10/15/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 0008022230

Processed 11/4/21

Attachment A

FDA Registration

Registration Information

Sanofi US Corporation (Sanofi) is a virtual manufacturer/wholesaler of non-controlled prescription drugs.

Sanofi is an FDA-registered manufacturer that utilizes affiliated entities to physically manufacture and distribute its prescription drugs to hospitals, pharmacies, distributors, and wholesalers.

The corporate headquarters for Sanofi US Corporation (Bridgewater, NJ) never physically handles any of its products. This location functions as the corporate headquarters ***only*** and may be listed on its product labels and invoices. As such, the corporation will not have an FDA Establishment registration number for its corporate location.

Sanofi US Corporation:

Labeler Code
72733

Please see attached screen shot from the FDA website displaying active NDC code.

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY) +

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

Current through October 15, 2021

You have searched Finished drug products

Search Results: *'sanofi us corp'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Praluent	72733-5901-2	75 mg/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA125559	Sanofi US Corporation	72733-5901	alirocumab	ALIROCUMAB	HUMAN PRESCRIPTION DRUG	02/15/2019	N/A	BLA	2 SYRINGE, GLASS in 1 CARTON (72733-5901-2) > 1 mL in 1 SYRINGE, GLASS (72733-5901-1)
Praluent	72733-5902-2	150 mg/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA125559	Sanofi US Corporation	72733-5902	alirocumab	ALIROCUMAB	HUMAN PRESCRIPTION DRUG	02/15/2019	N/A	BLA	2 SYRINGE, GLASS in 1 CARTON (72733-5902-2) > 1 mL in 1 SYRINGE, GLASS (72733-5902-1)

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified 11/1/2021 M.H

1005

Attachment B

Corporate Officers

Sanofi US Corporation

55 Corporate Dr.
Bridgewater, NJ 08807
FEIN 83-3137234 PHONE: 908-981-5000

Name	Title	Expires On	Term
Apgar, Stacy Ann	Assistant Secretary	12/31/2999	Perpetual
Huang, Philip	Vice President	12/31/2999	Perpetual
Lee, Chan H.	Vice President	12/31/2999	Perpetual
Pesquin, Gustavo	Director	12/31/2999	Perpetual
Pesquin, Gustavo	President	12/31/2999	Perpetual
Ridolfi, Robert J.	Vice President, Tax, NA	12/31/2999	Perpetual
Roehr, Stefan	Vice President, Head of Global Supply Chain	12/31/2999	Perpetual
Tolpa, Michael J.	Treasurer	12/31/2999	Perpetual
Vernier, Thierry	Director	12/31/2999	Perpetual
Vernier, Thierry	Vice President and CFO	12/31/2999	Perpetual

06/20/2021

Attachment C

Corporation Shareholders

Ownership Organizational Chart

Sanofi US Corporation is a fully owned subsidiary of Sanofi, a publicly traded corporation on the Nasdaq (SNY). Corporate structure is indicated below.

Attachment D

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANOFI US CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

7155175 8300

SR# 20212677107

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203653735

Date: 07-12-21

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

SANOFI US SERVICES INC.
0100956176

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on December 27, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of July, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6120972108

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Attachment H

Resident State License Verification

1014

Look Up or Verify a Current Registration

License Verification Forms for Other State Agency Applications are Not Accepted

The Department can no longer complete license verification forms for applications for other states. Verification certificates are only available from the online verification webpage. Print the certificate and attach a copy of the current New Jersey registration to fulfill verification requirements in other states.

Request a Duplicate Copy of a Registration Certificate

Send an email to wholesaledrugs@doh.nj.gov and include the following information:

1. Your name, title, and relationship with the registered business.
2. The **500- series** registration number. All registration numbers begin: "500"
3. Indicate whether you would like an email PDF copy, a duplicate mailed license, or both.

SUBMIT CHANGES TO A CURRENT REGISTRATION

New Jersey (Resident State) Registration Verification

Please note the following:

The State of New Jersey **no longer provides written verification** of state licensure.

As directed by the State of New Jersey Department of Health, please see the attached:

1. Screen shot taken from New Jersey Department of Health website explaining license verification
2. On-line license verification for Sanofi US Corporation
3. Copy of New Jersey registration for Sanofi US Corporation

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 10/12/2021

Registration Number: 5005821 **Registered as:** Wholesale

Name: SANOFI US CORPORATION

DBA:

Address: 55 CORPORATE DR, BRIDGEWATER, NJ 08807

Original Issue Date: 08/20/2020 **Expiration Date:** 01/31/2022

Current Issue Date: 02/08/2021

Disciplines: No

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0743808

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

55 CORPORATE DR BRIDGEWATER, NJ 08807-

Reg. No.
5005821

SANOFI US CORPORATION
55 CORPORATE DR
BRIDGEWATER, NJ 08807-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

55 Corporate Employees as of 10.31.21 Headcount File

Legal Name - Last Name	Legal Name - First Name	Location
David	Dexter	US / Bridgewater / 55 Corporate Drive
Manassa	George	US / Bridgewater / 55 Corporate Drive
Xu	Christine	US / Bridgewater / 55 Corporate Drive
Boylan	Peggy	US / Bridgewater / 55 Corporate Drive
Haulenbeek	Bryan	US / Bridgewater / 55 Corporate Drive
Greeley	Jamie	US / Bridgewater / 55 Corporate Drive
Kaleja	Robert	US / Bridgewater / 55 Corporate Drive
Dawson	Ann	US / Bridgewater / 55 Corporate Drive
Metzger	Jeffrey	US / Bridgewater / 55 Corporate Drive
Mehrotra	Vishal	US / Bridgewater / 55 Corporate Drive
Sieber	Blair	US / Bridgewater / 55 Corporate Drive
Mcginley	Joseph	US / Bridgewater / 55 Corporate Drive
Hirsch	Mary	US / Bridgewater / 55 Corporate Drive
Castro	Zoila	US / Bridgewater / 55 Corporate Drive
Ibrahim	Mostafa	US / Bridgewater / 55 Corporate Drive
KRESSMANN	Nicolas	US / Bridgewater / 55 Corporate Drive
Wen	Ya	US / Bridgewater / 55 Corporate Drive
Benhardt	Brian	US / Bridgewater / 55 Corporate Drive
Urban	Jared	US / Bridgewater / 55 Corporate Drive
Alexander	Chad	US / Bridgewater / 55 Corporate Drive
Cook	Jill	US / Bridgewater / 55 Corporate Drive
Cohen	Yossi	US / Bridgewater / 55 Corporate Drive
Servera	Soraly	US / Bridgewater / 55 Corporate Drive
Carr-Galella	Kathy	US / Bridgewater / 55 Corporate Drive
Khan	Irfan	US / Bridgewater / 55 Corporate Drive
Bergmann	Kenrich	US / Bridgewater / 55 Corporate Drive
Sorensen	Erik	US / Bridgewater / 55 Corporate Drive
Seguritan	Jeffrey	US / Bridgewater / 55 Corporate Drive
Mont Louis	Jerome	US / Bridgewater / 55 Corporate Drive
Rozzelle	Jennifer	US / Bridgewater / 55 Corporate Drive
Meier	Matthew	US / Bridgewater / 55 Corporate Drive
Bourneuf	Sherri	US / Bridgewater / 55 Corporate Drive
Gilmore	Ryan	US / Bridgewater / 55 Corporate Drive
Morrone	Lauren	US / Bridgewater / 55 Corporate Drive
Miner	Elise	US / Bridgewater / 55 Corporate Drive
La Mota	Nicola	US / Bridgewater / 55 Corporate Drive
Ghazanfari	Nona	US / Bridgewater / 55 Corporate Drive
DuPoux	Laura	US / Bridgewater / 55 Corporate Drive
Corbo	Nancy	US / Bridgewater / 55 Corporate Drive
Swayhoover	Susanne	US / Bridgewater / 55 Corporate Drive
Forman	Brian	US / Bridgewater / 55 Corporate Drive
Maillard	Delphine	US / Bridgewater / 55 Corporate Drive
CANNIZZO	Walter	US / Bridgewater / 55 Corporate Drive

Schoemaker	Megan	US / Bridgewater / 55 Corporate Drive
Zhang	Bingzhi	US / Bridgewater / 55 Corporate Drive
Kalro	Renuka	US / Bridgewater / 55 Corporate Drive
Bhatt	Sudha	US / Bridgewater / 55 Corporate Drive
Gallagher	Patrick	US / Bridgewater / 55 Corporate Drive
Dharankar	Sudarshan	US / Bridgewater / 55 Corporate Drive
Figueiredo	Kimberly	US / Bridgewater / 55 Corporate Drive
Fino	Maureen	US / Bridgewater / 55 Corporate Drive
Hellenbrecht	Alexandra	US / Bridgewater / 55 Corporate Drive
Taccone	Michelle	US / Bridgewater / 55 Corporate Drive
Chen	Kevin	US / Bridgewater / 55 Corporate Drive
Sundaram	Sudha	US / Bridgewater / 55 Corporate Drive
Wang	Hui	US / Bridgewater / 55 Corporate Drive
Haas	Michael	US / Bridgewater / 55 Corporate Drive
Natale	Kelly	US / Bridgewater / 55 Corporate Drive
Drake-Thomas	Elizabeth Sheila	US / Bridgewater / 55 Corporate Drive
Ruggeri	Tara	US / Bridgewater / 55 Corporate Drive
Shah	Gaurav	US / Bridgewater / 55 Corporate Drive
Laurita	Jeffrey	US / Bridgewater / 55 Corporate Drive
Lefebvre	Peggy	US / Bridgewater / 55 Corporate Drive
Diehl	Jessica	US / Bridgewater / 55 Corporate Drive
Sukhdeo	Mohani	US / Bridgewater / 55 Corporate Drive
Mahmoud	Dina	US / Bridgewater / 55 Corporate Drive
Smith	Matthew	US / Bridgewater / 55 Corporate Drive
Liu	Ying	US / Bridgewater / 55 Corporate Drive
Perez	Freddy	US / Bridgewater / 55 Corporate Drive
Bowne	Heather	US / Bridgewater / 55 Corporate Drive
Cooper	Vincent	US / Bridgewater / 55 Corporate Drive
Lande	Jason	US / Bridgewater / 55 Corporate Drive
Xu	Beilei	US / Bridgewater / 55 Corporate Drive
Agnoletto	Peter	US / Bridgewater / 55 Corporate Drive
Robbins	Mary	US / Bridgewater / 55 Corporate Drive
Ross	Elizabeth	US / Bridgewater / 55 Corporate Drive
Solas	Michael	US / Bridgewater / 55 Corporate Drive
Urbanowicz	Florence	US / Bridgewater / 55 Corporate Drive
Iglesias	Heather	US / Bridgewater / 55 Corporate Drive
Patel	Prital	US / Bridgewater / 55 Corporate Drive
Faye	Awa	US / Bridgewater / 55 Corporate Drive
Teitel	Kenneth	US / Bridgewater / 55 Corporate Drive
Lu	Qiang	US / Bridgewater / 55 Corporate Drive
Liwski	Christopher	US / Bridgewater / 55 Corporate Drive
ARJUNAN	Arun	US / Bridgewater / 55 Corporate Drive
Raghuraman	Munuswamy	US / Bridgewater / 55 Corporate Drive
Gross	Joel	US / Bridgewater / 55 Corporate Drive
Lee	Anissa	US / Bridgewater / 55 Corporate Drive
Grum	Alexander	US / Bridgewater / 55 Corporate Drive

Barnes	Stephen	US / Bridgewater / 55 Corporate Drive
Huang	Philip	US / Bridgewater / 55 Corporate Drive
WANG	Li	US / Bridgewater / 55 Corporate Drive
Pantoja	Monika	US / Bridgewater / 55 Corporate Drive
Nolan	Ryan	US / Bridgewater / 55 Corporate Drive
Pennucci	Bryna	US / Bridgewater / 55 Corporate Drive
Basile	Sarah	US / Bridgewater / 55 Corporate Drive
Robertson	Barbara	US / Bridgewater / 55 Corporate Drive
Ellerman	Karen	US / Bridgewater / 55 Corporate Drive
Mcallister	Robert	US / Bridgewater / 55 Corporate Drive
Mathur	Rajat	US / Bridgewater / 55 Corporate Drive
Troiani	Richard	US / Bridgewater / 55 Corporate Drive
Mcintyre	Sarah	US / Bridgewater / 55 Corporate Drive
Patel	Jayesh	US / Bridgewater / 55 Corporate Drive
Kondra	Saritha	US / Bridgewater / 55 Corporate Drive
Sheridan	Amy	US / Bridgewater / 55 Corporate Drive
Tao	Li	US / Bridgewater / 55 Corporate Drive
Klaristenfeld	Cyde	US / Bridgewater / 55 Corporate Drive
Shramko	Brenda	US / Bridgewater / 55 Corporate Drive
Rowe	Justine	US / Bridgewater / 55 Corporate Drive
Sims	Catherine	US / Bridgewater / 55 Corporate Drive
Mattas	Eftychia	US / Bridgewater / 55 Corporate Drive
Parasumanna	Karthik Babu	US / Bridgewater / 55 Corporate Drive
Dormarunno	Matthew	US / Bridgewater / 55 Corporate Drive
Pennucci	Jason	US / Bridgewater / 55 Corporate Drive
Flores	Rick	US / Bridgewater / 55 Corporate Drive
Ciccone	Elizabeth	US / Bridgewater / 55 Corporate Drive
Kalivaradhan	Rajalakshumi	US / Bridgewater / 55 Corporate Drive
Konzelmann	Richard	US / Bridgewater / 55 Corporate Drive
Bryson	Elizabeth	US / Bridgewater / 55 Corporate Drive
Sharp	Garreth	US / Bridgewater / 55 Corporate Drive
Alfaro	Elizabeth	US / Bridgewater / 55 Corporate Drive
Sherman	Kayma	US / Bridgewater / 55 Corporate Drive
Botto	Andrea	US / Bridgewater / 55 Corporate Drive
Jin	Hao	US / Bridgewater / 55 Corporate Drive
Kryszczyszyn	Agnieszka	US / Bridgewater / 55 Corporate Drive
Lee	Michelle	US / Bridgewater / 55 Corporate Drive
Pin	Heather	US / Bridgewater / 55 Corporate Drive
Suleman	Sarab	US / Bridgewater / 55 Corporate Drive
BEAL	Theau	US / Bridgewater / 55 Corporate Drive
CODAGNONE	Andre Fabiano	US / Bridgewater / 55 Corporate Drive
Jammer	Maria	US / Bridgewater / 55 Corporate Drive
Bejar	Maria	US / Bridgewater / 55 Corporate Drive
Aranha	Daniel	US / Bridgewater / 55 Corporate Drive
Lonero	Mark	US / Bridgewater / 55 Corporate Drive
Aquino	Jennifer	US / Bridgewater / 55 Corporate Drive
Dicola	Ronald	US / Bridgewater / 55 Corporate Drive

Turnquist	Deborah	US / Bridgewater / 55 Corporate Drive
Gupta	Nupur	US / Bridgewater / 55 Corporate Drive
Pagano	Bernadette	US / Bridgewater / 55 Corporate Drive
Raghupathy	Srinivasan	US / Bridgewater / 55 Corporate Drive
Vaccola	Christine	US / Bridgewater / 55 Corporate Drive
Mcclay	Jerome	US / Bridgewater / S5 Corporate Drive
Lawrence	Kimberly	US / Bridgewater / 55 Corporate Drive
Qiu	Zhiying	US / Bridgewater / 55 Corporate Drive
Hansson	Petur	US / Bridgewater / 55 Corporate Drive
Tina	Francis	US / Bridgewater / 55 Corporate Drive
Patel	Salil	US / Bridgewater / 55 Corporate Drive
Brunken	Michael	US / Bridgewater / 55 Corporate Drive
Fung	Dixon	US / Bridgewater / 55 Corporate Drive
Zilberstein	Moshe	US / Bridgewater / 55 Corporate Drive
Cooper	Daniel	US / Bridgewater / 55 Corporate Drive
Garretson	Jeannette	US / Bridgewater / 55 Corporate Drive
Jaquet	Cindy	US / Bridgewater / 55 Corporate Drive
Pochiraju	Phaniraja	US / Bridgewater / 55 Corporate Drive
Mauch	Lisa	US / Bridgewater / 55 Corporate Drive
Thomas	Deborah	US / Bridgewater / 55 Corporate Drive
Girod	Julie Isabelle Cathe	US / Bridgewater / 55 Corporate Drive
Baumann	Daniela	US / Bridgewater / 55 Corporate Drive
Leslie	Erin	US / Bridgewater / 55 Corporate Drive
Ghai	Suresh	US / Bridgewater / 55 Corporate Drive
Mao	Xuezhou	US / Bridgewater / 55 Corporate Drive
Jajee	Rishikesh	US / Bridgewater / 55 Corporate Drive
Greenberg	Joshua	US / Bridgewater / 55 Corporate Drive
Donahue	Stephanie	US / Bridgewater / 55 Corporate Drive
Loeloff	Richard	US / Bridgewater / 55 Corporate Drive
Mansuri	Danya	US / Bridgewater / 55 Corporate Drive
Pandit	Amit	US / Bridgewater / 55 Corporate Drive
Sutherland	Donna	US / Bridgewater / 55 Corporate Drive
Ruiz	Fausto	US / Bridgewater / 55 Corporate Drive
Wiekowski	Maria	US / Bridgewater / 55 Corporate Drive
O'Brien	Nicholas	US / Bridgewater / 55 Corporate Drive
Dhruv	Shilpakumari	US / Bridgewater / 55 Corporate Drive
Hogan	Jessica	US / Bridgewater / 55 Corporate Drive
GLAETZER	Anja	US / Bridgewater / 55 Corporate Drive
Wilson	Jeffrey	US / Bridgewater / 55 Corporate Drive
Schroeter	Rebecca	US / Bridgewater / 55 Corporate Drive
Reilly	Paul	US / Bridgewater / 55 Corporate Drive
Scardigno	Anthony	US / Bridgewater / 55 Corporate Drive
Pillai	Sangeeta	US / Bridgewater / 55 Corporate Drive
Kumar	Monica	US / Bridgewater / 55 Corporate Drive
Bregman	David	US / Bridgewater / 55 Corporate Drive
OHalloran	Elizabeth	US / Bridgewater / 55 Corporate Drive
MEIJERS	JOHANNES	US / Bridgewater / 55 Corporate Drive

Hoffman	Jennifer	US / Bridgewater / 55 Corporate Drive
Melloy	Heather	US / Bridgewater / 55 Corporate Drive
Dible	Benjamin	US / Bridgewater / 55 Corporate Drive
Browning	Maybellyn	US / Bridgewater / 55 Corporate Drive
Padinha	Adriana	US / Bridgewater / 55 Corporate Drive
Wapelhorst	Tiffany	US / Bridgewater / 55 Corporate Drive
Duffy	Hannah	US / Bridgewater / 55 Corporate Drive
Renda	Anthony	US / Bridgewater / 55 Corporate Drive
Brennan	Carolyn	US / Bridgewater / 55 Corporate Drive
Rouba	Amy	US / Bridgewater / 55 Corporate Drive
Gruber	Jackie	US / Bridgewater / 55 Corporate Drive
Arena	Gregory	US / Bridgewater / 55 Corporate Drive
Safino-Apgar	Jennifer	US / Bridgewater / 55 Corporate Drive
Rosenberg	Ryan	US / Bridgewater / 55 Corporate Drive
Deleon	Carlos	US / Bridgewater / 55 Corporate Drive
Nilan	Thomas	US / Bridgewater / 55 Corporate Drive
Phillips	Aaron	US / Bridgewater / 55 Corporate Drive
Hackett	Michele	US / Bridgewater / 55 Corporate Drive
Klein	Claudia	US / Bridgewater / 55 Corporate Drive
Waselik	James	US / Bridgewater / 55 Corporate Drive
Wright	Gregor	US / Bridgewater / 55 Corporate Drive
Ellsworth	Eugene	US / Bridgewater / 55 Corporate Drive
Link	Stephanie	US / Bridgewater / 55 Corporate Drive
Olsen	Richard	US / Bridgewater / 55 Corporate Drive
Virani	Alpesh	US / Bridgewater / 55 Corporate Drive
Muramula	Srivalli	US / Bridgewater / 55 Corporate Drive
Dickens	Robert	US / Bridgewater / 55 Corporate Drive
Patadia	Vaishali	US / Bridgewater / 55 Corporate Drive
Power	James	US / Bridgewater / 55 Corporate Drive
Mirone	Jennifer	US / Bridgewater / 55 Corporate Drive
Ongaro	Cliff	US / Bridgewater / 55 Corporate Drive
Mcglinn	Claudia	US / Bridgewater / 55 Corporate Drive
Zahid	Arshi	US / Bridgewater / 55 Corporate Drive
Rai	Bhavanishankar	US / Bridgewater / 55 Corporate Drive
Susnow	Roberta	US / Bridgewater / 55 Corporate Drive
Khan	Musabbir	US / Bridgewater / 55 Corporate Drive
User	Michael	US / Bridgewater / 55 Corporate Drive
Ferrao	Gregory	US / Bridgewater / 55 Corporate Drive
Anggono	Daniel	US / Bridgewater / 55 Corporate Drive
Karnik	Sandeep	US / Bridgewater / 55 Corporate Drive
Pettiford	Rita	US / Bridgewater / 55 Corporate Drive
Barghamian	Lisa	US / Bridgewater / 55 Corporate Drive
Mazzeo	Daniel	US / Bridgewater / 55 Corporate Drive
Andjelic	Sofija	US / Bridgewater / 55 Corporate Drive
Sanchez	David	US / Bridgewater / 55 Corporate Drive
Gieseker	Donald	US / Bridgewater / 55 Corporate Drive
Zheng	Yaohan	US / Bridgewater / 55 Corporate Drive

Kuske	Stephen	US / Bridgewater / 55 Corporate Drive
Masker	Philip	US / Bridgewater / 55 Corporate Drive
MURA	Raquel	US / Bridgewater / 55 Corporate Drive
Fibick	Megan	US / Bridgewater / 55 Corporate Drive
Price	Ivette	US / Bridgewater / 55 Corporate Drive
Siwadlo	Edyta	US / Bridgewater / 55 Corporate Drive
Dharia	Manali	US / Bridgewater / 55 Corporate Drive
PUROHIT	Pradeep	US / Bridgewater / 55 Corporate Drive
Wells	Thomas	US / Bridgewater / 55 Corporate Drive
Guo	Ying	US / Bridgewater / 55 Corporate Drive
Zhang	Minjie	US / Bridgewater / 55 Corporate Drive
Staudinger	Heribert	US / Bridgewater / 55 Corporate Drive
Raina	Rajesh	US / Bridgewater / 55 Corporate Drive
MORISSE	Samuel	US / Bridgewater / 55 Corporate Drive
Ingraham	Peter	US / Bridgewater / 55 Corporate Drive
Brown	Christopher	US / Bridgewater / 55 Corporate Drive
Montalvo	Kerry	US / Bridgewater / 55 Corporate Drive
Tobase	Caroline	US / Bridgewater / 55 Corporate Drive
Tolpa	Michael	US / Bridgewater / 55 Corporate Drive
Byrnes	Jean	US / Bridgewater / 55 Corporate Drive
Sake	Deanna	US / Bridgewater / 55 Corporate Drive
Eckhard	Jeffrey	US / Bridgewater / 55 Corporate Drive
Zeng	Zemin	US / Bridgewater / 55 Corporate Drive
Cinquino	Jennifer	US / Bridgewater / 55 Corporate Drive
Sharma	Jyoti	US / Bridgewater / 55 Corporate Drive
Reaves-Mallory	Robin	US / Bridgewater / 55 Corporate Drive
Rosier	Bertrand	US / Bridgewater / 55 Corporate Drive
Martinez	Ashley	US / Bridgewater / 55 Corporate Drive
Metzger	Elizabeth	US / Bridgewater / 55 Corporate Drive
Plaum	Stefan	US / Bridgewater / 55 Corporate Drive
Li	Jing	US / Bridgewater / 55 Corporate Drive
Stanton	Kimberly	US / Bridgewater / 55 Corporate Drive
Dupont	Melissa	US / Bridgewater / 55 Corporate Drive
Wright	Tasha	US / Bridgewater / 55 Corporate Drive
Van Luvender	Susan	US / Bridgewater / 55 Corporate Drive
Tuteja	Aditi	US / Bridgewater / 55 Corporate Drive
UVAROV	ANTON	US / Bridgewater / 55 Corporate Drive
Schermerhorn	Nancy	US / Bridgewater / 55 Corporate Drive
Belinski	Julia	US / Bridgewater / 55 Corporate Drive
Lombardi	Regina	US / Bridgewater / 55 Corporate Drive
Dolz Luna	Jose	US / Bridgewater / 55 Corporate Drive
Waldorf	Arthur	US / Bridgewater / 55 Corporate Drive
Meyer	Lynn	US / Bridgewater / 55 Corporate Drive
Sugu	Nimisha	US / Bridgewater / 55 Corporate Drive
Lee	Jennifer	US / Bridgewater / 55 Corporate Drive
Malloy	John	US / Bridgewater / 55 Corporate Drive
LOY	Megan	US / Bridgewater / 55 Corporate Drive

Dello	Angela	US / Bridgewater / 55 Corporate Drive
Beattie	Olga	US / Bridgewater / 55 Corporate Drive
BOULTON	Christopher	US / Bridgewater / 55 Corporate Drive
Howard	Donald	US / Bridgewater / 55 Corporate Drive
Rabah	Kanar	US / Bridgewater / 55 Corporate Drive
DeRosa	Alison	US / Bridgewater / 55 Corporate Drive
Narreddy	Malini	US / Bridgewater / 55 Corporate Drive
Weiner	Jonathan	US / Bridgewater / 55 Corporate Drive
Francis	Femina	US / Bridgewater / 55 Corporate Drive
COGO RAMOS	Mayara	US / Bridgewater / 55 Corporate Drive
Gonzalez	Oscar	US / Bridgewater / 55 Corporate Drive
Lu	Xin	US / Bridgewater / 55 Corporate Drive
Parla	Lisa	US / Bridgewater / 55 Corporate Drive
Dunne	Thomas	US / Bridgewater / 55 Corporate Drive
Naso	Mary	US / Bridgewater / 55 Corporate Drive
RADIGUE	Cedric Claude	US / Bridgewater / 55 Corporate Drive
VIGLIONE	Mariano	US / Bridgewater / 55 Corporate Drive
GANJOO BHAT	Sunaina Rakesh	US / Bridgewater / 55 Corporate Drive
ZAIATS	Sergei	US / Bridgewater / 55 Corporate Drive
BONNEFOI	Pauline	US / Bridgewater / 55 Corporate Drive
LE LANN	CINTIA	US / Bridgewater / 55 Corporate Drive
YAMADA	Joe	US / Bridgewater / 55 Corporate Drive
MIYANISHI	TARO	US / Bridgewater / 55 Corporate Drive
BOTELLO	Ailin	US / Bridgewater / 55 Corporate Drive
MOSTAFA	Mohamed	US / Bridgewater / 55 Corporate Drive
Martinez	Veronica	US / Bridgewater / 55 Corporate Drive
Daliva	Julius	US / Bridgewater / 55 Corporate Drive
Patel	Jimmykumar	US / Bridgewater / 55 Corporate Drive
Sengar	Archana	US / Bridgewater / 55 Corporate Drive
Demir	Jusuf	US / Bridgewater / 55 Corporate Drive
Deshmukh	Minoti	US / Bridgewater / 55 Corporate Drive
Evans	Michael	US / Bridgewater / 55 Corporate Drive
Diaz	Zsasha	US / Bridgewater / 55 Corporate Drive
Kilgallon	Theresa	US / Bridgewater / 55 Corporate Drive
Fontana	Mark	US / Bridgewater / 55 Corporate Drive
MEDINA	Melina	US / Bridgewater / 55 Corporate Drive
Schwartz	Marc	US / Bridgewater / 55 Corporate Drive
Velikoselskiy	Leonid	US / Bridgewater / 55 Corporate Drive
Haddon	Samuel	US / Bridgewater / 55 Corporate Drive
Bellur	Arvind	US / Bridgewater / 55 Corporate Drive
Halliez	Michelle	US / Bridgewater / 55 Corporate Drive
Hu	Chih-Chi	US / Bridgewater / 55 Corporate Drive
Matarazzo	Jodi	US / Bridgewater / 55 Corporate Drive
Luo	Xiaodong	US / Bridgewater / 55 Corporate Drive
Gitzel	Jorg	US / Bridgewater / 55 Corporate Drive
Khan	Kaleemullah	US / Bridgewater / 55 Corporate Drive
Ivanov	Yaroslav	US / Bridgewater / 55 Corporate Drive

Ibraimi	Shpejtim	US / Bridgewater / 55 Corporate Drive
Higuchi	Keiko	US / Bridgewater / 55 Corporate Drive
Spry	Colleen	US / Bridgewater / 55 Corporate Drive
Karras	Andrew	US / Bridgewater / 55 Corporate Drive
Prescott	Michele	US / Bridgewater / 55 Corporate Drive
Dykie	Cindy	US / Bridgewater / 55 Corporate Drive
Li	Ming-Hua	US / Bridgewater / 55 Corporate Drive
Senanan	Oranuch	US / Bridgewater / 55 Corporate Drive
Doty	Stefanie	US / Bridgewater / 55 Corporate Drive
Berry	Joyce	US / Bridgewater / 55 Corporate Drive
Wallace	Lyvirn	US / Bridgewater / 55 Corporate Drive
Kanjilal	Arindam	US / Bridgewater / 55 Corporate Drive
Ruggoo	Vidoushi	US / Bridgewater / 55 Corporate Drive
Patel	Abhilasha	US / Bridgewater / 55 Corporate Drive
Smith	Marianne	US / Bridgewater / 55 Corporate Drive
Nygren	Kjell	US / Bridgewater / 55 Corporate Drive
Freese	Monica	US / Bridgewater / 55 Corporate Drive
George	Michael	US / Bridgewater / 55 Corporate Drive
Snyder	Terry	US / Bridgewater / 55 Corporate Drive
Mulligan	Thomas	US / Bridgewater / 55 Corporate Drive
Hall	Shan-Tai	US / Bridgewater / 55 Corporate Drive
Gabriel	John	US / Bridgewater / 55 Corporate Drive
Chaudhry	Nomaan	US / Bridgewater / 55 Corporate Drive
Subramanian	Ganapathi	US / Bridgewater / 55 Corporate Drive
Thomas	Stephanie	US / Bridgewater / 55 Corporate Drive
Gale	Wayne	US / Bridgewater / 55 Corporate Drive
Pasarkar	Manda	US / Bridgewater / 55 Corporate Drive
Grosman	Elyse	US / Bridgewater / 55 Corporate Drive
Gupta	Alankar	US / Bridgewater / 55 Corporate Drive
Macaraeg	Gregory	US / Bridgewater / 55 Corporate Drive
Cordova	Nelly	US / Bridgewater / 55 Corporate Drive
Wang	Wen	US / Bridgewater / 55 Corporate Drive
Cardona	Luciana	US / Bridgewater / 55 Corporate Drive
Masina	Mark	US / Bridgewater / 55 Corporate Drive
Sheth	Bina	US / Bridgewater / 55 Corporate Drive
Roth	Henry	US / Bridgewater / 55 Corporate Drive
Walker	Diana	US / Bridgewater / 55 Corporate Drive
Bray	Lindsay	US / Bridgewater / 55 Corporate Drive
Conway	Stefanie	US / Bridgewater / 55 Corporate Drive
Ng	Jennifer	US / Bridgewater / 55 Corporate Drive
SUTTON	HOLLI	US / Bridgewater / 55 Corporate Drive
Boulcott	Andrew	US / Bridgewater / 55 Corporate Drive
Naureckas	Liudas	US / Bridgewater / 55 Corporate Drive
Quinn	Margaret	US / Bridgewater / 55 Corporate Drive
Mahendran	Praba	US / Bridgewater / 55 Corporate Drive
Bechan	Angela	US / Bridgewater / 55 Corporate Drive
Garibaldi	Peter	US / Bridgewater / 55 Corporate Drive

Guy	David	US / Bridgewater / 55 Corporate Drive
Petrocelli	Kevin	US / Bridgewater / 55 Corporate Drive
Buryk	Mark	US / Bridgewater / 55 Corporate Drive
Park	Jennifer	US / Bridgewater / 55 Corporate Drive
Thompson	John	US / Bridgewater / 55 Corporate Drive
Lee	Chan	US / Bridgewater / 55 Corporate Drive
John	Princy	US / Bridgewater / 55 Corporate Drive
Djandji	Michel	US / Bridgewater / 55 Corporate Drive
Casazza	Giovanna	US / Bridgewater / 55 Corporate Drive
Gidh-Jain	Madhavi	US / Bridgewater / 55 Corporate Drive
VULCHI	MALLIKA	US / Bridgewater / 55 Corporate Drive
Gonzalez	Libby	US / Bridgewater / 55 Corporate Drive
Herzog	Anne	US / Bridgewater / 55 Corporate Drive
Norcross	Patricia	US / Bridgewater / 55 Corporate Drive
Sallemi	Patricia	US / Bridgewater / 55 Corporate Drive
Szymanski	Walter	US / Bridgewater / 55 Corporate Drive
Perera	Thushanee	US / Bridgewater / 55 Corporate Drive
Bernesser	Bernard	US / Bridgewater / 55 Corporate Drive
Baldwin	Steven	US / Bridgewater / 55 Corporate Drive
Hollywood	Meaghan	US / Bridgewater / 55 Corporate Drive
Lad	Priti	US / Bridgewater / 55 Corporate Drive
Yu	Christine	US / Bridgewater / 55 Corporate Drive
Kalinchak	Stephen	US / Bridgewater / 55 Corporate Drive
Sinnott	Mary	US / Bridgewater / 55 Corporate Drive
Silva	Cristina	US / Bridgewater / 55 Corporate Drive
Kennedy	Laura	US / Bridgewater / 55 Corporate Drive
Reed	Valerie	US / Bridgewater / 55 Corporate Drive
Chaturvedi	Nutan	US / Bridgewater / 55 Corporate Drive
Wong	Wan Ling	US / Bridgewater / 55 Corporate Drive
SCHNITZER	James	US / Bridgewater / 55 Corporate Drive
Kam	Janice	US / Bridgewater / 55 Corporate Drive
Patel	Mayank	US / Bridgewater / 55 Corporate Drive
Schueler	Christine	US / Bridgewater / 55 Corporate Drive
Schueler	Edward	US / Bridgewater / 55 Corporate Drive
Manassa	Greg	US / Bridgewater / 55 Corporate Drive
Turcanu	Gabriela	US / Bridgewater / 55 Corporate Drive
Wright	Robert	US / Bridgewater / 55 Corporate Drive
Susfal	Peter	US / Bridgewater / 55 Corporate Drive
Bocchino	Cynthia	US / Bridgewater / 55 Corporate Drive
Rush	Kristina	US / Bridgewater / 55 Corporate Drive
Tao	Mengdi	US / Bridgewater / 55 Corporate Drive
Cheren	Rebecca	US / Bridgewater / 55 Corporate Drive
Gandhi	Panny	US / Bridgewater / 55 Corporate Drive
Judson	Andria	US / Bridgewater / 55 Corporate Drive
Berman	Yannick	US / Bridgewater / 55 Corporate Drive
Rivera	Alicia	US / Bridgewater / 55 Corporate Drive
Pradhan	Subrat	US / Bridgewater / 55 Corporate Drive

McMurray	Merrilee	US / Bridgewater / 55 Corporate Drive
Shen	LiMing	US / Bridgewater / 55 Corporate Drive
Wrackmeyer	Uta	US / Bridgewater / 55 Corporate Drive
Petty	Sadiqa	US / Bridgewater / 55 Corporate Drive
Malasig	Maria Meredith	US / Bridgewater / 55 Corporate Drive
Gilligan	Nancy	US / Bridgewater / 55 Corporate Drive
Villamor	Darryl	US / Bridgewater / 55 Corporate Drive
Bridge	Kate	US / Bridgewater / 55 Corporate Drive
Shnouda	Amany	US / Bridgewater / 55 Corporate Drive
Barlow	Judy	US / Bridgewater / 55 Corporate Drive
Nambiar	Kasturi	US / Bridgewater / 55 Corporate Drive
Opar-Kowalski	Beata	US / Bridgewater / 55 Corporate Drive
Shankar	Shruthi	US / Bridgewater / 55 Corporate Drive
Patel	Jigisha	US / Bridgewater / 55 Corporate Drive
Sultan	Nilofar	US / Bridgewater / 55 Corporate Drive
Guo	Hailing	US / Bridgewater / 55 Corporate Drive
Furey	Sandy	US / Bridgewater / 55 Corporate Drive
Sushchenko	Lyubov	US / Bridgewater / 55 Corporate Drive
Ding	Hua	US / Bridgewater / 55 Corporate Drive
Mu	Xiaojing	US / Bridgewater / 55 Corporate Drive
Geiger	Leann	US / Bridgewater / 55 Corporate Drive
Beasley-	Sonya	US / Bridgewater / 55 Corporate Drive
Del Cane	Giulia	US / Bridgewater / 55 Corporate Drive
Telemaque	Tamara	US / Bridgewater / 55 Corporate Drive
Morehead	Lorna	US / Bridgewater / 55 Corporate Drive
ZHANG	Mei	US / Bridgewater / 55 Corporate Drive
Pan	Chunshen	US / Bridgewater / 55 Corporate Drive
Howell	Roger	US / Bridgewater / 55 Corporate Drive
Tang	Qi	US / Bridgewater / 55 Corporate Drive
Patel	Puja	US / Bridgewater / 55 Corporate Drive
Taneja	Deepak	US / Bridgewater / 55 Corporate Drive
PATEL	ALAY	US / Bridgewater / 55 Corporate Drive
Liu	Meifang	US / Bridgewater / 55 Corporate Drive
Matthews	Miguelina	US / Bridgewater / 55 Corporate Drive
PANGILINAN	Rodelio	US / Bridgewater / 55 Corporate Drive
Terilli	Gina	US / Bridgewater / 55 Corporate Drive
Zaph	Susana	US / Bridgewater / 55 Corporate Drive
Fox	Peter	US / Bridgewater / 55 Corporate Drive
McGettigan	Craig	US / Bridgewater / 55 Corporate Drive
Demirkaya	Eleanor	US / Bridgewater / 55 Corporate Drive
Leva	Joanne	US / Bridgewater / 55 Corporate Drive
Liu	Sophie	US / Bridgewater / 55 Corporate Drive
MacGeorge	Tracy	US / Bridgewater / 55 Corporate Drive
Macalush	Michael	US / Bridgewater / 55 Corporate Drive
Patel	Unnati	US / Bridgewater / 55 Corporate Drive
Tikkawar	Prasad	US / Bridgewater / 55 Corporate Drive
Jaeger	Michelle	US / Bridgewater / 55 Corporate Drive

Crawford	Nigel	US / Bridgewater / 55 Corporate Drive
Wicks	Malika	US / Bridgewater / 55 Corporate Drive
De Fanti	Brant	US / Bridgewater / 55 Corporate Drive
Wills-Williams	Felisa	US / Bridgewater / 55 Corporate Drive
Mahmood	Nasreen	US / Bridgewater / 55 Corporate Drive
Said	Loura	US / Bridgewater / 55 Corporate Drive
Fetchko	Melissa	US / Bridgewater / 55 Corporate Drive
Wolfington	Donna	US / Bridgewater / 55 Corporate Drive
Spencer	Donna	US / Bridgewater / 55 Corporate Drive
Ricciardi	Ruth	US / Bridgewater / 55 Corporate Drive
Bhat	Bhavika	US / Bridgewater / 55 Corporate Drive
Hassan	Rashid	US / Bridgewater / 55 Corporate Drive
Beck	Michael	US / Bridgewater / 55 Corporate Drive
Stout	Tiffany	US / Bridgewater / 55 Corporate Drive
Tambakuwala	Priya	US / Bridgewater / 55 Corporate Drive
Madhavan	Lavanya	US / Bridgewater / 55 Corporate Drive
Nagaraj	Arthi	US / Bridgewater / 55 Corporate Drive
Meterial	Germine	US / Bridgewater / 55 Corporate Drive
Corpuz	Bernadette	US / Bridgewater / 55 Corporate Drive
Martinez	Amy	US / Bridgewater / 55 Corporate Drive
Gleeson	Gerald	US / Bridgewater / 55 Corporate Drive
Tully	Christine	US / Bridgewater / 55 Corporate Drive
Murthy	Raghavendra	US / Bridgewater / 55 Corporate Drive
NEWMAN	JOELLA	US / Bridgewater / 55 Corporate Drive
Wang	Tiejun	US / Bridgewater / 55 Corporate Drive
Barnett	Sharon	US / Bridgewater / 55 Corporate Drive
Ross	Jonathan	US / Bridgewater / 55 Corporate Drive
Fichter	Jonathan	US / Bridgewater / 55 Corporate Drive
Greco	Peter	US / Bridgewater / 55 Corporate Drive
Pierre	Kamau	US / Bridgewater / 55 Corporate Drive
LoCasale	Robert	US / Bridgewater / 55 Corporate Drive
DOSSANTOS	BENEDITO	US / Bridgewater / 55 Corporate Drive
Carpio	Leslie	US / Bridgewater / 55 Corporate Drive
gao	yue	US / Bridgewater / 55 Corporate Drive
PATEL	CHINTANKUMAR	US / Bridgewater / 55 Corporate Drive
Venkataperuma	Sreelakshmi	US / Bridgewater / 55 Corporate Drive
Patel	Jesal	US / Bridgewater / 55 Corporate Drive
FELIX	LESLIE	US / Bridgewater / 55 Corporate Drive
McLaughlin	Joseph	US / Bridgewater / 55 Corporate Drive
Alvarez	Lissette	US / Bridgewater / 55 Corporate Drive
Pignatelli	James	US / Bridgewater / 55 Corporate Drive
HOGARTH	ROBERT	US / Bridgewater / 55 Corporate Drive
Florio	Jonathan	US / Bridgewater / 55 Corporate Drive
Conroy	Patrick	US / Bridgewater / 55 Corporate Drive
Ovalles	Jose	US / Bridgewater / 55 Corporate Drive
Kaur	Gurpreet	US / Bridgewater / 55 Corporate Drive
THOMPSON	JOHN	US / Bridgewater / 55 Corporate Drive

Sadiwnyk	Kati	US / Bridgewater / 55 Corporate Drive
Habib	Rasha	US / Bridgewater / 55 Corporate Drive
Colon-Jenkins	Norma	US / Bridgewater / 55 Corporate Drive
ZHENG	YING	US / Bridgewater / 55 Corporate Drive
FRIEDLAND	MARC	US / Bridgewater / 55 Corporate Drive
BARCH	KAREN	US / Bridgewater / 55 Corporate Drive
Francis	Toni Audris	US / Bridgewater / 55 Corporate Drive
SHMIDT	ELENA	US / Bridgewater / 55 Corporate Drive
Leiser	Randolph	US / Bridgewater / 55 Corporate Drive
Berkowitz	Fara	US / Bridgewater / 55 Corporate Drive
CHARLIER	Pierre	US / Bridgewater / 55 Corporate Drive
Kashem	Farzana	US / Bridgewater / 55 Corporate Drive
Barish	Jordana	US / Bridgewater / 55 Corporate Drive
Khubani	Mythili	US / Bridgewater / 55 Corporate Drive
BOURNEUF	Alexandre	US / Bridgewater / 55 Corporate Drive
O'NEIL	HELENE	US / Bridgewater / 55 Corporate Drive
Sudarson	Subbiah	US / Bridgewater / 55 Corporate Drive
Lee	Jianyi	US / Bridgewater / 55 Corporate Drive
Zedeck	Mary	US / Bridgewater / 55 Corporate Drive
Dundara	Malia	US / Bridgewater / 55 Corporate Drive
Chiang	Benjamin	US / Bridgewater / 55 Corporate Drive
Jennings	Rachel	US / Bridgewater / 55 Corporate Drive
Palmieri	Nicole	US / Bridgewater / 55 Corporate Drive
PEDLAR	KRISTINA	US / Bridgewater / 55 Corporate Drive
Brunovsky	Anthony	US / Bridgewater / 55 Corporate Drive
Cevasco	Roberta	US / Bridgewater / 55 Corporate Drive
Sasane	Medha	US / Bridgewater / 55 Corporate Drive
Bacchus	Sean	US / Bridgewater / 55 Corporate Drive
Chakrabarty	Sandeep	US / Bridgewater / 55 Corporate Drive
Ondo	Jasmin	US / Bridgewater / 55 Corporate Drive
Schiavi	MaryLynn	US / Bridgewater / 55 Corporate Drive
Mishra	Ranjita	US / Bridgewater / 55 Corporate Drive
PEDAPUDI	SIRISHA	US / Bridgewater / 55 Corporate Drive
Grim	Lisa	US / Bridgewater / 55 Corporate Drive
Tuazon	Joseph	US / Bridgewater / 55 Corporate Drive
Falco	Pamela	US / Bridgewater / 55 Corporate Drive
Soltys	Sylwia	US / Bridgewater / 55 Corporate Drive
Davidson	Vanessa	US / Bridgewater / 55 Corporate Drive
Li	Xinyu	US / Bridgewater / 55 Corporate Drive
Lubeck	Alan	US / Bridgewater / 55 Corporate Drive
Richardson	Chapman	US / Bridgewater / 55 Corporate Drive
Chung	Thomas	US / Bridgewater / 55 Corporate Drive
KARKHANIS	PRIYA	US / Bridgewater / 55 Corporate Drive
Letizia	Joseph	US / Bridgewater / 55 Corporate Drive
Shao	Yu	US / Bridgewater / 55 Corporate Drive
Lonji	Christele	US / Bridgewater / 55 Corporate Drive
Elmblad	Brett	US / Bridgewater / 55 Corporate Drive

Douglas	Stephanie	US / Bridgewater / 55 Corporate Drive
Jones	Natasha	US / Bridgewater / 55 Corporate Drive
Chen	Reyjin	US / Bridgewater / 55 Corporate Drive
Huang	Sufang	US / Bridgewater / 55 Corporate Drive
Lowe	Erik	US / Bridgewater / 55 Corporate Drive
Baker	Sade	US / Bridgewater / 55 Corporate Drive
Handschuh	Minyuan	US / Bridgewater / 55 Corporate Drive
SMITH	GREGORY	US / Bridgewater / 55 Corporate Drive
DE SMET	DONALD	US / Bridgewater / 55 Corporate Drive
BENAVIDES	GLORIA	US / Bridgewater / 55 Corporate Drive
Hwang	Soo Chung	US / Bridgewater / 55 Corporate Drive
Lindquist	Susanna	US / Bridgewater / 55 Corporate Drive
Wang	Qi	US / Bridgewater / 55 Corporate Drive
Millet	Mark	US / Bridgewater / 55 Corporate Drive
Spaziani	Kyle	US / Bridgewater / 55 Corporate Drive
Verny-Acosta	Lolita	US / Bridgewater / 55 Corporate Drive
SPURLOCK	ELAINE	US / Bridgewater / 55 Corporate Drive
Ronk	Christopher	US / Bridgewater / 55 Corporate Drive
Sinha	Vaibhavi	US / Bridgewater / 55 Corporate Drive
Lubwama	Robert	US / Bridgewater / 55 Corporate Drive
Somaiya	Chetan	US / Bridgewater / 55 Corporate Drive
Banta	Donald	US / Bridgewater / 55 Corporate Drive
Rivera	Falesha	US / Bridgewater / 55 Corporate Drive
Wilkerson	LaShawnda	US / Bridgewater / 55 Corporate Drive
Aitlafquih	Housni	US / Bridgewater / 55 Corporate Drive
CHIDAMBARAM	MANI	US / Bridgewater / 55 Corporate Drive
ARORA	PRANJALI	US / Bridgewater / 55 Corporate Drive
McGraw	Thomas	US / Bridgewater / 55 Corporate Drive
Stefanova-	Maya	US / Bridgewater / 55 Corporate Drive
Black	Giovanna	US / Bridgewater / 55 Corporate Drive
Xing	Jun	US / Bridgewater / 55 Corporate Drive
St Gourdin	Marc-Gregor	US / Bridgewater / 55 Corporate Drive
RAGOT	Estelle	US / Bridgewater / 55 Corporate Drive
Ives	Martin	US / Bridgewater / 55 Corporate Drive
KARMOKAR	RAJESH	US / Bridgewater / 55 Corporate Drive
Wilson	Marvin	US / Bridgewater / 55 Corporate Drive
Parikh	Aditi	US / Bridgewater / 55 Corporate Drive
Shah	Ankit	US / Bridgewater / 55 Corporate Drive
JACOBSON	SUZANNE	US / Bridgewater / 55 Corporate Drive
Murphy	Corinne	US / Bridgewater / 55 Corporate Drive
COAPMAN	SCOTT	US / Bridgewater / 55 Corporate Drive
Chacko	Benjamin	US / Bridgewater / 55 Corporate Drive
Tawadrous	Rafik	US / Bridgewater / 55 Corporate Drive
YU	AIJUAN	US / Bridgewater / 55 Corporate Drive
STEITZ	AMANDA	US / Bridgewater / 55 Corporate Drive
Rogers	Abu	US / Bridgewater / 55 Corporate Drive
Chamberlain	Geoffrey	US / Bridgewater / 55 Corporate Drive

Wisniewski	Michael	US / Bridgewater / 55 Corporate Drive
LOORENTS	Helen Marie	US / Bridgewater / 55 Corporate Drive
Razak	Amanullah	US / Bridgewater / 55 Corporate Drive
PRINCE	SHARON	US / Bridgewater / 55 Corporate Drive
Kramer	Mara	US / Bridgewater / 55 Corporate Drive
Khurmi	Nardev	US / Bridgewater / 55 Corporate Drive
Murphy	Kathleen	US / Bridgewater / 55 Corporate Drive
Deenumsetti	Praveena	US / Bridgewater / 55 Corporate Drive
ZALMOVER	EVGENY	US / Bridgewater / 55 Corporate Drive
JOHNIAN	ANALISE	US / Bridgewater / 55 Corporate Drive
Silva	Justin	US / Bridgewater / 55 Corporate Drive
SHAHID	SHAHNZA	US / Bridgewater / 55 Corporate Drive
Mra	Hilary	US / Bridgewater / 55 Corporate Drive
Li	Mengyao	US / Bridgewater / 55 Corporate Drive
Harrison	Johanna	US / Bridgewater / 55 Corporate Drive
Kalista	Amy	US / Bridgewater / 55 Corporate Drive
Ortiz	Michael	US / Bridgewater / 55 Corporate Drive
Leong	Edward	US / Bridgewater / 55 Corporate Drive
HARIKRISHNAN	VENKATESH	US / Bridgewater / 55 Corporate Drive
CUI	Xiaoxin	US / Bridgewater / 55 Corporate Drive
Monge	Erdwin	US / Bridgewater / 55 Corporate Drive
Wright	Sendi	US / Bridgewater / 55 Corporate Drive
Reiner	David	US / Bridgewater / 55 Corporate Drive
Hao	Lichen	US / Bridgewater / 55 Corporate Drive
Doyle	Andrea	US / Bridgewater / 55 Corporate Drive
Joseph	Benoy	US / Bridgewater / 55 Corporate Drive
Zuza	Maria	US / Bridgewater / 55 Corporate Drive
Li	Lin	US / Bridgewater / 55 Corporate Drive
Patel	Monica	US / Bridgewater / 55 Corporate Drive
Patel	Yogesh	US / Bridgewater / 55 Corporate Drive
Macke	Kathleen	US / Bridgewater / 55 Corporate Drive
Merriman	Ursula	US / Bridgewater / 55 Corporate Drive
RODRIGUEZ	JESSICA	US / Bridgewater / 55 Corporate Drive
Zhang	Qi	US / Bridgewater / 55 Corporate Drive
Mootoo	Cornelius	US / Bridgewater / 55 Corporate Drive
WEHR	BRIAN	US / Bridgewater / 55 Corporate Drive
Mekala	Satish	US / Bridgewater / 55 Corporate Drive
Sanchez	Eric	US / Bridgewater / 55 Corporate Drive
Codey	Steven	US / Bridgewater / 55 Corporate Drive
Hu	Beifang Betty	US / Bridgewater / 55 Corporate Drive
Boudreau	Matthew	US / Bridgewater / 55 Corporate Drive
LORADIN	LOURDES	US / Bridgewater / 55 Corporate Drive
Hoskins	Danielle	US / Bridgewater / 55 Corporate Drive
Rayar	Kellyn	US / Bridgewater / 55 Corporate Drive
Zhang	Andrew	US / Bridgewater / 55 Corporate Drive
Fakhry	Sarah	US / Bridgewater / 55 Corporate Drive
Murrison	Adam	US / Bridgewater / 55 Corporate Drive

Bailey	Michael	US / Bridgewater / 55 Corporate Drive
El Fezzazi	Hanna	US / Bridgewater / 55 Corporate Drive
Bick	Martin	US / Bridgewater / 55 Corporate Drive
Ortiz	Julio	US / Bridgewater / 55 Corporate Drive
Brumlow	Alexander	US / Bridgewater / 55 Corporate Drive
McMillan	Taryn	US / Bridgewater / 55 Corporate Drive
Abdulai	Kabiru	US / Bridgewater / 55 Corporate Drive
Amar	Jonathan	US / Bridgewater / 55 Corporate Drive
Almond	Elisa	US / Bridgewater / 55 Corporate Drive
Couturier	Andre	US / Bridgewater / 55 Corporate Drive
HARTE	KRISTEN	US / Bridgewater / 55 Corporate Drive
Gundala	Sushma Reddy	US / Bridgewater / 55 Corporate Drive
HASENEI	JENNIFER	US / Bridgewater / 55 Corporate Drive
Bascom	Latoya	US / Bridgewater / 55 Corporate Drive
Ge	Shufan	US / Bridgewater / 55 Corporate Drive
Xia	Binfeng	US / Bridgewater / 55 Corporate Drive
Raveendran	Geethanjali	US / Bridgewater / 55 Corporate Drive
Fernando	Angela	US / Bridgewater / 55 Corporate Drive
Shi	Genming	US / Bridgewater / 55 Corporate Drive
MIRRA	REGINA	US / Bridgewater / 55 Corporate Drive
Bhagunde	Pratik	US / Bridgewater / 55 Corporate Drive
Ghee	Jamie	US / Bridgewater / 55 Corporate Drive
Kelemen	Robyne	US / Bridgewater / 55 Corporate Drive
Sayani	Sandhya	US / Bridgewater / 55 Corporate Drive
Jacob	Dan	US / Bridgewater / 55 Corporate Drive
Pansini	Jessica	US / Bridgewater / 55 Corporate Drive
Zhao	Zhenming	US / Bridgewater / 55 Corporate Drive
Pace	Alexa	US / Bridgewater / 55 Corporate Drive
Geoffroy	Noel	US / Bridgewater / 55 Corporate Drive
Wallens	John	US / Bridgewater / 55 Corporate Drive
Tang	Khanh	US / Bridgewater / 55 Corporate Drive
McMonagle-Roberts	Kathleen DIANA	US / Bridgewater / 55 Corporate Drive
RUSTAGI	SAPNA	US / Bridgewater / 55 Corporate Drive
Deines	Michael	US / Bridgewater / 55 Corporate Drive
Kapoor	Upender	US / Bridgewater / 55 Corporate Drive
Cohen	Yehuda	US / Bridgewater / 55 Corporate Drive
Loonan	Peter	US / Bridgewater / 55 Corporate Drive
Macha	Sreeraj	US / Bridgewater / 55 Corporate Drive
Liu	Mingjie	US / Bridgewater / 55 Corporate Drive
COCKERHAM	HAVEN	US / Bridgewater / 55 Corporate Drive
Gialanella	Kirk	US / Bridgewater / 55 Corporate Drive
Babitts	Gerard	US / Bridgewater / 55 Corporate Drive
Bunger	Sarah	US / Bridgewater / 55 Corporate Drive
Nellson	Sarah	US / Bridgewater / 55 Corporate Drive
Ulep	Leogelia	US / Bridgewater / 55 Corporate Drive
Hammad	Tarek	US / Bridgewater / 55 Corporate Drive

Attachment E

SEC Form 20-F

(Pages 1-7)

FORM 20-F

2020

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 20-F

(Mark One)

☐ **REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934**

Or

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

Or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Or

☐ **SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Date of event requiring this shell company report

For the transition period from to

Commission File Number: 001-31368

Sanofi

(Exact name of registrant as specified in its charter)

N/A

(Translation of registrant's name into English)

France

(Jurisdiction of incorporation or organization)

54, Rue La Boétie, 75008 Paris, France

(Address of principal executive offices)

Karen Linehan, Executive Vice President Legal Affairs and General Counsel
54, Rue La Boétie, 75008 Paris, France. Fax: 011 + 33 1 53 77 43 03. Tel: 011 + 33 1 53 77 40 00
(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of each class:	Name of each exchange on which registered:
American Depositary Shares, each representing one half of one ordinary share, par value €2 per share	NASDAQ Global Select Market
Ordinary shares, par value €2 per share	NASDAQ Global Select Market*

Securities registered pursuant to Section 12(g) of the Act: None

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act: None

The number of outstanding shares of each of the issuer's classes of capital or common stock as of December 31, 2020 was:

Ordinary shares: 1,250,690,553

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐.

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934. Yes ☐ No ☒.

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐.

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐.

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer or an emerging growth company. See definition of "large accelerated filer," "accelerated filer" or "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report ☒

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board ☒ Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow. Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒.

*Not for trading but only in connection with the registration of American Depositary Shares representing such ordinary shares.

Presentation of financial and other information

The consolidated financial statements contained in this annual report on Form 20-F have been prepared in accordance with International Financial Reporting Standards (IFRS) as issued by the International Accounting Standards Board (IASB) and with IFRS as endorsed by the European Union, as of December 31, 2020.

Unless the context requires otherwise, the terms "Sanofi," the "Company," the "Group," "we," "our" or "us" refer to Sanofi and its consolidated subsidiaries.

All references herein to "United States" or "US" are to the United States of America, references to "dollars" or "$" are to the currency of the United States, references to "France" are to the Republic of France, and references to "euro" and "€" are to the currency of the European Union member states (including France) participating in the European Monetary Union.

Brand names appearing in this annual report are trademarks of Sanofi and/or its affiliates, with the exception of:

- trademarks used or that may be or have been used under license by Sanofi and/or its affiliates, such as Actonel®, a trademark of Actavis; Aldurazyme®, a trademark of the Biomarin/Genzyme LLC Joint Venture; Cialis® OTC, a trademark of Eli Lilly; Libtayo®, a trademark of Regeneron in the United States; Vaxelis®, a trademark of MCM Vaccine Co (USA) and MCM Vaccine B.V. (Netherlands); and Zaltrap®, a trademark of Regeneron in the United States;
- trademarks sold by Sanofi and/or its affiliates to a third party, such as Altace®, a trademark of King Pharmaceuticals in the United States; Hyalgan®, a trademark of Fidia Farmaceutici S.p.A.; StarLink®, a trademark of Bayer; and
- other third party trademarks such as Humalog®, a trademark of Eli Lilly; Eylea®, a trademark of Regeneron; Revlimid®, a trademark of Celgene Corporation; Velcade®, a trademark of Millennium Pharmaceuticals Inc; and Zantac®, a trademark of Glaxo Group Limited.

Not all trademarks related to products under development have been authorized as of the date of this annual report by the relevant health authorities.

The data relating to market shares and ranking information for pharmaceutical products, in particular as presented in "Item 4. Information on the Company — B. Business Overview — B.6. Markets — B.6.1. Marketing and distribution," are based mainly on sales data excluding vaccines and in constant euros (unless otherwise indicated) on a September 2020 MAT (Moving Annual Total) basis. The data are mainly from IQVIA local sales audit, supplemented by country-specific sources.

Product indications described in this annual report are composite summaries of the major indications approved in the product's principal markets. Not all indications are necessarily available in each of the markets in which the products are approved. The summaries presented herein for the purpose of financial reporting do not substitute for careful consideration of the full labeling approved in each market.

Cautionary statement regarding forward-looking statements

This Annual Report contains certain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, as amended. We may also make written or oral forward-looking statements in our periodic reports to the Securities and Exchange Commission on Form 6-K, in our annual report to shareholders, in our offering circulars and prospectuses, in press releases and other written materials and in oral statements made by our officers, directors or employees to third parties. Examples of such forward-looking statements include:

- projections of operating revenues, net income, business net income, earnings per share, business earnings per share, capital expenditures, cost savings, restructuring costs, positive or negative synergies, dividends, capital structure or other financial items or ratios;
- statements of our profit forecasts, trends, plans, objectives or goals, including those relating to products, clinical trials, regulatory approvals and competition; and
- statements about our future events and economic performance or that of France, the United States or any other countries in which we operate.

This information is based on data, assumptions and estimates considered as reasonable by Sanofi as at the date of this annual report and undue reliance should not be placed on such statements.

Words such as "believe," "anticipate," "plan," "expect," "intend," "target," "estimate," "project," "predict," "forecast," "guideline," "should" and similar expressions are intended to identify forward-looking statements but are not the exclusive means of identifying such statements.

Forward-looking statements involve inherent, known and unknown risks and uncertainties associated with the regulatory, economic, financial and competitive environment, and other factors that could cause future results and objectives to differ materially from those expressed or implied in the forward-looking statements.

Risk factors which could affect future results and cause actual results to differ materially from those contained in any forward-looking statements are discussed under "Item 3. Key Information — D. Risk Factors". Additional risks, not currently known or considered immaterial by the Group, may have the same unfavorable effect and investors may lose all or part of their investment.

Forward-looking statements speak only as of the date they are made. Other than required by law, we do not undertake any obligation to update them in light of new information or future developments.

Abbreviations

Principal abbreviations used in the Annual Report on Form 20-F

ADR	American Depositary Receipt
ADS	American Depositary Share
AFEP	*Association française des entreprises privées* (French Association of Large Companies)
AMF	*Autorité des marchés financiers* (the French market regulator)
ANDA	Abbreviated New Drug Application
BLA	Biologic License Application
BMS	Bristol-Myers Squibb
CEO	Chief Executive Officer
CER	Constant exchange rates
CGU	Cash generating unit
CHC	Consumer Healthcare
CHMP	Committee for Medicinal Products for Human Use
COVALIS	Sanofi committee for internal occupational exposure limits (Comité des Valeurs Limites Internes Sanofi)
CVR	Contingent value right
EFPIA	European Federation of Pharmaceutical Industries and Associations
EMA	European Medicines Agency
EU	European Union
FCF	Free cash flow
FDA	US Food and Drug Administration
GAVI	Global Alliance for Vaccines and Immunisation
GBU	Global Business Unit
GCP	Good clinical practices
GDP	Good distribution practices
GLP	Good laboratory practices
GLP-1	Glucagon-like peptide-1
GMP	Good manufacturing practices
Hib	Haemophilus influenzae type b
HSE	Health, Safety and Environment
IASB	International Accounting Standards Board
ICH	International Council for Harmonization
IFPMA	International Federation of Pharmaceutical Manufacturers & Associations
IFRIC	International Financial Reporting Interpretations Committee
IFRS	International Financial Reporting Standards
IPV	Inactivated polio vaccine
ISIN	International Securities Identification Number
J-MHLW	Japanese Ministry of Health, Labor and Welfare
LSD	Lysosomal storage disorder
MEDEF	*Mouvement des entreprises de France* (French business confederation)
MS	Multiple sclerosis
NASDAQ	National Association of Securities Dealers Automated Quotations
NDA	New Drug Application
NHI	National Health Insurance (Japan)
NYSE	New York Stock Exchange
OECD	Organisation for Economic Co-operation and Development
OPV	Oral polio vaccine
OTC	Over the counter
PhRMA	Pharmaceutical Research and Manufacturers of America
PMDA	Pharmaceuticals and Medical Devices Agency (Japan)
PRV	Priority Review Voucher
PTE	Patent Term Extension
QIV	Quadrivalent influenza vaccine
R&D	Research and development
ROA	Return on assets
SA	*Société anonyme* (French public limited corporation)
SEC	US Securities and Exchange Commission
SPC	Supplementary Protection Certificate
TRIBIO	Sanofi Committee for Biological Risk Prevention (Biosafety, Biosecurity, Biosurveillance)
TSR	Total shareholder return
UNICEF	United Nations Children's Emergency Fund
US	United States of America
WHO	World Health Organization

TABLE OF CONTENTS

PART I 1

Item 1. IDENTITY OF DIRECTORS, SENIOR MANAGEMENT AND ADVISERS 1

Item 2. OFFER STATISTICS AND EXPECTED TIMETABLE 1

Item 3. KEY INFORMATION 1

A. Selected Financial Data 1

B. Capitalization and Indebtedness 1

C. Reasons for Offer and Use of Proceeds 1

D. Risk Factors 1

Item 4. INFORMATION ON THE COMPANY 12

A. History and Development of the Company 12

B. Business Overview 13

C. Organizational Structure 43

D. Property, Plant and Equipment 44

Item 5. OPERATING AND FINANCIAL REVIEW AND PROSPECTS 48

A. Operating results 48

B. Liquidity and Capital Resources 72

C. Off-Balance Sheet Arrangements / Contractual Obligations and Other Commercial Commitments 75

Item 6. DIRECTORS, SENIOR MANAGEMENT AND EMPLOYEES 76

A. Directors and Senior Management 76

B. Compensation 102

C. Board Practices 122

D. Employees 128

E. Share Ownership 130

Item 7. MAJOR SHAREHOLDERS AND RELATED PARTY TRANSACTIONS 133

A. Major Shareholders 133

B. Related Party Transactions 134

C. Interests of Experts and Counsel 134

Item 8. FINANCIAL INFORMATION 135

A. Consolidated Financial Statements and Other Financial Information 135

B. Significant Changes 138

Item 9. THE OFFER AND LISTING 140

A. Offer and Listing Details 140

B. Plan of Distribution 140

C. Markets 140

D. Selling Shareholders 140

E. Dilution 140

F. Expenses of the Issue 140

Item 10. ADDITIONAL INFORMATION 141

A. Share Capital 141

B. Memorandum and Articles of Association 141

C. Material Contracts 153

D. Exchange Controls 153

E. Taxation 153

F. Dividends and Paying Agents 157

G. Statement by Experts 157

H. Documents on Display 157

I. Subsidiary Information 157

Item 11. QUANTITATIVE AND QUALITATIVE DISCLOSURES ABOUT MARKET RISK 158

Item 12. DESCRIPTION OF SECURITIES OTHER THAN EQUITY SECURITIES 161

PART II 167

Item 13. DEFAULTS, DIVIDEND ARREARAGES AND DELINQUENCIES 167

Item 14. MATERIAL MODIFICATIONS TO THE RIGHTS OF SECURITY HOLDERS 167

Item 15. CONTROLS AND PROCEDURES 167

Item 16A. AUDIT COMMITTEE FINANCIAL EXPERT 167

Item 16B. CODE OF ETHICS 168

Item 16C. PRINCIPAL ACCOUNTANTS' FEES AND SERVICES 168

Item 16D. EXEMPTIONS FROM THE LISTING STANDARDS FOR AUDIT COMMITTEES 168

Item 16E. PURCHASES OF EQUITY SECURITIES BY THE ISSUER AND AFFILIATED PURCHASERS 168

Item 16F. CHANGE IN REGISTRANT'S CERTIFYING ACCOUNTANT 168

Item 16G. CORPORATE GOVERNANCE 168

Item 16H. MINE SAFETY DISCLOSURE 169

PART III 170

Item 17. FINANCIAL STATEMENTS 170

Item 18. FINANCIAL STATEMENTS 170

Item 19. EXHIBITS 170

Attachment F

Applicant Indebtedness

Ownership Organizational Chart

Sanofi US Corporation is a fully owned subsidiary of Sanofi, a publicly traded corporation on the Nasdaq (SNY). Corporate structure is indicated below.

Attachment G

Power of Attorney

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that Sanofi US Corporation, a Delaware corporation (the "Corporation"), hereby constitutes and appoints Kamara Hirni as it's true and lawful attorney, for and in its name, place and stead, to represent it in any and all matters relating to the completion, execution and submission of Wholesale Drug Distributor Licenses to be submitted to various jurisdictions by the Corporation.

This Power of Attorney is granted with effect from the date hereof and shall be valid for a period of one year, until revoked in writing or until Kamara Hirni is no longer employed by any member of the Sanofi group.

IN WITNESS WHEREOF, the undersigned Vice President of the Corporation has signed this Power of Attorney as of this 18 day of February 2021.

Sanofi US Corporation

Stefan Roehr, Vice President

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, *provide current license* number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: SCYNEXIS, Inc.

Physical Address: One Evertrust Plaza, 13th Floor

City: Jersey City State: NJ Zip: 07302

Mailing Address (if different from physical address): Same As Physical

City: _____ State: _____ Zip: _____

Telephone: 201-884-5485 Website: www.scynexis.com

Name of Designated Representative (DR): Jitka Shavel

Licensing Company Email: dsavidge@gmhllc.com DR Email: jitka.shavel@scynexis.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

RECD: 6/8/21

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Our first product is currently under review with the FDA and is not sold, dispensed nor distributed at this time.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: SCYNEXIS, Inc.

Mailing Address: One Evertrust Plaza, 13th Floor

City: Jersey City State: NJ Zip: 07302

Telephone: 201-884-5485 Email: jitka.shavel@scynexis.com

Contact Person Name: Jitka Shavel

Date of SEC Registration: 05/02/2014 | SEC Registration Number: 1178253 | Stock Exchange Symbol: SCYX

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration **Please See Attachment A** 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. **N/A - Publicly Traded**		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** **Please See Attachment B**	✓	✓		
• ***List the top four corporation shareholders and their percent ownership.*** **Please See Attachment C**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the *Secretary of State's Office in the State where the business is domiciled, dated within the* last **6 months.** **Please See Attachment D**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** **N/A**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** **Please See Attachment E**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** **N/A**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jitka Shavel

Print Name of Authorized Person Submitting Application

Jitka Shavel

Original signature of Authorized Person (copies or stamps not accepted)

6/2/2021

Date

Board Use Only	Date Received: 6/8/2021	Amount: $500 Check # 73747

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0744407

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

ONE EVERTRUST PLZ, FL 13 JERSEY CITY, NJ 07302-

Reg. No.
5005914

SCYNEXIS, INC.
ONE EVERTRUST PLZ, FL 13
JERSEY CITY, NJ 07302-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCYNEXIS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCYNEXIS, INC." WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3122073 8300

SR# 20212479107

Authentication: 203471929

Date: 06-17-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

SCYNEXIS INC.
0450020123

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on September 28, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of June, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6120209281

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

ATTACHMENT B

CORPORATE OFFICERS

Name:	Marco Taglietti, President & Chief Executive Officer
Phone number	[redacted]
Home address	[redacted] Deer Run, Watchung, NJ 07069
DOB	[redacted]
Ownership	0.56%

Name:	Eric Francois, Chief Financial Officer
Phone number	[redacted]
Home address	[redacted] Schoolhouse Road, Staatsburg, NY 12580
DOB	[redacted]
Ownership	0.06%

Name	David Armando Angulo Gonzalez, Chief Medical Officer
Phone number	[redacted]
Home address	[redacted] SW 180th St., Miami, FL 33157
DOB	[redacted]
Ownership	0.12%

Name:	Scott Sukenick, General Counsel and Secretary
Phone number	[redacted]
Home address	[redacted] James Street, Hastings on Hudson, NY 10706
DOB	[redacted]
Ownership	0.05%

From: Glen Park
To: Jitka Shavel
Subject: FW: Labeler Code Request Approved
Date: Thursday, December 17, 2020 9:24:32 AM
Attachments: image001.png

Glen D. Park, PharmD, MSJ
Executive Director, Regulatory Affairs & Quality Assurance

SCYNEXIS

| Work: +1.201.884.5495 | Mobile: +1.212.945.8512
| glen.park@scynexis.com | www.scynexis.com |

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, April 20, 2020 8:45 PM
To: Glen Park <glen.park@scynexis.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 21-APR-2020
Labeler DUNS: 001073530
Labeler Name: SCYNEXIS, INC.
Labeler Code: 75788

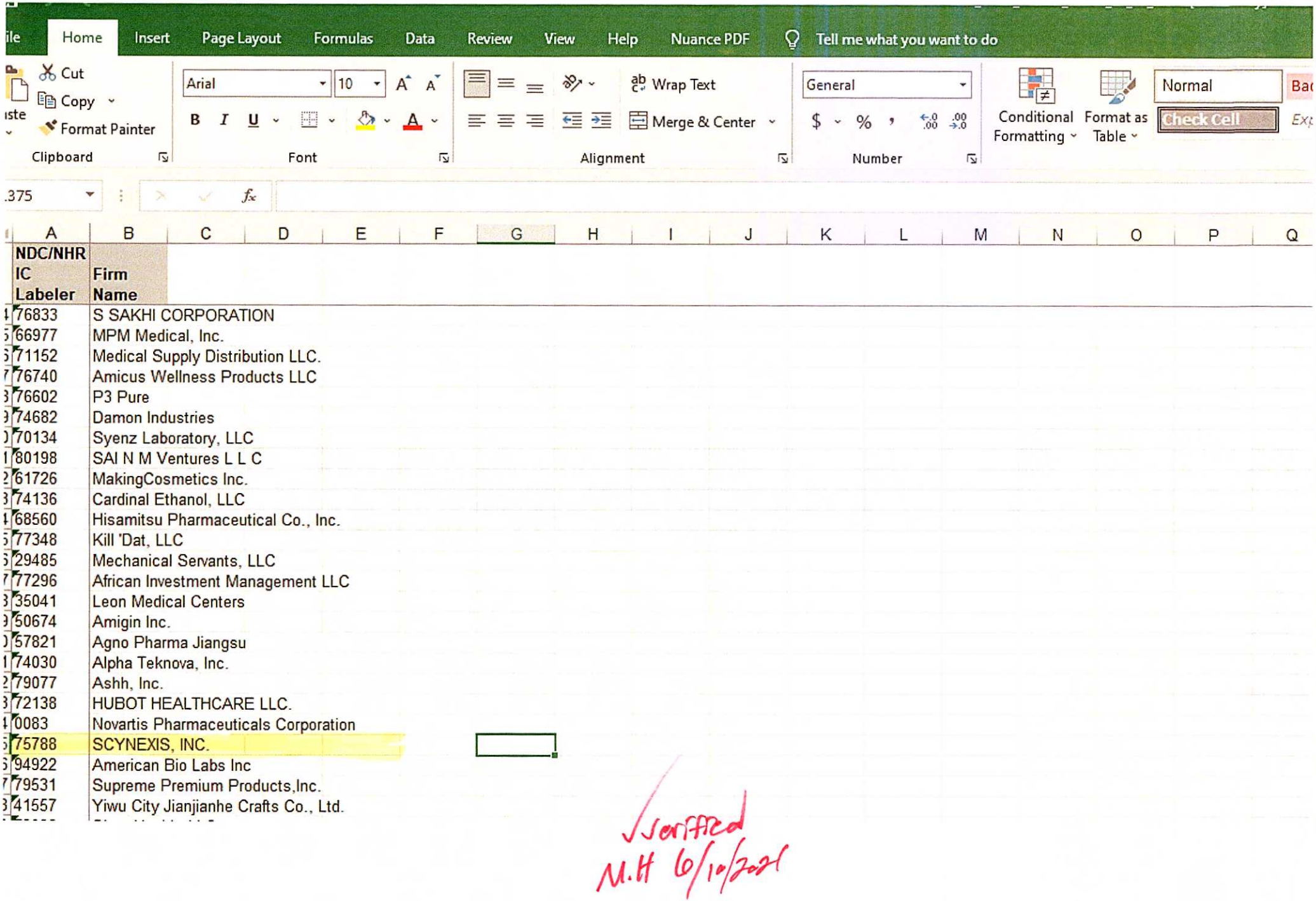
The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal

Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).



NDC/NHRIC Labeler	Firm Name
76833	S SAKHI CORPORATION
66977	MPM Medical, Inc.
71152	Medical Supply Distribution LLC.
76740	Amicus Wellness Products LLC
76602	P3 Pure
74682	Damon Industries
70134	Syenz Laboratory, LLC
80198	SAI N M Ventures L L C
61726	MakingCosmetics Inc.
74136	Cardinal Ethanol, LLC
68560	Hisamitsu Pharmaceutical Co., Inc.
77348	Kill 'Dat, LLC
29485	Mechanical Servants, LLC
77296	African Investment Management LLC
35041	Leon Medical Centers
50674	Amigin Inc.
57821	Agno Pharma Jiangsu
74030	Alpha Teknova, Inc.
79077	Ashh, Inc.
72138	HUBOT HEALTHCARE LLC.
0083	Novartis Pharmaceuticals Corporation
75788	SCYNEXIS, INC.
94922	American Bio Labs Inc
79531	Supreme Premium Products,Inc.
41557	Yiwu City Jianjianhe Crafts Co., Ltd.

√verified
M.H 6/10/2021

AST maintain your momentum

Issuer Name: SCYNEXIS, INC.
Security Name: SCYNEXIS INC (NEW)
Shareholder List; Registered Shareholders; All Share Types; All Accounts; Open Only; All Accounts; All Countries; All States
Report Date & Time: 11-Jan-2021 17:43
Total Shareholder Records: 51
Total Share Position: 20,147,034.000
All Balances as of COB 08-Jan-2021

Shareholders	Position	%OS	Holder Type	State	Country
CEDE & CO (FAST ACCOUNT)	20,120,351.000	99.87	NOMINEE	NEW YORK	UNITED STATES
MERIAL LIMITED	12,830.000	0.06	S-CORPORATION	GEORGIA	UNITED STATES
BAYER CROPSCIENCE HOLDING	4,835.000	0.02	S-CORPORATION	-	FRANCE
PAM KIRBY	2,549.000	0.01	INDIVIDUAL	-	UNITED KINGDOM
YVES JOSEPH RIBEILL	1,816.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
DFC LANGLOIS	1,050.000	<0.01	S-CORPORATION	-	FRANCE
HENRY DAVID SMITH	626.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
PIERRE BERNARD JACQUES MONNET	452.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
ROBIN WOOD KIRWAN	406.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
ANNABEL RENWICK	373.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
SHULIANG LEE	156.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
IRREVOCABLE TRUST FOR THE BENEFIT OF AXEL VALENTIN RIBEILL	122.000	<0.01	INDIVIDUAL FIDUCIARY	NORTH CAROLINA	UNITED STATES
IRREVOCABLE TRUST FOR THE BENEFIT OF GUILHEM JEAN ANTOINE RIBEILL	122.000	<0.01	INDIVIDUAL FIDUCIARY	NORTH CAROLINA	UNITED STATES
DONALD D HONG TRUSTEE DONALD D HONG LIVING TRUST U/A DTD 12/15/2015	114.000	<0.01	INDIVIDUAL FIDUCIARY	NORTH CAROLINA	UNITED STATES
MARY PATRICIA BRADLEY	112.000	<0.01	INDIVIDUAL	MASSACHUSETTS	UNITED STATES
DAN COMINS	98.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
JOHN UNSWORTH	88.000	<0.01	INDIVIDUAL	-	UNITED KINGDOM
SARAH MICHELLE DIMICK GRAY	80.000	<0.01	INDIVIDUAL	MINNESOTA	UNITED STATES
THIAGARAJAN BALASUBRAMANIAN	78.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
JANICE GAIL SLIGHT	70.000	<0.01	INDIVIDUAL	-	UNITED KINGDOM
CLARE L MURRAY	69.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
MICHAEL P SCANNELL	68.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
HANS FILIRI	63.000	<0.01	INDIVIDUAL	-	UNITED KINGDOM
IRREVOCABLE TRUST FOR THE BENEFIT OF REBECCA GRACE CHANDLER DTD FEB 16 2010	58.000	<0.01	INDIVIDUAL FIDUCIARY	NORTH CAROLINA	UNITED STATES
JAMES FAYSON JR	50.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
EDWARD JOSEPH BRNARDIC	48.000	<0.01	INDIVIDUAL	PENNSYLVANIA	UNITED STATES
LINDSEY & LINDSEY ASSOCIATES	39.000	<0.01	S-CORPORATION	NORTH CAROLINA	UNITED STATES
ANDREW D JONES	38.000	<0.01	INDIVIDUAL	-	UNITED KINGDOM
HOLGER SCHRAMM	36.000	<0.01	INDIVIDUAL	-	GERMANY
GILLES OUVRY	29.000	<0.01	INDIVIDUAL	-	FRANCE

Shareholders	Position	%OS	Holder Type	State	Country
GILLIAN M LITTLE	27.000	<0.01	INDIVIDUAL	-	UNITED KINGDOM
NARASINGA RAO	24.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
THE WILLIAM C SWATZELL TRUST	24.000	<0.01	INDIVIDUAL FIDUCIARY	FLORIDA	UNITED STATES
FRED A SEFCOVIC AND BARBARA SEFCOVIC JT TEN	22.000	<0.01	JOINT TENANTS WROS	NORTH CAROLINA	UNITED STATES
BERNARD SCORNEAUX	19.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
CLYDE AND LETA D SWATZELL JT TEN	17.000	<0.01	JOINT TENANTS WR©S	FLORIDA	UNITED STATES
GEORGE HLASS	15.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
HEINRICH ZIEGLER	13.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
MURPHY E RATCLIFF	13.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
JANET REBEKAH ROBBINS	11.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
ADALBERTO A PEREZ DE LEON	7.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
MALACHI KEDDINGTON	3.000	<0.01	INDIVIDUAL	FLORIDA	UNITED STATES
PHILIPPE CHAUVEAU	3.000	<0.01	INDIVIDUAL	-	BELGIUM
BRYCE N CHANEY	2.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
ELISABETH MARTEN5EN	2.000	<0.01	INDIVIDUAL	TEXAS	UNITED STATES
CYNTHIA E REWERTS	1.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
LISA FORD	1.000	<0.01	INDIVIDUAL	NORTH CAROLINA	UNITED STATES
MARILYN BROWN	1.000	<0.01	INDIVIDUAL	FLORIDA	UNITED STATES
MARTIN PETER MARTENSEN	1.000	<0.01	INDIVIDUAL	TEXAS	UNITED STATES
SHANNON COX	1.000	<0.01	INDIVIDUAL	VIRGINIA	UNITED STATES
MILTON H BORROME	1.000	<0.01	INDIVIDUAL	MINNESOTA	UNITED STATES
Total	**20,147,034.000**				

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
FOR THE FISCAL YEAR ENDED December 31, 2020
OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
FOR THE TRANSITION PERIOD FROM TO
Commission File Number 001-36365

SCYNEXIS, Inc.
(Exact name of registrant as specified in its charter)

Delaware	56-2181648
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
1 Evertrust Plaza, 13th Floor Jersey City, NJ	07302 - 6548
(Address of principal executive offices)	(Zip Code)

(201) 884-5485
(Registrant's telephone number, including area code)
Securities registered pursuant to Section 12(b) of the Act:

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol	Name of Each Exchange on Which Registered
Common Stock, par value $0.001 per share	SCYX	Nasdaq Global Market

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant based upon the closing price of its Common Stock on the Nasdaq Global Market on June 30, 2020 was $77,935,551. Excludes 99,975 shares of the registrant's Common Stock held by executive officers and directors outstanding at June 30, 2020. Exclusion of such shares should not be construed to indicate that any such person possesses the power, direct or indirect, to direct or cause the direction of the management or policies of the registrant or that such person is controlled by or under common control with the registrant.

As of March 1, 2021, there were 20,622,778 shares of the registrant's Common Stock outstanding.

Documents Incorporated by Reference

Portions of the registrant's proxy statement to be filed with the Securities and Exchange Commission pursuant to Regulation 14A in connection with the registrant's 2021 Annual Meeting of Stockholders, which will be filed subsequent to the date hereof, are incorporated by reference into Part III of this Form 10-K. Such proxy statement will be filed with the Securities and Exchange Commission not later than 120 days following the end of the registrant's fiscal year ended December 31, 2020.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PUBLIC HEALTH AND FOOD PROTECTION PROGRAM
P.O. BOX 369, TRENTON, NJ 08625-0369
609-826-4935

REPORT OF INSPECTION

Assignment No **16062**
Inspection End Date **04/07/2021**

Registration #	Category	Inspection Type	Evaluation
	Wholesale Drug/Medical Device	**Initial**	**Satisfactory**

Name of Owner or Corporation	Trade Name	Activity
Scynexis Inc.	**Scynexis Inc.**	**Office Only**

Establishment Street Address	City	ZIP	County
One Evertrust Plaza, 13th Floor	**Jersey City**	**07302**	**Hudson**

Establishment Mailing Address (if different)	Phone Number	Fax Number
	(201) 688-2509	

Name and Title of Inspecting Official	REHS Lic. #	Operational Status	Embargo	Reinspect on or After
Kate Lebedinsky, REHI	**B156230**	**Pre-Operational**	**------**	

Name and Title of Designated Representative	Email
Jitka Shavel, Director, Manufacturing and Supply Chain	**Jitka.Shavel@scynexis.com**

Products
☐ Prescription Drugs ☐ OTC Drugs ☐ Class I Medical Devices ☐ Class II Medical Devices ☐ Class III Medical Devices
☐ API ☐ Veterinary Drugs ☒ No Products Stored/Handled Onsite

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 05.00

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
04/07/2021	1	08:15	09:45	2	09:45	11:30	1	11:30	12:45
04/13/2021	3	10:30	11:00						

		YES	NO	N/A
	N.J.A.C. 8:21-3A.7 Personnel Requirements			
	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.8 Facility *Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:*			
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☐	☐	☒
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☐	☐	☒
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☐	☐	☒
(a) 4	Maintained in a clean and orderly condition	☐	☐	☒
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☐	☐	☒
Note				

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
	N.J.A.C. 8:21-3A.9 Security			
(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☐	☐	☒
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☐	☐	☒
(b)	All facilities are equipped with an alarm system to detect entry after hours	☒	☐	☐
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.10 Storage			
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).	☐	☐	☒
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☐	☐	☒
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☐	☐	☒
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.11 Examination of Materials			
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(b)	Each outgoing shipment is carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.12 Returned, Damaged and Outdated Drugs			
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier	☐	☐	☒
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☐	☐	☒
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.13 Recordkeeping			
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☐	☐	☒
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☐	☐	☒
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☐	☐	☒
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☐	☐	☒
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.14 Due Diligence *Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:*			
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☐	☐	☒
(a) 2	The wholesale distributor's most recent facility inspection reports	☐	☐	☒
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 4	A list of corporate officers and managerial employees and designated representatives	☐	☐	☒
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☐	☐	☒
(b)	At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☐	☐	☒
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☐	☐	☒
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.15 Availability of Records and Inventories			
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☐	☐	☒
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.16 Policies and Procedures			
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☐	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☐	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☐	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☐	☐	☐
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☐	☒	☐
(a) 4	Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☐	☒	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
Note	The firm has not established an adequate written procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of fire, flood or other natural disaster. The firm has not established an adequate written procedure for handling returns and outdated products, by either returning the drug to the manufacturer or destruction. Written standard operating procedures reviewed during this inspection were in draft form and were not signed, reviewed or approved.			
	N.J.A.C. 8:21-3A.17 List of Responsible Persons			
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm	☐	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☐	☐	☐
Note				
	N.J.A.C. 8:21-3A.19 Salvage; Reprocessing			
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☐	☐	☐
Note				

Inspecting Official

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Is your facility a reverse distributor? ☐ Yes ☑ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Spero Therapeutics, Inc.

Physical Address: 675 Massachusetts Avenue, 14th Floor

City: Cambridge State: MA Zip: 02139

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 857-242-1600 Website: www.sperotherapeutics.com

Name of Designated Representative (DR): Amy M. Ojena

Licensing Company Email: aojena@sperotherapeutics.com DR Email: aojena@sperotherapeutics.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: clinics	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Spero Therapeutics, Inc.

Mailing Address: 675 Massachusetts Avenue, 14th Floor

City: Cambridge State: MA Zip: 02139

Telephone: 857-242-1600 Email: aojena@sperotherapeutics.com

Contact Person Name: Amy M. Ojena

Date of SEC Registration: 11/02/2017 | SEC Registration Number: 0001701108 | Stock Exchange Symbol: SPRO

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - publicly traded		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment D	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - publicly traded		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** See Attachment D	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment C	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment F	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy M. Ojena

Print Name of Authorized Person Submitting Application

Amy Ojena

Original signature of Authorized Person (copies or stamps not accepted)

09DEC2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc Received 12/17/21

Attachment A

Nature of Business

Spero Therapeutics, Inc. "Spero" is a virtual prescription drug manufacturer. Spero's first product is targeted to treat complicated urinary tract infections and acute pyelonephritis. Spero will use a contract manufacturer to produce its product and a third party logistics provider to ship. No product will be handled at Spero's business office. Provided below is the contact information for the contract manufacturer and third party logistics provider.

Contract Manufacturer:

Savior Lifetec Corporation Tainan Branch
11, Da-Shuen 9th Rd.
Xinshi Dist., Tainan City, 74145, Taiwan (TWN)
FDA Registration#: 3005840211

Third Party Logistics Provider:

Integrated Commercialization Solutions LLC
420 International Drive, Suite 500
Brooks, KY 40109

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, November 10, 2020 8:41 AM
To: Jeffrey Bourque <jbourque@sperotherapeutics.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 10-NOV-2020
Labeler DUNS: 080161535
Labeler Name: Spero Therapeutics, Inc.
Labeler Code Assigned: 81053

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

AutoSave Off ndc_nhric_labeler_codes_12_17_2021 - Protected View Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

A10343 81053

	A	B
1	NDC/NHRIC Labeler	Firm Name
10321	77619	Valor, LLC
10322	54494	SICHUAN EMEISHAN PHARMACEUTICAL CO., LTD.
10323	73051	Orthosciences, Inc.
10324	70903	Starkey Hearing Technologies
10325	49644	Terry Supply Company
10326	80802	Delich Distillery
10327	43621	DJB Gas Services, Inc.
10328	75388	Shantel Medical Supply Corp
10329	77057	MBCE Holdings LLC
10330	69113	SCIENTIFIC HAIR RESEARCH DBA: BOSLEY PROFESSIONAL STRENGTH
10331	80111	Uber Clean Planet LLC
10332	53407	TerraVia Holdings, Inc.
10333	72997	Blairs Ferry Pharmacy
10334	67694	Dent-Aids
10335	79384	Spotlight Medical Inc.
10336	70458	Ampersand Biopharmaceuticals, LLC
10337	77144	J&S Creations LLC
10338	66403	Tiger Balm (Malaysia) Sd. Bhd.
10339	76235	K and P Medical LLC
10340	74023	Norchem Coporation
10341	3215	Aveva Drug Delivery Systems
10342	24342	Picaso Cosmetic Laboratory Limited
10343	81053	Spero Therapeutics, Inc.
10344	10216	Dentsply Caulk
10345	67785	Florida Home Medical Equipment, Inc.

✓ verified mlt 12/17/21

Attachment C

Corporate Officer, Director and Employee Information

Spero Therapeutics, Inc.
675 Massachusetts Avenue, 14th Floor
Cambridge, MA 02139

Corporate Officers:

Ankit Mahadevia
Chief Executive Officer/President

Tamara Joseph
Chief Legal Officer/Secretary

Satyavrat Shukla
Chief Financial Officer/Treasurer

Board of Directors:

Milind Deshpande, PhD
Ankit Mahadevia, MD
Scott Jackson
John C. Pottage, Jr., M.D.
Cynthia Smith
Frank E. Thomas
Kathleen Tregoning
Patrick Vink, MD

Employees:

Amy M. Ojena
Director, Supply Chain

The corporate officers and employees listed have influence over day-to-day operations.

Attachment D

SEC Report and Top Shareholders

Spero Therapeutics, Inc. (Spero) is a publicly traded company. Enclosed are the first 10 pages of Spero's latest SEC 10-K filing. The entire report is 100 pages. To review the entire report, please visit Spero's website: https://investors.sperotherapeutics.com/static-files/91dffc25-8369-4357-ae51-5468e207bc88

In addition, provided are the top four shareholders of the company (as last reported on 9/29/21):

Holder	Shares	% held
Aquilo Capital Management, LLC	4,563,688	14.12%
BVF Inc.	1,809,352	5.60%
Blackrock Inc.	1,802,528	5.58%
Atlas Venture Associates IX, LLC	1,376,968	4.26%

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 For the transition period from ____to____**

Commission file number 001-38266

SPERO THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**46-4590683**
State or other jurisdiction of incorporation or organization	**(I.R.S. Employer Identification No.)**
675 Massachusetts Avenue, 14th Floor Cambridge, Massachusetts	**02139**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code (857) 242-1600

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, $0.001 par value per share	SPRO	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
		Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of Common Stock held by non-affiliates of the registrant computed by reference to the price of the registrant's Common Stock as of June 30, 2020, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $256.2 million (based on the last reported sale price on the Nasdaq Global Market as of such date). As of March 8, 2021, there were 29,504,257 shares of the registrant's Common Stock, $0.001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

The registrant intends to file a definitive proxy statement pursuant to Regulation 14A relating to the 2021 Annual Meeting of Stockholders within 120 days of the end of the registrant's fiscal year ended December 31, 2020. Portions of such definitive proxy statement are incorporated by reference into Part III of this Annual Report on Form 10-K to the extent stated herein.

		Page
PART I		
Item 1.	Business	3
Item 1A.	Risk Factors	35
Item 1B.	Unresolved Staff Comments	74
Item 2.	Properties	74
Item 3.	Legal Proceedings	74
Item 4.	Mine Safety Disclosures	74
PART II		
Item 5.	Market for Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities	75
Item 6.	Selected Financial Data	75
Item 7.	Management's Discussion and Analysis of Financial Condition and Results of Operations	76
Item 7A.	Quantitative and Qualitative Disclosures About Market Risk	88
Item 8.	Financial Statements and Supplementary Data	89
Item 9.	Changes in and Disagreements With Accountants on Accounting and Financial Disclosure	123
Item 9A.	Controls and Procedures	123
Item 9B.	Other Information	123
PART III		
Item 10.	Directors, Executive Officers and Corporate Governance	124
Item 11.	Executive Compensation	124
Item 12.	Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters	124
Item 13.	Certain Relationships and Related Transactions, and Director Independence	124
Item 14.	Principal Accounting Fees and Services	124
PART IV		
Item 15.	Exhibits, Financial Statement Schedules	125
Item 16.	Form 10-K Summary	128

Forward-Looking Information

This Annual Report on Form 10-K contains forward-looking statements that involve risks and uncertainties. We make such forward-looking statements pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. All statements other than statements of historical facts contained in this Annual Report on Form 10-K are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expects," "intends," "plans," "anticipates," "believes," "estimates," "predicts," "potential," "continue" or the negative of these terms or other comparable terminology. These forward-looking statements include, but are not limited to, statements about:

- the initiation, timing, design, progress and results of, including interim data from, our preclinical studies and clinical trials, and our research and development programs;
- the timing and outcome of the New Drug Application approval process for tebipenem HBr;
- our ability to retain the continued service of our key professionals and to identify, hire and retain additional qualified professionals;
- our ability to advance product candidates into, and successfully complete, clinical trials;
- the timing or likelihood of regulatory filings and approvals;
- the direct and indirect impact of the pandemic caused by an outbreak of a new strain of coronavirus, or COVID-19, on our business and operations, including manufacturing, research and development costs, clinical trials, regulatory processes and employee expenses;
- the commercialization of our product candidates, if approved;
- the pricing, coverage and reimbursement of our product candidates, if approved;
- the implementation of our business model and strategic plans for our business and product candidates;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates;
- our ability to enter into strategic arrangements and/or collaborations and the potential benefits of such arrangements;
- our estimates regarding expenses, capital requirements and needs for additional financing;
- our ability to continue as a going concern;
- our financial performance;
- developments relating to our competitors and our industry; and
- other risks and uncertainties, including those listed under Part I, Item 1A. "Risk Factors".

Any forward-looking statements in this Annual Report on Form 10-K reflect our current views with respect to future events or to our future financial performance and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by these forward-looking statements. Factors that may cause actual results to differ materially from current expectations include, among other things, those listed under Part I Item 1A. "Risk Factors" and elsewhere in this Annual Report on Form 10-K. Given these uncertainties, you should not place undue reliance on these forward-looking statements. Except as required by law, we assume no obligation to update or revise these forward-looking statements for any reason, even if new information becomes available in the future.

This Annual Report on Form 10-K also contains estimates, projections and other information concerning our industry, our business, and the markets for certain diseases, including data regarding the estimated size of those markets, and the incidence and prevalence of certain medical conditions. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, we obtained this industry, business, market and other data from reports, research surveys, studies and similar data prepared by market research firms and other third parties, industry, medical and general publications, government data and similar sources.

Risk Factor Summary

We are providing the following summary of the risk factors contained in this Annual Report on Form 10-K to enhance the readability and accessibility of our risk factor disclosures. We encourage you to carefully review the full risk factors contained in this Annual Report on Form 10-K in their entirety for additional information regarding the material factors that make an investment in our securities speculative or risky. These risks and uncertainties include, but are not limited to, the following:

- The outbreak of the novel strain of coronavirus, SARS-CoV-2, which causes COVID-19, could adversely impact our business, including our preclinical studies and clinical trials.
- We have not generated any revenue from the sale of our products, have a history of losses and expect to incur substantial future losses. The report of our auditor on our consolidated financial statements expresses substantial doubt about our ability to continue as a going concern; if we are unable to obtain additional capital, we may not be able to continue our operations on the scope or scale as currently conducted, and that could have a material adverse effect on our business, results of operations and financial condition.
- We expect that we will need substantial additional funding. If we are unable to raise capital when needed, or do not receive payment under our government awards, we could be forced to delay, reduce or eliminate our product development programs or commercialization efforts.
- We are heavily dependent on the success of tebipenem HBr, which is still under development, and our ability to develop, obtain marketing approval for and successfully commercialize tebipenem HBr. If we are unable to develop, obtain marketing approval for and successfully commercialize tebipenem HBr, or if we experience significant delays in doing so, our business could be materially harmed.
- If clinical trials of our product candidates fail to demonstrate safety and efficacy to the satisfaction of the FDA or comparable foreign regulatory authorities or do not otherwise produce favorable results, we may incur additional costs or experience delays in completing, or ultimately be unable to complete, the development and commercialization of such product candidates.
- To support our accelerated clinical development strategy for tebipenem HBr, we are relying, in part, on clinical data from two exploratory Phase 2 clinical trials conducted by Meiji (ME1211) and Global Pharma (L-084 04) in Japan, which were not conducted in accordance with FDA guidance for clinical trials in patients with cUTI. To the extent that these clinical trial design differences limit our use of the clinical data, our proposed clinical trial plan for tebipenem HBr with the FDA could be materially delayed and we may incur material additional costs.
- Preliminary or interim data from our clinical studies that we announce or publish from time to time may change as more patient data become available and are subject to audit and verification procedures that could result in material changes in the final data.
- Serious adverse events or undesirable side effects or other unexpected properties of tebipenem HBr or any other product candidate may be identified during development or after approval that could delay, prevent or cause the withdrawal of regulatory approval, limit the commercial potential, or result in significant negative consequences following marketing approval.
- Even if a product candidate does obtain regulatory approval, it may never achieve the market acceptance by physicians, patients, hospitals, third-party payors and others in the medical community that is necessary for commercial success and the market opportunity may be smaller than we estimate.
- If we are unable to establish sales, marketing and distribution capabilities or enter into sales, marketing and distribution agreements with third parties, we may not be successful in commercializing tebipenem HBr or any other product candidate if such product candidate is approved.
- We face substantial competition from other pharmaceutical and biotechnology companies and our operating results may suffer if we fail to compete effectively.
- We expect to depend on collaborations with third parties for the development and commercialization of some of our product candidates. Our prospects with respect to those product candidates will depend in part on the success of those collaborations.
- We contract with third parties for the manufacture of preclinical and clinical supplies of our product candidates and expect to continue to do so in connection with any future commercialization and for any future clinical trials and commercialization of our other product candidates and potential product candidates. This reliance on third parties increases the risk that we will not have sufficient quantities of our product candidates or such quantities at an acceptable cost, which could delay, prevent or impair our development or commercialization efforts.

- Our use of government funding for certain of our programs adds complexity to our research and commercialization efforts with respect to those programs and may impose requirements that increase the costs of commercialization and production of product candidates developed under those government-funded programs.
- If we are unable to obtain and maintain sufficient patent protection for our technology or our product candidates, or if the scope of the patent protection is not sufficiently broad, our competitors could develop and commercialize technology and products similar or identical to ours, and our ability to successfully commercialize our technology and product candidates may be adversely affected.
- We have registered trademarks and pending trademark applications. Failure to enforce our registered marks or secure registration of our pending trademark applications could adversely affect our business.
- If we are not able to obtain, or if there are delays in obtaining, required regulatory approvals, we will not be able to commercialize tebipenem HBr or our other product candidates, and our ability to generate revenue will be materially impaired.

Item 1. Business.

Overview

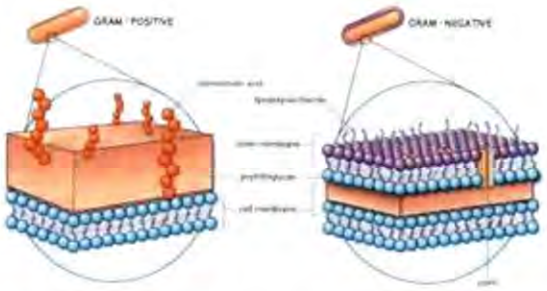
We are a multi-asset, clinical-stage biopharmaceutical company focused on identifying, developing and commercializing treatments in high unmet need areas involving multi-drug resistant, or MDR, bacterial infections and rare diseases. Our most advanced product candidate, Tebipenem Pivoxil Hydrobromide, or tebipenem HBr, is designed to be the first oral carbapenem-class antibiotic for use in adults to treat MDR Gram-negative infections. Treatment with effective orally administrable antibiotics may prevent hospitalizations for serious infections and enable earlier, more convenient and cost-effective treatment of patients after hospitalization. We are also developing SPR720, a novel oral antibiotic designed for the treatment of a rare, orphan disease caused by non-tuberculous mycobacterial pulmonary infections, or NTM disease. In addition, we are advancing SPR206, a next generation polymyxin investigational product candidate, being developed as an IV-administered medicine to treat MDR Gram-negative infections in the hospital. We believe that our novel product candidates, if successfully developed and approved, would have a meaningful patient impact and significant commercial applications for the treatment of MDR infections in both the community and hospital settings.

Antibiotic-resistant bacteria are one of the largest threats to global health, and their prevalence is increasing. While the majority of life-threatening infections historically resulting from antibiotic-resistant bacteria are acquired in the hospital setting, there is an increasing incidence of MDR pathogens in the community setting. Antibiotics used currently for first-line empiric treatment of MDR bacterial infections suffer from significant limitations and risks, including narrow spectrums of coverage and safety and tolerability concerns, and they can be associated with serious adverse effects. In addition, there are no oral antibiotics commercially available that can reliably be used in adults with MDR Gram-negative bacterial infections. This limits the ability of physicians to prevent hospitalizations and transition patients to their home from the hospital after receiving IV-administered therapy. The increasing prevalence of drug resistance and MDR Gram-negative bacteria, as well as the limitations of existing therapies and traditional drug development approaches, highlight the critical need for novel therapies, and in particular orally administrable agents, that are capable of overcoming these obstacles to effective patient treatment.

The Problem: Increasingly Limited Antibiotic Options for Severe Infections

Antibiotic Background

Antibiotics are drugs used to treat infections that are caused by bacteria. Prior to the introduction of the first antibiotics in the 1930s and 1940s, bacterial infections were often fatal. Today, antibiotics are used routinely to treat and prevent infections. There are two main varieties of bacteria, Gram-negative bacteria and Gram-positive bacteria, which are distinguished by structural differences in their cell envelope. Gram-positive bacteria are surrounded by a single lipid membrane and a thick cell wall, while Gram-negative bacteria are encircled by two lipid membranes, an inner membrane and an outer membrane, with a thinner cell wall in between, as shown in the illustration below.



Antibiotics that target Gram-negative bacteria must be specifically designed to cross both the inner and outer membranes to enter the bacteria. The outer membrane, with its LPS-containing outer leaflet, represents a significant barrier to the entry into the bacteria by antibiotics and is a significant contributor toward reduced potency of many agents in treating Gram-negative bacterial infections. Recent studies have found that Gram-negative bacteria in certain patient types, such as those with sepsis and Interstitial Lung Disease, are associated with higher mortality and increased intensive care unit, or ICU, admission. Moreover, a study of 13,796 patients in intensive care units around the world reported in 2009 that 51% of patients experienced bacterial infections, and of these patients 62% were infected by Gram-negative organisms.

Antibiotics are evaluated according to several criteria, including:

- ***Spectrum***. Antibiotics that are effective against a wide variety of bacteria are considered to be broad-spectrum, while those that act upon only a limited number of bacteria are considered to be narrow-spectrum.
- ***Potency***. Potency is the measure of the microbiological ability of an antibiotic to kill or inhibit growth of bacteria *in vitro*. Potency is commonly expressed as the minimum inhibitory concentration, or MIC, in μg/mL, which is the lowest concentration at which the drug inhibits growth of the bacteria. Antibiotics with lower MICs are considered to be more potent.
- ***Resistance***. Antibiotic resistance refers to the inability of an antibiotic to effectively control bacterial growth. Some bacteria are naturally resistant to certain types of antibiotics. Antibiotic resistance can also occur due to genetic mutations or changes in gene expression. There are numerous mechanisms responsible for antibiotic resistance, and resistance mechanisms are often found together and can be transferred between different bacteria, leading to multi-drug resistance.

Growing Antibiotic Resistance in the Hospital and Community Settings

Antibiotic resistance is one of the largest threats to global health, and resistance rates are increasing. Antibiotic resistance can affect anyone, of any age and in any country. According to the U.S. Centers for Disease Control's Antibiotic Resistance Threats in the United States, 2019 report, more than 2.8 million antibiotic-resistant infections occur in the United States each year, and more than 35,000 people die as a result. Approximately 70% of the pathogens that cause these infections are resistant to at least one antibiotic used to treat them. Resistance rates are climbing in both hospital-acquired and community-acquired infections. According to UNC Infectious Diseases investigator David van Duin, MD, PhD and colleagues in 2016: "Some MDR bacteria have become quite prevalent causes of community-acquired infections. The spread of MDR bacteria into the community is a crucial development, and is associated with increased morbidity, mortality, healthcare costs and antibiotic use." The incidence rate of serious infections is increasing, and the proportion of the infections caused by MDR pathogens is increasingly seen as an emerging threat to world health. The Centers for Disease Control and Prevention, or CDC, estimates that the annual impact of antibiotic-resistant infections on the United States economy is $20-35 billion in excess direct health care costs.

According to the CDC, among all of the bacterial resistance problems, Gram-negative pathogens, which cause a majority of all bacterial infections, are particularly worrisome because they are becoming resistant to nearly all drugs that would be considered for treatment. In February 2017, the World Health Organization, or WHO, published a list of Gram- negative bacteria based on the urgency of need for new antibiotics and highlighted a critical group of MDR Gram-negative bacteria that pose a particular threat to human health, including *Acinetobacter*, *Pseudomonas* and multiple Enterobacteriaceae (including *Klebsiella sp.*, *E. coli*, *Serratia* and *Proteus*). These pathogens are associated with significant mortality because the increased incidence of antibiotic resistance has limited the number of effective treatment options.

There is an acute need for new antibiotics to treat MDR bacterial infections, as few new antibiotics capable of addressing such infections have been approved recently for commercialization or are in clinical development. Further, the majority of MDR bacterial infections historically have been acquired in the hospital setting, where they have been treated using IV-administered antibiotics. However, increasingly such infections are being acquired in the community setting, emphasizing the need for orally administrable antibiotics that can effectively treat such infections.

Chronic Bacterial Infection without a Viable Cure

NTM infections represent a growing global health concern and major unmet medical need because of the lack of new medications being developed to combat these bacteria. NTM infections are ubiquitous environmental pathogens that can cause progressive lung damage and respiratory failure, particularly in patients with compromised immune systems or underlying pulmonary disorders.

Although rare, the incidence of pulmonary NTM disease is increasing worldwide. It is estimated that approximately 130,000 patients suffer from NTM disease in the United States and Europe, a figure that is growing at a rate of 8% annually. In addition, many patients go undiagnosed and could benefit from treatment with additional testing. The elderly and people with compromised immune or lung function are at greatest risk, as are patients with bronchiectasis for whom it is estimated that up to 50% may also have active lung infection caused by NTM. Treatment of pulmonary NTM disease requires prolonged therapy (continuing for approximately 12 to 24 months) with a combination regimen and is frequently complicated by tolerability and/or toxicity issues. Additionally, there are currently no oral antibiotics specifically approved for use to treat pulmonary NTM disease. *M. avium* complex is the most common NTM to cause human infection in the United States, and it makes up around 80% of the infections.

The most common treatment for NTM infections is combination therapy with drugs traditionally used for tuberculosis, or TB, which have limited efficacy and high toxicity. NTM infection is also associated with high healthcare costs and high mortality. In 2014, the annual cost in the United States of treating NTM infections alone was estimated at $1.7 billion.

Our Solution

Antibiotics currently used for first-line empiric treatment of MDR acute bacterial infections and NTM infection suffer from significant limitations. We believe that our product candidates will overcome these limitations, as described below:

- ***Tebipenem HBr is designed to address the lack of orally administrable antibiotics to prevent hospitalization and permit IV-to-oral switch therapy in resistant Gram-negative infections.*** Resistance to most commonly used classes of oral antibiotics, such as cephalosporins and fluoroquinolones, has increased significantly. Many of the most commonly used antibiotics for MDR Gram-negative infections are only available in an IV-administered formulation. Treatment with effective orally administrable antibiotics may prevent hospitalizations for serious infections and enable earlier, more convenient and cost-effective treatment of patients following hospitalization. Tebipenem HBr is an orally administrable tablet that we believe has the potential, if approved, to treat such infections in both the community and hospital settings, thereby preventing certain hospitalizations and enabling patients to transition to oral treatment. In the community setting, tebipenem HBr, if successfully developed and approved, may allow patients who develop an infection with a resistant pathogen, but are stable enough to be treated in the community, to avoid the need for an IV catheter and even hospitalization. Hospitalization is a key cost driver for hospital systems and payers, with increasing emphasis being placed on hospital avoidance. In the hospital setting, the lack of effective oral stepdown options results in the potential for lengthy hospital stays or the insertion of a peripherally inserted central catheter, or PICC, to facilitate outpatient administration of IV antibiotics. Tebipenem HBr may enable faster discharges, providing cost-saving advantages for the hospital and mitigating the risk of catheter-related and other hospital-acquired infections for patients.
- ***SPR720 is designed to be the first oral treatment for NTM infection where treatment failure is common and no approved therapies exist.*** The current treatment for NTM infection is lengthy and involves combination therapy, often including three or more antibiotics, including injectables. None of these combination treatments are currently approved for use in NTM infection. Treatment failure is common and is often due to poor compliance or patients' inability to tolerate the regimen. Many patients experience progressive lung disease as a result of NTM infection, and mortality rates are high, ranging from 29% to 69% within five years of diagnosis. We believe SPR720, if successfully developed, has the potential to be the first approved oral agent for NTM pulmonary infection. We initiated a Phase 2a clinical trial in patients with NTM pulmonary disease in December 2020 based on data from the Phase 1 clinical trial, pharmacokinetic analyses and preclinical studies supporting its advancement. On February 5, 2021, we announced that the FDA informed us that a clinical hold had been placed on our Phase 2a clinical trial of SPR720, which is further described elsewhere in this "Business" section of our Annual Report on Form 10-K under the heading "Update on Phase 2a Clinical Trial."
- ***SPR206 is designed to address the decline in the ability of novel and effective IV-administered antibiotics to treat MDR Gram-negative infections in the hospital setting.*** First-line IV empiric antibiotics, such as levofloxacin, ceftazidime and piperacillin-tazobactam, have experienced diminished utility as the number of bacterial strains resistant to these antibiotics in the hospital has increased. Due to gaps in the spectrum of coverage of antibiotics currently on the market, physicians are often confronted with the need to design complicated multi-drug cocktails for patients with serious infections. Based on results from preclinical studies to date, we believe that SPR206 has the potential to be developed as a single drug.

Our Pipeline – Multiple Near-term Catalysts Across the Rare and Infectious Disease Portfolio

The following table sets forth our product candidates, their status and certain anticipated milestones related to them.

Our Product Candidates

Tebipenem HBr (tebipenem pivoxil hydrobromide): Novel Antibiotic with Potential to be the First Oral Carbapenem for Use in Adults

Our lead product candidate, tebipenem HBr, is an oral carbapenem intended for use in adults to treat MDR Gram-negative infections. In September 2020, we announced positive top-line data from the single pivotal Phase 3 clinical trial, which is entitled ADAPT-PO, that is required for approval of tebipenem HBr to treat complicated urinary tract infection, or cUTI, and acute pyelonephritis, or AP. The ADAPT-PO trial achieved its primary objective, demonstrating that oral tebipenem HBr was statistically non-inferior to intravenous ertapenem in the treatment of patients with cUTI and patients with AP with respect to the primary endpoint of overall response at the test-of-cure, or TOC, visit in the microbiological-intent-to-treat, or micro-ITT, population. Comparative safety and tolerability data from 1,372 hospitalized adult patients enrolled in the study were similar between the tebipenem HBr and ertapenem treatment groups. The ADAPT-PO trial was designed as a double-blind, double-dummy trial to compare oral tebipenem HBr with an existing standard of care intravenous, or IV, antibiotic, ertapenem, in 1,372 hospitalized adult patients with cUTI or AP, randomized 1:1 in each arm. We intend to make a New Drug Application, or NDA, submission to the United States Food and Drug Administration, or FDA, for tebipenem HBr for the treatment of cUTI and AP in the second half of 2021.

Carbapenems have been utilized for over 30 years and are considered the standard of care for many serious MDR Gram-negative bacterial infections, but to date they have only been available as IV-administered formulations. Currently, there are no commercially available oral carbapenems for use in adults, and we believe tebipenem HBr has the potential to address this unmet need. Tebipenem HBr is an oral tablet formulation of tebipenem, a carbapenem-class antibiotic marketed by Meiji Seika Pharma Co. Ltd., or Meiji, in Japan as Orapenem® since 2009 for common pediatric infections. To accelerate our clinical development of tebipenem HBr, in June 2017 we signed an exclusive license to certain data and know-how from Meiji and a global pharmaceutical company, to which we refer as Global Pharma, which we intend to use to support our clinical development of tebipenem HBr. We have global commercialization rights to tebipenem HBr, except in certain contractually specified Asian countries.

The FDA has designated tebipenem HBr as a Qualified Infectious Disease Product, or QIDP, for the treatment of cUTI, community acquired bacterial pneumonia, or CABP, and moderate to severe diabetic foot infections, or DFI, under the Generating Antibiotics Incentives Now Act, or the GAIN Act. Among other benefits of a QIDP designation, the first marketing application for the QIDP-designated drug qualifies for priority review by the FDA. If tebipenem HBr is approved for treatment of cUTI, CABP or DFI, the QIDP designation previously granted to tebipenem HBr for those indications will entitle the drug product to receive a one-time five-year extension to any non-patent exclusivity period awarded for tebipenem HBr in the United States (the so-called GAIN exclusivity extension), such as a five-year New Chemical Entity, or NCE, exclusivity granted under the Drug Price Competition and Patent Term Restoration Act of 1984, or the Hatch-Waxman Act, for a total of 10 years, among other possible qualifying periods of regulatory exclusivity. In Europe, exclusivity for NCEs is 10 years (eight years for data exclusivity and an additional two years for market exclusivity), with the possibility of a one-year extension if the chemical entity is approved for use in an additional indication. The QIDP designation for tebipenem HBr, however, does not guarantee a faster development process or ensure FDA approval. Tebipenem HBr has been granted Fast Track Designation by the FDA for the treatment of cUTI and AP.

In January 2021, tebipenem HBr was granted a patent covering a crystalline form and pharmaceutical compositions of tebipenem HBr, with an expiration of February 2038. We believe that our intellectual property portfolio for tebipenem HBr, which includes multiple patent applications pending, will provide tebipenem HBr protection globally, including in the United States and Europe, through 2038. 1080

Advantages of tebipenem HBr

Key attributes of tebipenem HBr support our confidence in tebipenem HBr's commercial potential, if tebipenem HBr receives regulatory approval. We believe tebipenem HBr has the potential to be a safe and effective treatment for cUTI and other serious and life-threatening infections for which we may develop tebipenem HBr.

- ***Potential to be the first oral carbapenem in adults, if approved.*** Tebipenem HBr is designed to be the first broad-spectrum oral carbapenem-class antibiotic for use in adults to treat MDR Gram-negative infections. Unlike other carbapenems, which are only available as IV-administered infusions, tebipenem HBr is an orally administered tablet. Oral administration may potentially allow physicians to avoid IV-administered antibiotics for otherwise healthy or stable patients and/or allow for a reduction in costs associated with avoiding or shortening hospitalization.
- ***Potential for differentiated launch characteristics.*** There are limited branded or generic oral options currently approved or available to treat fluoroquinolone- and cephalosporin-resistant pathogens to assist with transitioning patients from the hospital to the community setting, or to prevent unnecessary hospitalization for cUTI. We believe tebipenem HBr, if approved, would be primarily reimbursable outside the hospital diagnosis-related group, or DRG, system, because of the desire from patients, physicians and payors alike to discharge patients from the hospital. Together, we believe these factors could differentiate tebipenem HBr from other recently launched antibiotic drugs, many of which are injectable, reimbursed within the hospital DRG system, and/or substitutable with equally effective generic alternatives.
- ***Potential uses for treatment.*** As a result of extensive existing data, we believe that tebipenem HBr has the potential to be used for the treatment of cUTI and other serious and life-threatening infections caused by resistant Gram-negative pathogens.
- ***Clinical profile observed in the ADAPT-PO clinical trial suggests there are no tradeoffs in treating with orol tebipenem HBr versus IV ertapenem; safety and tolerability data supported by the Japanese experience.*** The ADAPT-PO trial achieved its primary objective, demonstrating that oral tebipenem HBr was statistically non-inferior to intravenous ertapenem in the treatment of patients with cUTI and patients with AP with respect to the primary endpoint of overall response at the TOC visit in the micro-ITT population. In the ADAPT-PO trial, the safety and tolerability profile for oral tebipenem HBr was similar to IV ertapenem. Both the type and frequency of adverse events were well balanced across treatment groups, with treatment-emergent adverse events reported in 26% of treated patients in both arms. The most commonly observed TEAEs were diarrhea and headaches. Serious adverse events occurred in 1.3% of tebipenem HBr-treated patients, none of which were considered to be drug-related, and there were no deaths reported in the study.

  A granule formulation of tebipenem has been approved for use in Japan in pediatric patients since 2009, where it has demonstrated a favorable safety and efficacy profile. Approximately 1,200 subjects were dosed with the active pharmaceutical ingredient of tebipenem HBr, tebipenem, in clinical and pharmacologic studies during development of this drug by Meiji and its partner in Japan. This data set includes 741 adults, including 88 patients with cUTIs, the initial indication for which we are developing tebipenem HBr. In each case tebipenem has demonstrated a favorable safety, pharmacokinetic and tolerability profile. In addition, Meiji has conducted a 3,540 patient post-marketing study supporting the safety and tolerability profile of tebipenem, specifically demonstrating a safety profile that aligns well with that observed across the clinical trial program and tolerability in line with other broad spectrum oral antibiotics.
- ***Potential to enable IV-to-oral transition of antibiotic treatment to assist with reduction in hospital stays and/or eliminate the need for hospitalization.*** We believe the unique oral formulation of tebipenem HBr may enable patients who begin IV-administered treatment for extended spectrum beta-lactamases in the hospital setting to transition to oral dosing of tebipenem HBr either in the hospital or upon discharge for convenient home-based care. We believe that the availability and use of an oral carbapenem as a transition therapy may eliminate hospitalization or reduce the length of a patient's hospital stay and the overall cost of care.

We believe the foregoing advantages of tebipenem HBr also significantly differentiate tebipenem HBr from fluoroquinolones. Fluoroquinolones are the most widely used antibiotic class in treating community and hospital Gram-negative infections, but they have encountered increasing resistance among MDR Gram-negative bacteria and are associated with significant adverse effects. The table below reflects resistance rates in the United States in the community and hospital settings.

cUTIs in the United States	2019 *E. coli* Resistance Rates to Fluoroquinolones	2013-2014 *E. coli* Resistance Rates to Fluoroquinolones	2000-2004 *E. coli* Resistance Rates to Fluoroquinolones
Community Setting	21.2%	11.7%	0%
Hospital Setting	30.8%	34.5%	3.5%

Currently, fluoroquinolones are the most frequently selected antibiotic for empirical urinary tract infection, or UTI, treatment in the community and hospital settings. Current UTI treatment guidelines published by the Infectious Diseases Society of America identify fluoroquinolones as an appropriate empirical therapy option. This recommendation, however, is contingent on local resistance rates being less than 10%. The endemicity (high rates) of fluoroquinolone-resistant *E. coli* found in the United States today in the community and hospital settings based on the table above would suggest that fluoroquinolones should not be used empirically for cUTI patients.

The following table highlights the observed *in vitro* potency differences between tebipenem HBr and levofloxacin, the most widely used fluoroquinolone. As shown below, tebipenem HBr has a MIC90 value of 0.03 µg/ mL, which compares favorably (i.e., at or below) to the potency value obtained by levofloxacin.

Compound	*E. coli* MIC_{90} (µg /mL)
tebipenem HBr	0.03
Levofloxacin	>4

In addition, the FDA has issued several warnings against the use of fluoroquinolones in certain patients. In particular, an FDA Advisory Committee stated in November 2015 that the risk of serious side effects caused by fluoroquinolones generally outweighs the benefits for patients with acute bacterial sinusitis, acute exacerbation of chronic bronchitis and uncomplicated UTIs, and the agency subsequently issued a drug safety communication to the public and required safety labeling revisions be made to all products within this drug class. The FDA has determined that fluoroquinolones should be reserved for use in patients with these conditions who have no alternative treatment options and safety warnings in the labeling of fluoroquinolone class products have been further strengthened over the past several years. We believe tebipenem HBr could become a potential alternative to oral fluoroquinolones based on its safety and efficacy profile.

Significant Market Opportunity for Tebipenem HBr

Given the observed activity of tebipenem HBr against different bacteria, we view the market opportunity for tebipenem HBr, if approved, to be substantial, including for the following uses:

- Community setting: Treating urinary tract infections acquired in the community setting without the need for patient hospitalization.
- Hospital setting: Transitioning patients hospitalized for UTIs to an appropriate oral therapy as they are discharged from the hospital.

UTIs are among the most common bacterial diseases worldwide, with significant clinical and economic burden. IQVIA (formerly QuintilesIMS) estimates that between 33 and 34 million patients either visit their physician or are hospitalized for a UTI or otherwise suspected of experiencing a UTI in the United States annually. While drugs such as trimethoprim/sulfamethoxazole (Bactrim/Septra) and fluoroquinolones (levofloxacin, ciprofloxacin) have been the primary oral options for treatment of UTIs caused by Gram-negative organisms, nearly 30% to 35% of UTIs are resistant, which has led to increased use of IV-administered therapeutics such as carbapenems.

IQVIA completed a market assessment in August 2017 in the community and hospital settings in which it estimated that there were 11 to 12 million patients annually who presented in the community physician's office with a UTI and 3.5 to 4.5 million patients annually in the hospital with a UTI in the United States alone. Of these UTIs, 10 to 11 million are suspected to be caused by Gram-negative bacteria, and 4 to 5 million of these patients had an infection that is resistant to or failed first-line therapy, such as the fluoroquinolone class, or require IV therapy due to the severity of infection. Physicians in the survey reported high concern with growing fluoroquinolone resistance and lack of oral options for MDR Gram-negative infections. We believe tebipenem HBr is well positioned to meet the unmet need for an oral therapy for community-acquired UTI and may offer physicians an option for treating

MDR UTIs while avoiding patient hospitalization. In addition, we believe tebipenem HBr has the potential to accelerate hospital discharge and obviate the need for continued IV-administered therapy at home by transitioning discharged patients to an at-home oral therapy. Our pivotal Phase 3 clinical trial for tebipenem HBr, ADAPT-PO, was conducted in a subset of UTIs called cUTIs, and our target focus within this group is the 2.7 million patients receiving second line or IV treatment in the United States annually. A significant majority of UTIs, including these cUTIs, are caused by a group of MDR Gram-negative bacteria called Enterobacteriaceae, which tebipenem HBr is effective against.

Tebipenem HBr Clinical Development Program

Single Pivotal Phase 3 Clinical Trial (ADAPT-PO)

In September 2020, we announced positive data from the ADAPT-PO Phase 3 trial evaluating an all oral regimen of tebipenem HBr head-to-head versus an all IV regimen of ertapenem for the treatment of adults with cUTI, including AP. The global, randomized, placebo-controlled ADAPT-PO Phase 3 clinical trial evaluated the safety and efficacy of tebipenem HBr in hospitalized adult patients with cUTI or AP. Patients were randomized (1:1) to receive tebipenem HBr (600 mg) orally every 8 hours, or ertapenem (1 g) IV every 24 hours, for a total of 7 to 10 days.

The ADAPT-PO trial achieved its primary objective, demonstrating that oral tebipenem HBr was statistically non-inferior to intravenous ertapenem in the treatment of patients with cUTI and patients with AP with respect to the primary endpoint of overall response at the TOC visit in the micro-ITT population. Overall response (combined clinical cure plus microbiological eradication) rates at TOC were 58.8% for oral tebipenem versus 61.6% for IV ertapenem (treatment difference, -3.3%; 95% confidence interval [CI]: -9.7, 3.2; -12.5% NI margin).

Data presented at IDWeek 2020 expanded on the topline data, and demonstrated that both the clinical cure and microbiological eradication rates were comparable between treatment groups at the end of treatment, or EOT, TOC and at the late follow-up, or LFU, visits. Specifically, clinical cure rates, which are the key determinant in routine clinical management of cUTI/AP patients, were >93% in both treatment groups at TOC. The high clinical cure rates at TOC were sustained through LFU (88.6% and 90% for tebipenem HBr and ertapenem, respectively), demonstrating a durable clinical response in patients with cUTI and AP. Favorable microbiological response rates at TOC were likewise comparable between treatment groups and were similarly sustained up to LFU in both treatment groups (57.2% and 58.2% for tebipenem HBr and ertapenem, respectively). There were no statistically significant differences between treatment groups in overall response rates across key subgroups of interest, including those determined by age, baseline diagnosis, and presence of bacteremia at baseline. Per pathogen microbiological response rates were generally balanced across treatment groups for the predominant uropathogens.

Comparative safety and tolerability data from 1,372 hospitalized adult patients enrolled in the study were similar between the tebipenem HBr and ertapenem treatment groups. Treatment emergent adverse events, or TEAEs, were reported in approximately 26% of patients in both treatment groups and the most commonly reported TEAEs in both treatment groups were diarrbea (5.0%) and headache (3.8%). Serious TEAEs were infrequent (1.3% for tebipenem HBr vs. 1.7% for ertapenem) and no deaths were reported in the trial. Three *Clostridioides difficile* associated TEAEs were observed in the ertapenem group, while none were observed in the tebipenem HBr group.

Based on our pre-IND, pre-Phase 3 meeting with the FDA, we believe that positive results from a single pivotal Phase 3 clinical trial of tebipenem HBr in cUTI would support the approval of tebipenem HBr for the treatment of cUTI. The primary analysis and assessment of non-inferiority was evaluated using a pre-specified -12.5% non-inferiority (NI) margin. This NI margin was a modification of the original NI margin of -10% that was discussed with the FDA because of concern that the COVID-19 pandemic could have an adverse effect on the trial. As a result, the NI margin was modified prior to database lock from the original NI margin. Data from the ADAPT-PO Phase 3 clinical trial of tebipenem HBr, together with requisite safety data, drug-drug interaction studies and other studies, will form the basis for the NDA for tebipenem HBr to treat cUTI, including acute pyelonephritis, which we plan to submit to the FDA in the second half of 2021. The ADAPT-PO clinical trial may also support marketing applications in other global regions.

QIDP Designation

The FDA has designated tebipenem HBr as a QIDP for the treatment of cUTI, CABP and DFI under the GAIN Act. Among other benefits of a QIDP designation, the first marketing application for the QIDP-designated drug qualifies for priority review by the FDA. The QIDP designation for tebipenem HBr, however, does not guarantee a faster development process or ensure FDA approval. Further, if tebipenem HBr is approved for the treatment of cUTI, CABP or DFI, the FDA's QIDP designation previously granted to tebipenem HBr for those indications will entitle the drug product to receive a one-time five-year extension to any non-patent exclusivity period awarded to tebipenem HBr in the United States, such as a five-year New Chemical Entity exclusivity granted under the Hatch-Waxman Act, among other possible periods of regulatory exclusivity that would qualify for a GAIN exclusivity extension.

Japanese Data Supporting Safety of Tebipenem

Tebipenem pivoxil is a prodrug that is metabolized to tebipenem, its therapeutically active form. We view the clinical safety profile of tebipenem pivoxil established by Meiji as relevant and supportive of tebipenem HBr because both metabolize to the active metabolite, tebipenem, in plasma. Our formulation development efforts are designed to improve target concentration while maintaining the exposure per dose.

Tebipenem pivoxil is an orally administered carbapenem, which is a sub-group of the beta-lactam class of antibiotics. The safety of tebipenem pivoxil was evaluated in approximately 1,200 subjects supporting the application for approval in Japan. In this safety data set, there are 741 adult subjects across 17 trials and 440 pediatric subjects across six trials. These 23 trials in total included one double-blind, comparator-controlled trial in children, five open-label trials in children, five trials enrolling adult patients (including two open-label cUTI trials), and 12 Phase 1 clinical pharmacology trials. Among the pharmacology trials, tebipenem pivoxil was studied for an effect on QT interval, and for the known effect of the pivoxil prodrug on plasma carnitine concentrations.

In these studies, tebipenem pivoxil was generally well tolerated, with an adverse event, or AE, profile comparable to common, approved oral beta lactam antibiotics and IV-administered carbapenems. The most common AEs were gastrointestinal (e.g., diarrhea, loose stools) in both children and adults, and in the Phase 3 clinical trial of otitis media, the incidence was similar to that reported for the comparator, cefditoren pivoxil, an oral cephalosporin antibiotic. No effect of the administration of tebipenem pivoxil on the prolongation of the QT interval was observed, and the effect on plasma carnitine concentrations was reversed post treatment and not associated with AEs. A side effect seen with beta-lactam antibiotics is seizures; however, there have been no reports of inducement of seizures due to the administration of tebipenem pivoxil in clinical trials.

Meiji has reported post-marketing outcomes data reporting the safety and efficacy of Orapenem Fine Granules 10% for Pediatric Use (tebipenem pivoxil) in pediatric patients with pneumonia, otitis media, or sinusitis. A total of 3,547 cases were enrolled into the observational study, and the analysis was conducted using 3,540 cases for which it was possible to recover the questionnaires.

A total of 348 instances of adverse drug reactions were observed in 334 cases amongst the 3,337 cases (including 6 adult cases) used in the safety analyses, and the incidence of adverse drug reactions was 10.01% (334 cases/3,337 cases). The adverse drug reaction that occurred most frequently was "diarrhea" (9.5%, 318 instances/3,337 cases). One serious drug reaction was observed of "multi-organ failure". These data are consistent with the safety profile of tebipenem as established in the pediatric clinical trials and reflected in the Orapenem product labeling in Japan.

A clinical trial evaluating the effect of tebipenem pivoxil dosing over one week on intestinal flora was also performed. Total aerobic and anaerobic bacterial counts were evaluated. Total bacterial count was reduced by day 7 of the study in both the 100 and 200 mg TID groups. However, no additional change in bacterial count was observed on subsequent examination days. Neither fecal *C. difficile* nor its toxin was detected in any of the subjects during or following completion of the 7-day dosing period.

Funded Label Expansion Opportunity

In addition to cUTI, we believe that tebipenem HBr has the potential to treat other serious and life-threatening infections, including CABP. Our Biomedical Advanced Research and Development Authority, or BARDA, award provides funding for Phase 1 and Phase 2 trials supporting a potential CABP indication for tebipenem HBr.

SPR720: Novel Oral Antibiotic Designed for Treatment of Non-tuberculous Mycobacterial Pulmonary (NTM-PD) Disease

A second area of our focus is rare infectious diseases, specifically non-tuberculous mycobacterial pulmonary disease, a rare orphan disease. We are developing SPR720, which represents a novel class of antibacterial agents that target enzymes essential for bacterial DNA replication, for the treatment of NTM disease. NTM causes chronic and serious lung disease with debilitating symptoms that leads to a decline in lung function. It can have a significant physical and emotional impact on patients. SPR720 is designed to be the first novel, oral candidate to treat NTM pulmonary disease. SPR720 represents a novel class of antibacterial agents that target enzymes essential for bacterial DNA replication.

SPR720 has several key attributes including:

- ***Acceptable safety and tolerability within therapeutic dose range.*** Both the SPR720 Phase 1 trial and pharmacokinetic/pharmacodynamic (PK/PD) data for indicated that predicted therapeutic exposures could be attained with a 500 – 1,000 mg once daily oral dose. These doses in the Phase 1 trial were associated with a low incidence of adverse events with no serious adverse events reported. The most common adverse event among all cohorts was mild diarrhea not requiring discontinuation of therapy.
- ***Broad spectrum of activity.*** SPR720 has demonstrated a broad spectrum of activity in preclinical studies against the most common organisms causing NTM infections, including *Mycobacterium avium* complex, or MAC, *Mycobacterium kansasii* and *Mycobacterium abscessus*. SPR720 is applicable to both non-refractory and refractory patients.

Attachment E

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPERO THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5448287 8300

SR# 20213367149

Authentication: 204273048

Date: 09-28-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000911	10/15/2021	10/15/2022	Virtual Drug Manufacturers

ISSUED TO

SPERO THERAPEUTICS, INC
675 MASSACHUSETTS AVE
14TH FLOOR
CAMBRIDGE, MA 02139
ATTN: ANKIT MAHADEVIA CHIEF EXECUTIVE OFFICER

Margret R Cooke
COMMISSIONER OF PUBLIC HEALTH

827440

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000911	10/15/2021	10/15/2022	Virtual Drug Manufacturers

ISSUED TO

SPERO THERAPEUTICS, INC
675 MASSACHUSETTS AVE
14TH FLOOR
CAMBRIDGE, MA 02139
ATTN: ANKIT MAHADEVIA CHIEF EXECUTIVE OFFICER

Margret R Cooke

NEW

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000911	10/15/2021	10/15/2022	Virtual Drug Manufacturers

ISSUED TO SPERO THERAPEUTICS, INC
675 MASSACHUSETTS AVE
14TH FLOOR
CAMBRIDGE, MA 02139
ATTN: ANKIT MAHADEVIA CHIEF EXECUTIVE OFFICER

Margret R Cooke
COMMISSIONER OF PUBLIC HEALTH

827440

FILE COPY

NEW

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: HP Inc.

Physical Address: 16399 West Bernardo Drive

City: San Diego State: CA Zip: 92127

Mailing Address (if different from physical address): 1501 Page Mill Road

City: Palo Alto State: CA Zip: 94304

Telephone: 650-386-7426 Website: https://www.myarize.com

Name of Designated Representative (DR): Brian Jung

Licensing Company Email: orthotic@hp.com DR Email: brian.jung@hp.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: STJ Orthotic Services Inc.
Address: 225 Benjamin, Suite 103 City: Corona State: CA Zip: 92879

Name: FedEx Corp.
Address: 942 South Shady Grove Road City: Memphis State: TN Zip: 38120

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): N/A
Corporation Name: HP Inc.
Mailing Address: 1501 Page Mill Road
City: Palo Alto State: CA Zip: 94304
Telephone: 650 386-7426 Email: orthotic@hp.com
Contact Person Name: Marjorie Mok

Date of SEC Registration: 11/06/1957 | SEC Registration Number: 47217 | Stock Exchange Symbol: HPQ

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philipp Jung

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

27 September 2021

Date

Board Use Only	Date Received: _____	Amount: 500 check # 642763

✓ Processed 10/4/21

1091

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

HP, INC
16399 W. Bernardo Drive
San Diego, CA 92127

LICENSE NUMBER: 112988
EXPIRATION DATE: 12/23/2022

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 1/8/2021

OSP 07 102308

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HP INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2858384 8300

SR# 20213174719

Authentication: 204092808

Date: 09-07-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

List of HP Orthotic Solutions Employees

Brian Jung
Carla Hoyer
Thomas Oed
Enrique Duenas

List of Officers – HP Inc

Name	Title	Phone number	Address
Philipp Jung	Global Head, Orthotic Solutions	[redacted]	[redacted] Page Mill Road, Palo Alto, CA 94304

These are HPQ's top 4 shareholders and own 10% or less

Firm
The Vanguard Group, Inc.
Dodge & Cox
Blackrock Fund Advisors
State Street Global Advisors
Primecap Management Company

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF
THE SECURITIES EXCHANGE ACT OF 1934

October 20, 2021

Date of Report (Date of Earliest Event Reported)

HP Inc.

(Exact name of registrant as specified in its charter)

Delaware	**1-4423**	**94-1081436**
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

1501 Page Mill Road, Palo Alto, California	**94304**
(Address of principal executive offices)	(Zip code)

(650) 857-1501
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.01 per share	**HPQ**	**New York Stock Exchange**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01. Regulation FD Disclosure.

On October 20, 2021, HP issued the press release attached as Exhibit 99.1 to this Current Report. The press release discusses HP's 2021 Securities Analyst Meeting, during which HP reiterated its fiscal year 2021 financial outlook and provided a strategy update and financial outlook for its 2022 fiscal year. The slides presented at the 2021 Securities Analyst Meeting are available at https://investor.hp.com/events/event-details/2021/HP-Securities-Analyst-Meeting/default.aspx and will remain available at that web address for approximately one year.

On October 20, 2021, HP also announced that the HP Board of Directors approved an increase of approximately 29% in HP's planned annual cash dividend amount payable to holders of record of its outstanding common stock, commencing with the dividend for the first fiscal quarter of fiscal year 2022. This will result in an annual cash dividend amount of $1.00 per share.

The information in this Item 7.01, including the press release attached as Exhibit 99.1, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that Section and shall not be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits. The following exhibits are filed as part of this report:

99.1	HP Inc. News Release dated October 20, 2021.
104	Cover Page Interactive Data File, formatted in Inline XBRL

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

HP INC.

DATE: October 20, 2021

By: /s/ RICK HANSEN
Name: Rick Hansen
Title: Deputy General Counsel, Corporate and Assistant Secretary

Exhibit 99.1

HP Inc.
1501 Page Mill Road
Palo Alto, CA 94304

hp.com

News Release
HP Inc. Announces Fiscal 2022 Financial Outlook and Raises Annual Dividend Approximately 29% to $1 per Share

Editorial contacts

HP Inc. Media Relations
MediaRelations@hp.com

HP Inc. Investor Relations
InvestorRelations@hp.com

News highlights:

- HP inc. ("HP") reiterates fiscal 2021 financial outlook provided at Q3 2021 earnings
- Estimates GAAP diluted net earnings per share ("EPS") for fiscal 2022 of $3.86 to $4.06
- Estimates non-GAAP diluted net EPS for fiscal 2022 of $4.07 to $4.27
- Estimates fiscal 2022 free cash flow of at least $4.5 billion
- Expects to return at least 100% of fiscal 2022 free cash flow to shareholders through dividends and share repurchases
- HP announces annual dividend increase of approximately 29% to $1 per share

PALO ALTO, Calif., October 20, 2021 — Today at HP's 2021 Securities Analyst Meeting ("SAM"), the company reiterated its fiscal 2021 financial outlook provided at Q3 2021 earnings, and provided details on its strategy and opportunities for long-term growth, along with its financial outlook for fiscal 2022.

"We continue to build a stronger HP. We have delivered exceptional financial performance since our last investor day in 2019 – and we are confident in our plans to deliver sustained revenue, operating profit, EPS and free cash flow growth," said Enrique Lores, President and Chief Executive Officer, HP Inc. "We are strengthening our core business, building a more growth-oriented portfolio, and creating a more digital company to meet changing customer needs and capitalize on secular trends across our categories."

Fiscal 2022 outlook

For fiscal 2022, the company estimates GAAP diluted net EPS to be in the range of $3.86 to $4.06 and estimates non-GAAP diluted net EPS to be in the range of $4.07 to $4.27. Fiscal 2022 non-GAAP diluted net EPS estimates exclude $0.21 per diluted share, primarily related to restructuring and other charges, acquisition-related charges, amortization of intangible assets, non-operating retirement-related (credits)/charges, tax adjustments and the related tax impact on these items.

Based on the current environment, HP anticipates generating free cash flow of at least $4.5 billion for fiscal 2022.

For fiscal 2022, the company indicated that it expects to return at least 100% of free cash flow through dividends and share repurchases. The HP Board of Directors has approved an increase to the planned annual dividend amount to $1.00 per share, reflecting an approximately 29% increase from the prior dividend. The balance is expected to be returned to shareholders through share repurchases.

"This is a record 29 percent increase in our annual dividend, underscoring our confidence in our ability to grow earnings and free cash flow in fiscal 2022 and beyond," said Marie Myers, Chief Financial Officer. "We remain deeply committed to aggressively returning capital to shareholders while also investing in attractive opportunities we see to drive profitable growth and long-term value creation."

Webcast details

A webcast of today's event, along with management presentations and other materials, is available at https://investor.hp.com/events/event-details/2021/HP-Securities-Analyst-Meeting/default.aspx. This news release contains only a summary of some of the information being presented at today's event and should be read in conjunction with the management presentations and other materials made available on that website.

About HP Inc.

HP Inc. (NYSE: HPQ) creates technology that makes life better for everyone, everywhere. Through our product and service portfolio of personal systems, printers and 3D printing solutions, we engineer experiences that amaze. More information about HP Inc. is available at www.hp.com.

Forward-looking statements

This news release contains forward-looking statements based on current expectations and assumptions that involve risks and uncertainties. If the risks or uncertainties ever materialize or the assumptions prove incorrect, the results of HP and its consolidated subsidiaries may differ materially from those expressed or implied by such forward-looking statements and assumptions.

All statements other than statements of historical fact are statements that could be deemed forward-looking statements, including but not limited to any statements regarding the potential impact of the COVID-19 pandemic and the actions by governments, businesses and individuals in response to the situation; projections of net revenue, margins, expenses, effective tax rates, net earnings, net EPS, cash flows, benefit plan funding, deferred taxes, share repurchases, foreign currency exchange rates or other financial items; any projections of the amount, timing or impact of cost savings or restructuring and other charges, planned structural cost reductions and productivity initiatives; any statements of the plans, strategies and objectives of management for future operations, including, but not limited to, our business model and transformation, our sustainability goals, our go-to-market strategy, the execution of restructuring plans and any resulting cost savings, net revenue or profitability improvements or other financial impacts; any statements concerning the expected development, performance, market share or competitive performance relating to products or services; any statements regarding current or future macroeconomic trends or events and the impact of those trends and events on HP and its financial performance; any statements regarding pending investigations, claims or disputes; any statements of expectation or belief, including with respect to the timing and expected benefits of acquisitions and other business combination and investment transactions; and any statements of assumptions underlying any of the foregoing. Forward-looking statements can also generally be identified by words such as "future," "anticipates," "believes," "estimates," "expects," "intends," "plans," "predicts," "projects," "will," "would," "could," "can," "may," and similar terms.

Risks, uncertainties and assumptions include factors relating to the effects of the COVID-19 pandemic and the actions by governments, businesses and individuals in response to the situation, the effects of which may give rise to or amplify the risks associated with many of these factors listed here; HP's ability to execute on its strategic plan, including the previously announced initiatives, business model changes and transformation; execution of planned structural cost reductions and productivity initiatives; HP's ability to complete any contemplated share repurchases, other capital return programs or other strategic transactions; the need to address the many challenges facing HP's businesses; the competitive pressures faced by HP's businesses; risks associated with executing HP's strategy and business model changes and transformation; successfully innovating, developing and executing HP's go-to-market strategy, including online, omnichannel and contractual sales, in an evolving distribution and reseller landscape; the development and transition of new products and services and the enhancement of existing products and services to meet customer needs and respond to emerging technological trends; successfully competing and maintaining the value proposition of HP's products, including supplies; the need to manage (and reliance on) third-party suppliers, including with respect to component shortages, and the need to manage HP's global, multi-tier distribution network, limit potential misuse of pricing programs by HP's channel partners, adapt to new or changing marketplaces and effectively deliver HP's services; challenges to HP's ability to accurately forecast inventories, demand and pricing, which may be due to HP's multi-tiered channel, sales of HP's products to unauthorized resellers or unauthorized resale of HP's products or HP's uneven sales cycle; integration and other risks associated with business combination and investment transactions; the results of the restructuring plans, including estimates and assumptions related to the cost (including any possible disruption of HP's business) and the anticipated benefits of the restructuring plans; the protection of HP's intellectual property assets, including intellectual property licensed from third parties; the hiring and retention of key employees; the impact of macroeconomic and geopolitical trends and events, including the effects of inflation; risks associated with HP's international operations; the execution and performance of contracts by HP and its suppliers, customers, clients and partners, including logistical challenges with respect to such execution and performance; changes in estimates and assumptions HP makes in connection with the preparation of its financial statements; disruptions in operations from system security risks, data protection breaches, cyberattacks, extreme weather conditions, medical epidemics or pandemics such as the COVID-19 pandemic, and other natural or manmade disasters or catastrophic events; the impact of changes to federal, state, local and foreign laws and regulations, including environmental regulations and tax laws; potential impacts, liabilities and costs from pending or potential investigations, claims and disputes; and other risks that are described herein and the risks discussed in HP's Annual Report on Form 10-K for the fiscal year ended October 31, 2020 and that are otherwise described or updated from time to time in HP's other filings with the Securities and Exchange Commission.

As in prior periods, the financial information set forth in this release reflects estimates based on information available at this time. While HP believes these estimates to be reasonable, these amounts could differ materially from reported amounts in HP's Annual Reports on Form 10-K for the fiscal years ended October 31, 2021 and October 31, 2022 and HP's other filings with the Securities and Exchange Commission. HP assumes no obligation and does not intend to update these forward-looking statements. HP's Investor Relations website at http://investor.hp.com contains a significant amount of information about HP, including financial and other information for investors. HP encourages investors to visit its website from time to time, as information is updated, and new information is posted.

Use of non-GAAP financial information

To supplement HP's financial information presented on a generally accepted accounting principles ("GAAP") basis, HP provides net revenue on a constant currency basis, non-GAAP total operating expense, non-GAAP operating profit, non-GAAP operating margin, non-GAAP tax rate, non-GAAP net earnings, non-GAAP diluted net EPS, free cash flow, gross cash and net cash (debt) financial measures. HP also provides forecasts of non-GAAP diluted net EPS and free cash flow. Reconciliations of each of these non-GAAP financial measures to the most directly comparable GAAP financial measures are included in the slides presented at the 2021 SAM. In addition, an explanation of the ways in which HP's management uses these non-GAAP measures to evaluate its business, the substance behind HP's decision to use these non-GAAP measures, the material limitations associated with the use of these non-GAAP measures, the manner in which HP's management compensates for those limitations, and the substantive reasons why HP's management believes that these non-GAAP measures provide useful information to investors is included below. This additional non-GAAP financial information is not meant to be considered in isolation or as a substitute for net revenue, operating expense, operating profit, operating margin, tax rate, net earnings, diluted net EPS, cash provided by operating activities or cash and cash equivalents prepared in accordance with GAAP.

Use and economic substance of non-GAAP financial measures

Net revenue on a constant currency basis excludes the effect of foreign currency exchange fluctuations calculated by translating current period revenues using monthly average exchange rates from the comparative period and excluding any hedging impact recognized in the current period. Non-GAAP operating margin is defined to exclude the effects of any amounts relating to restructuring and other charges, acquisition-related charges, and amortization of intangible assets. Non-GAAP net earnings and non-GAAP diluted net EPS consist of net earnings or diluted net EPS excluding those same charges, defined benefit plan settlement charges, non-operating retirement related (credits)/charges, debt extinguishment costs, tax adjustments and the amount of additional taxes or tax benefits associated with each non-GAAP item. HP's management uses these non-GAAP financial measures for purposes of evaluating HP's historical and prospective financial performance, as well as HP's performance relative to its competitors. HP's management also uses these non-GAAP measures to further its own understanding of HP's segment operating performance. HP believes that excluding the items mentioned above for these non-GAAP financial measures allows HP's management to better understand HP's consolidated financial performance in relation to the operating results of HP's segments, as HP's management does not believe that the excluded items are reflective of ongoing operating results. More specifically, HP's management excludes each of those items mentioned above for the following reasons:

- Restructuring and other charges are (i) costs associated with a formal restructuring plan and are primarily related to employee separation from service and early retirement costs and related benefits, costs of real estate consolidation and other non-labor charges; and (ii) other charges, which include non-recurring costs that are distinct from ongoing operational costs. HP excludes these restructuring and other charges (and any reversals of charges recorded in prior periods) for purposes of calculating these non-GAAP measures because HP believes that these costs do not reflect expected future operating expenses and do not contribute to a meaningful evaluation of HP's current operating performance or comparisons to HP's operating performance in other periods.

- HP incurs cost related to its acquisitions, which it would not have otherwise incurred as part of its operations. The charges are direct expenses such as third-party professional and legal fees, and integration-related costs, as well as non-cash adjustments to the fair value of certain acquired assets such as inventory. These charges related to acquisitions are inconsistent in amount and frequency and are significantly impacted by the timing and nature of HP's acquisitions. HP believes that eliminating such expenses for purposes of calculating these non-GAAP measures facilitates a more meaningful evaluation of HP's current operating performance and comparisons to HP's operating performance in other periods.

- HP incurs charges relating to the amortization of intangible assets. Those charges are included in HP's GAAP earnings, operating margin, net earnings and diluted net EPS. Such charges are significantly impacted by the timing and magnitude of HP's acquisitions and any related impairment charges. Consequently, HP excludes these charges for purposes of calculating these non-GAAP measures to facilitate a more meaningful evaluation of HP's current operating performance and comparisons to HP's operating performance in other periods.

- Non-operating retirement-related (credits)/charges includes certain market-related factors such as interest cost, expected return on plan assets, amortized actuarial gains or losses, and impacts from other market-related factors associated with HP's defined benefit pension and post-retirement benefit plans. The market-driven retirement-related adjustments are primarily due to the changes in the value of pension plan assets and liabilities which are tied to financial market performance and HP considers these adjustments to be outside the operational performance of the business. Non- operating retirement-related (credits)/charges also include certain plan curtailments, settlements and special termination benefits related to HP's defined benefit pension and post-retirement benefit plans. HP believes that eliminating such adjustments for purposes of calculating non-GAAP measures facilitates a more meaningful evaluation of HP's current operating performance and comparisons to HP's operating performance in other periods.

- HP incurs defined benefit plan settlement charges relating to HP funded pension plans. The charges are associated with the net settlement and remeasurement resulting from voluntary lump sum payments offered to certain vested participants that are separated from service. HP excludes these charges for the purposes of calculating these non-GAAP measures to facilitate a more meaningful evaluation of HP's current operating performance and comparisons to HP's operating performance in other periods.

- HP incurs debt extinguishment costs relating to repurchase of certain of its outstanding U.S. dollar global notes or termination of commitments under revolving credit facilities. These costs primarily included bond repurchase premiums partly offset by gains from fair value hedges. HP excludes these costs for the purposes of calculating these non-GAAP measures to facilitate a more meaningful evaluation of HP's current operating performance and comparisons to HP's operating performance in other periods.

- Tax adjustments include U.S. tax reform adjustment.

- HP recorded U.S. tax reform adjustments as one-time charges relating to the enactment of the Tax Cuts and Jobs Act of 2017 and has completed the accounting for the tax effects of the Tax Cuts and Jobs Act within the one year measurement period. Additional guidance is periodically issued by regulators and new positions taken or elections made by HP impact the income tax expense and effective tax rate in the period in which the adjustments are made.

- HP also recorded other tax adjustment including tax benefits and expenses related to the realizability of certain deferred tax assets, various tax rate and regulatory changes and tax settlements across various jurisdictions. HP excludes these adjustments for the purposes of calculating these non-GAAP measures to facilitate a more meaningful evaluation of HP's current operating performance and comparisons to HP's operating performance in other periods.

HP excludes these adjustments for the purposes of calculating these non-GAAP measures to facilitate a more meaningful evaluation of HP's current operating performance and comparisons to HP's operating performance in other periods.

Free cash flow is a non-GAAP measure that is defined as cash flow from operations adjusted for net investment in leases and net investments in property, plant and equipment. Gross cash is a non-GAAP measure that is defined as cash and cash equivalents plus short-term investments and certain long-term investments that may be liquidated within 90 days pursuant to the terms of existing put options or similar rights. HP's management uses free cash flow and gross cash for the purpose of determining the amount of cash available for investment in HP's businesses, repurchasing stock and other purposes. HP's management also uses free cash flow and gross cash to evaluate HP's historical and prospective liquidity. Because gross cash includes liquid assets that are not included in cash and cash equivalents, HP believes that gross cash provides a helpful assessment of HP's liquidity. Because free cash flow includes net cash (used in)/ provided by operating activities adjusted for net investment in leases and, net investments in property, plant and equipment, HP believes that free cash flow provides a more accurate and complete assessment of HP's liquidity and capital resources. Net cash (debt) is defined as gross cash less gross debt after adjusting the effect of unamortized premium/discount on debt issuance, debt issuance costs and gains/losses on interest rate swaps.

Material limitations associated with use of non-GAAP financial measures

These non-GAAP financial measures may have limitations as analytical tools, and these measures should not be considered in isolation or as a substitute for analysis of HP's results as reported under GAAP. Some of the limitations in relying on these non-GAAP financial measures are:

- Items such as amortization of intangible assets, though not directly affecting HP's cash position, represent the loss in value of intangible assets over time. The expense associated with this change in value is not included in non-GAAP operating margin, non-GAAP net earnings and non-GAAP diluted net EPS, and therefore does not reflect the full economic effect of the change in value of those intangible assets.

- Items such as restructuring and other charges, acquisition-related charges, non-operating retirement-related (credits)/charges, defined benefit plan settlement charges, debt extinguishment costs and tax adjustments that are excluded from non-GAAP operating margin, non-GAAP net earnings and non-GAAP diluted net EPS can have a material impact on the equivalent GAAP earnings measure and cash flows.

- HP may not be able to immediately liquidate the short-term and certain long-term investments included in gross cash, which may limit the usefulness of gross cash as a liquidity measure.

Other companies may calculate the non-GAAP financial measures differently than HP, limiting the usefulness of those measures for comparative purposes.

Compensation for limitations associated with use of non-GAAP financial measures

HP compensates for the limitations on its use of non-GAAP financial measures by relying primarily on its GAAP results and using non-GAAP financial measures only supplementally. HP also provides robust and detailed reconciliations of each non-GAAP financial measure to its most directly comparable GAAP measure in other written materials that include these non-GAAP financial measures, and HP encourages investors to review those reconciliations carefully.

Usefulness of non-GAAP financial measures to investors

HP believes that providing net revenue on a constant currency basis, non-GAAP total operating expense , non-GAAP operating profit, non-GAAP operating margin, non-GAAP tax rate, , non-GAAP net earnings, non-GAAP diluted net EPS, free cash flow, gross cash and net cash (debt) to investors in addition to the related GAAP financial measures provides investors with greater transparency to the information used by HP's management in its financial and operational decision making and allows investors to see HP's results "through the eyes" of management. HP further believes that providing this information better enables HP's investors to understand HP's operating performance and financial condition and to evaluate the efficacy of the methodology and information used by HP's management to evaluate and measure such performance and financial condition. Disclosure of these non-GAAP financial measures also facilitates comparisons of HP's operating performance with the performance of other companies in HP's industry that supplement their GAAP results with non-GAAP financial measures that may be calculated in a similar manner.

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02498	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Jubilant Draximage Inc. dba Jubilant Radiopharma

Physical Address: 1835 Nonconnah Bl., Suite 153

City: Memphis State: TN Zip: 38132

Mailing Address (if different from physical address): 790 Township Line Road, Suite 325

City: Yardley State: PA Zip: 19067

Telephone: 407-694-2135 Website: www.jubl.com

Name of Designated Representative (DR): Steven Taylor

Licensing Company Email: support@jubl.com DR Email: steven.taylor@jubl.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Imaging Centers	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Jubilant Draximage Inc.

Address: 16751 Trans-Canada Highway City: Kirkland State: Quebec Zip: H9H 4J4

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Canada

Parent Company (if any): Jubilant Pharma Ltd

Corporation Name: Jubilant Draximage Inc.

Mailing Address: 790 Township Line Road, Suite 325

City: Yardley State: PA Zip: 19067

Telephone: 407-694-2135 Email: support@jubl.com

Contact Person Name: Jim wilkinson

Section 6: Partnership

Partnership Name: n/a

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sergio Calvo

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/27/2024

Date

Board Use Only	Date Received: _____	Amount: Check # 3600611

Processed 11/20/24

Tennessee Secretary of State

Tre Hargett

Business Services Online > Request a Certificate of Existence > Data Entry

Certificate of Existence

001141022: Jubilant Draximage Inc.

Verification | Requested By | Print Form

Secretary of State Control Number: 001141022

Name: Jubilant Draximage Inc.

Type: For-profit Corporation

Formed in: CANADA

Principal Office Address: 16751 TRANS-CANADA HIGHWAY
KIRKLAND QUEBEC H9H 4J4
CANADA

Status - SOS: Active

Standing - Annual Report: Good

Standing - Registered Agent: Good

Standing - Other: Good

Standing - Revenue: Other

Your request for a Certificate of Existence cannot be completed for this business entity.

★ Please contact the TN Department of Revenue at 615-253-0700. Inform them that you are attempting to obtain an Online Certificate of Existence and need to address any outstanding tax issues. If you still have questions, please contact us at the number below.

Please contact us at (615) 741-6488 or via email at TNSOS.CERT@tn.gov if you have questions or need further assistance.

Continue | Cancel

Division of Business Services
312 Rosa L. Parks Avenue, Snodgrass
Tower, 6th Floor
Nashville, TN 37243
615-741-2286
8:00 a.m. until 4:30 p.m. (Central)
Monday - Friday

Business Filings: (615) 741-2286 | TNSOS.CORPINFO@tn.gov
Certified Copies and Certificate of Existence: (615) 741-6488 | TNSOS.CERT@tn.gov
Motor Vehicle Temporary Liens: (615) 741-0529 | TNSOS.MVTL@tn.gov
Notary Commissions: (615) 741-7486 | TNSOS.ATS@tn.gov
Uniform Commercial Code (UCC): (615) 741-3276 | TNSOS.UCC@tn.gov
Workers' Compensation Exemption Registrations: (615) 741-0526 | TNSOS.WCER@tn.gov
Apostilles & Authentications: (615) 741-0536 | TNSOS.ATS@tn.gov
Summons: (615) 741-1799 | TNSOS.ATS@tn.gov
Trademarks: (615) 741-0531 | TNSOS.ATS@tn.gov
Nonresident Fiduciaries: (615) 741-0536 | TNSOS.ATS@tn.gov

SECRETARY OF STATE

STATE OF NEVADA

FOREIGN CORPORATION (80) QUALIFICATION

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Jubilant Draximage Inc.** did on **12/14/2020** file in this office its Qualification to do Business in this State and is now on file and of record in the office of the Nevada Secretary of State, and further, that said corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/16/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202012161283008
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E11044042020-2
Secretary of State	Filing Number
State Of Nevada	20201104403
	Filed On
	12/14/2020 10:00:00 AM
	Number of Pages
	13

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Profit Corporation

☐ NRS 78 - Articles of Incorporation Domestic Corporation ☒ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of Close Corporation MUST appear in the below heading)

Articles of Formation of _____ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Jubilant Draxinage Inc.

2. Registered Agent for Service of Process: (Check only one box)

☒ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title and address below)

C T Corporation System
Name of Registered Agent OR Title of Office or Position with Entity

Nevada
Street Address City Zip Code

Nevada
Mailing Address (if different from street address) City Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

Donna Peterson-Riggs, Asst. Secretary

X Donna Peterson-Riggs 10/29/2020
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

3. Governing Board: (NRS 78A, close corporation only check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes OR ☒ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1)
Name Country
Street Address City State Zip/Postal Code

2)
Name Country
Street Address City State Zip/Postal Code

3)
Name Country
Street Address City State Zip/Postal Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:
Canada

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☒

This form must be accompanied by appropriate fees.

NV001 - 11/06/2019 Wolters Kluwer Online

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Profit Corporation

Continued, Page 2

6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 88, optional. See instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

Manufacturing, sales and distribution of radiopharmaceuticals

8. Authorized Shares: (Number of shares corporation is authorized to issue)

Number of Authorized shares with Par value: Unlimited Par value: $ $1.00

Number of Common shares with Par value: Unlimited Par value: $ $1.00

Number of Preferred shares with Par value: None Par value: $ N/A

Number of shares with no par value: None

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.

Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Sergio Calvo — Name

Canada — Country

16751 Trans-Canada Highway — Address

Kirkland, Quebec — City

State

H9H 4J4 — Zip/Postal Code

X _____ 10/28/2020

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

NV001 - [illegible]2019 Wolters Kluwer Online

Innovation, Science and Economic Development Canada

Innovation, Sciences et Développement économique Canada

Canada Business Corporations Act

Loi canadienne sur les sociétés par actions

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF THE DOCUMENT MAINTAINED IN THE RECORDS OF THE DIRECTOR.

JE CERTIFIE, PAR LES PRÉSENTES, QUE LE DOCUMENT CI-JOINT EST UNE COPIE EXACTE D'UN DOCUMENT CONTENU DANS LES LIVRES TENUS PAR LE DIRECTEUR.

Canada Business Corporations Act
DCT 2 9 2020
Loi canadienne sur les sociétés par actions

Director - Directeur

Date

Canada

29859 1119

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005178
EXPIRATION DATE: 04/30/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
JUBILANT DRAXIMAGE INC DBA

COMMISSIONER OF HEALTH

DEBRA ROGERS
JUBILANT DRAXIMAGE INC.
790 TOWNSHIP LINE RD
STE 325
YARDLEY PA 19067

12631512
29859

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
JUBILANT DRAXIMAGE INC DBA
JUBILANT RADIOPHARMA
1835 NONCONNAH BLVD., STE 153
MEMPHIS TN 38132

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000005178
EXPIRATION DATE: 04/30/2023

STERILE COMPOUNDING

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

JUBILANT DRAXIMAGE INC. dba JUBILANT RADIOPHARMA

Tennessee Wholesaler – Nevada License No. WH 02498

Name and title of each officer of Jubilant Draximage, Inc.

Sergio Calvo, CEO, President, Director

Vacant -Secretary, CFO & Treasurer

Stockholder

Jubilant Draximage Inc., a Canada corporation – 100% subsidiary of
Jubilant Pharma Ltd., a Singapore corporation - 100%, subsidiary of
Jubilant Life Sciences Ltd., an India public corporation

Top 3 shareholders:

Jubilant Life Sciences Limited

Details of Shareholders holding 10% or more of the Total Shares as on December 10, 2020

Sr. No.	Name of Shareholder	No. of Shares held	Percentage
1	Jubilant Stock Holding Private Limited	21,502,992	13.50
2	HSB Corporate Consultants Private Limited	19,505,979	12.50
3	SSB Consultants And Management Services Private Limited	21,934,665	13.77

Designated Representative

Steven Taylor, RPh

JUBILANT DRAXIMAGE INC. dba JUBILANT RADIOPHARMA

Nevada Nonresident Wholesaler Permit No. WH02498

List of Employees:

Nigel Clarke
Tim Kirkland
Terry Lemmon
Sal Marascalco
Steve Taylor
Bruce Tarleton

Jubilant Life Sciences Limited

Details of Shareholders holding 10% or more of the Total Shares as on December 10, 2020

Sr. No.	Name of Shareholder	No. of Shares held	Percentage
1	Jubilant Stock Holding Private Limited	21,502,992	13.50
2	HSB Corporate Consultants Private Limited	19,505,979	12.50
3	SSB Consultants And Management Services Private Limited	21,934,665	13.77

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Jubilant Draximage Inc. DBA Jubialnt Radiopharma

Physical Address: 1835 Nonconnah Blvd. Suite 149

City: Memphis State: TN Zip: 38132

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 901-345-3434 Website: www.jubilantradiopharma.com

Licensing Company Email:

Section 2: Personal Information

First: Steven Middle: Duane Last: Taylor

Alias(es, nicknames, name changes, etc.): Steve

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Snickers Drive

City: Arlington State: TN Zip: 38002

Telephone: [redacted] Email: steven.taylor@jubl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: SDT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Tennessee College of Pharmacy			08/90 - 05/94	
Address	City		State	Zip
881 Madison Avenue	Memphis		TN	38163
Diploma/Degree obtained, if any				
Pharm.D.				

School Name			From - To (MM/YY – MM/YY)	
Harding University			08/87 - 05/90	
Address	City		State	Zip
915 East Market Avenue	Searcy		AR	72149
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Northside High School			08/86 - 05/87	
Address	City		State	Zip
3066 North Highland Avenue	Jackson		TN	38305
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Elizabethtown High School			08/83 - 05/86	
Address	City		State	Zip
620 North Mulberry Street	Elizabethtown		KY	42701
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/00 - Present	[redacted] Snickers Drive	Arlington	TN	38002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SDT

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Mallinckrodt Medical, Tyco Healthcare, Covidien, Triad Isotopes, Jubilant Radiopharma			12/98 - Present	
Business Address		**City**	**State**	**Zip**
1835 Nonconnah Blvd, Suites 149 & 153		Memphis	TN	38132
Phone	**Title**		**Number of Employed Hours**	
901-345-3434	Pharmacy Manager		47,840	
Description of Duties				
Manage daily operations, oversee radiation safety program, oversee quality and safety program, interview and hire all staff working at the pharmacy, Make customer sales calls and present proposals to materials management.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials SDT

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SDT

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials SDT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials SDT

I, Steven Taylor, **certify that as the designated representative for**

Jubilant Draximage Inc. DBA Jubilant Radiopharma,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Steven Taylor

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/09/2021

Date

Applicant's initials SDT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Taylor

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, Steven Taylor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/9/2021

Date

Subscribed and Sworn to before me this 9th day of November.

Notary Public Signature

TAMIKA WALKER
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 5-8-2023

(Seal)

Applicant's initials SDT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Jubilant Draximage Inc. dba Jubilant Radiopharma

Physical Address: 1835 Nonconnah Bl., Suite 153

City: Memphis State: TN Zip: 38132

Mailing Address (if different from physical address): 790 Township Line Road, Suite 325

City: Yardley State: PA Zip: 19067

Telephone: 407-694-2135 Website: www.jdiri.com

Licensing Company Email: support@jubl.com

Section 2: Personal Information

First: Sergio Middle: Alexandre Bastos Last: Calvo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Township Line Road, Suite [redacted]

City: Yardley State: PA Zip: 19067

Telephone: [redacted] Email: sergio.calvo@jubl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSIDADE FEDERAL DO RIO DE JANEIRO		1990-1994	
Address	**City**	**State**	**Zip**
ILHA DO FUNDÃO	RIO DE JANEIRO	RJ	
Diploma/Degree obtained, if any			
BACHELOR'S DEGREE, ENGINEERING			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/20 - PRESENT	[redacted] HARMONY CT	POYLESTOWN	PA	18902
6/14 - 6/20	15720 BROOK LN	BROOKFIELD	WI	53005
6/07 - 6/14	1931 WHITE OAK DR	ALGONQUIN	IL	60102
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
JUBILANT PHARMA LIMITED			12/19 – TODAY	
Business Address		City	State	Zip
730 TOWNSHIP LINE RD		YARDLEY	PA	19067
Phone	Title			
407-654-2135	PRESIDENT, RADIOPHARMACEUTICALS			
Description of Duties				
MANAGE RADIOPHARMACEUTICALS DIVISION.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/27/2021

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SERGIO CALVO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Bucks

I, Sergio Calvo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/27/2021

Date

Subscribed and Sworn to before me this 27 day of May.

Catherine Saldanha

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Catherine Saldanha, Notary Public
Bucks County
My commission expires January 9, 2023
Commission number 1344185
Member, Pennsylvania Association of Notaries

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800015065

Application/License No. _____

Jubilant Draximage Inc. dba Jubilant Radiopharma (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1835 Nonconnah Blvd., Ste. 153, Memphis, TN 38132 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 27, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of August, 20 21.

APPLICANT/PRINCIPAL

COMPANY
Jubilant DraxImage Inc. dba Jubilant Radiopharma

Authorized Representative

SURETY

Atlantic Specialty Insurance Company

Surety Company's Representative

Donna M Planeta, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Oliva Spada

Witness Christian Porydzy

Countersigned by:

Nevada Resident Agent
Eric Strba, Nevada Non-Resident License No. 3325461

Posted February 20, 2020

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Michelle Anne McMahon, Donna M Planeta, Joshua Sanford, Aimee R Perondine, Bethany Stevenson, Tanya Nguyen, Rebecca Stevenson, Bryan M. Caneschi, Melissa Stanton, Alexis Apostolidis, Phillip Knower, Brendan Fletcher, Cassandra Baez, Jacqueline Rose Susco, Kathryn Pryor, Nicholas Turecamo**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

> Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.
>
> Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

> Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 27th day of August, 2021.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

Willis Towers Watson

Telephone: (860) 756-7308
Website: www.willistowerswatson.com
E-mail: Kristopher.pisano@willistowerswatson.com

August 27, 2021

Jubilant Pharma Holdings, Inc.
Attn: Debra Rogers
790 Township Line Road, Suite 175
Yardley, PA 19067

RE: ***Bond Number: 800015065***
Obligee: Nevada State Board of Pharmacy
Description: New Bond
Commission: $650.00

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice for this bond is enclosed or will be sent to you under separate cover. Please note the premium payment for this bond is due upon receipt.

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson can collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates/.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Kristopher Pisano

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Jubilant Draximage Inc. dba Jubilant Radiopharma

Physical Address: 1835 Nonconnah Bl., Suite 153

City: Memphis State: TN Zip: 38132

Mailing Address (if different from physical address): 790 Township Line Road, Suite 325

City: Yardley State: PA Zip: 19067

Telephone: 407-694-2135 Website: www.jdiri.com

Licensing Company Email: support@jubl.com

Section 2: Personal Information

First: Steven Middle: Duane Last: Taylor

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Nonconnah Blvd. Suite [redacted]

City: Memphis State: TN Zip: 38132

Telephone: [redacted] Email: Steven.Taylor@jubl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee College of Pharmacy		08/90 - 05/94	
Address	City	State	Zip
881 Madison Avenue	Memphis	TN	38163
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Harding University		08/87 - 05/90	
Address	City	State	Zip
915 E. Market Avenue	Searcy	AR	72149
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Northside High School		08/86 - 05/87	
Address	City	State	Zip
3066 North Highland Avenue	Jackson	TN	38305
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Elizabethtown High School		08/83 - 05/86	
Address	City	State	Zip
620 North Mulberry Street	Elizabethtown	KY	42701
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/99 - 06/21	[redacted] Snickers Drive	Arlington	TN	38002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Jubilant Radiopharma			12/98 - 06/21	
Business Address		**City**	**State**	**Zip**
1835 Nonconnah Blvd. Suite 153		Memphis	TN	38132
Phone	**Title**			
901-345-3434	Pharmacy Manager			
Description of Duties				
Oversee the day-to-day operations of the pharmacy. Compound radiopharmaceuticals, perform quality control testing, package and ship products to customers.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Taylor

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/21/2021

Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Shelby

I, Steven Taylor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-21-21

Date

Subscribed and Sworn to before me this 21st day of 2021.

Notary Public Signature

VIVIAN BOWDEN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 4-15-2024

(Seal)

Applicant's initials

1	Name of the Company:	JUBILANT LIFE SCIENCES LIMITED
2	CIN:	L24116UP1978PLC004624
3	Class of Security:	Equity
4	ISIN:	INE700A01033
5	Share Holding Pattern filed under Regulation 31(1)(b) for quarter ending:	September 30, 2020

6 **Declaration: Entity is required to submit the following declaration to the extent of submission of information:-**

Particulars	Yes/No	Promoter and Promoter Group	Public Shareholding	Non Promoter - Non Public
1. Whether the Listed Entity has issued any partly paid up shares?	No			
2. Whether the Listed Entity has issued any Convertible Securities?	No			
3. Whether the Listed Entity has issued any Warrants ?	No			
4. Whether the Listed Entity has any shares against which depository receipt are issued?	No			
5. Whether the Listed Entity has any shares in locked-in?	No			
6. Whether any shares held by promoters are pledge or otherwise encumbered?	No			
7. Whether company has equity shares with differential voting rights?	No			
8. Whether the listed entity has any significant beneficial owner?	No			

7 The tabular format for disclosure of holding of specified securities is as follows:

Table I - Summary Statement holding of specified securities

Category (I)	Category of shareholder (II)	Nos. of shareholders (III)	No. of fully paid up equity shares held (IV)	No. of Partly paid-up equity shares held (V)	No. of shares underlying Depository Receipts (VI)	Total nos. shares held (VII) = (IV)+(V)+ (VI)	Shareholding as a % of total no. of shares (calculated as per SCRR, 1957) (VIII) As a % of (A+B+C2)	Number of Voting Rights held in each class of securities (IX)				No. Of Shares Underlying Outstanding convertible securities (X)	No. of Shares Underlying Outstanding Warrants (Xi)	No. Of Shares Underlying Outstanding convertible securities and No. Of Warrants (Xi) (a)	Shareholding , as a % assuming full conversion of convertible securities (as a percentage of diluted share capital) (XI)= (VII)+(X) As a % of (A+B+C2)	Number of Locked in shares (XII)		Number of Shares pledged or otherwise encumbered (XIII)		Number of equity shares held in dematerialized form (XIV)
								No of Voting Rights			Total as a % of (A+B+ C)					No. (a)	As a % of total Shares held (b)	No. (a)	As a % of total Shares held (b)	
								Class eg: X	Class egy	Total										
(A)	Promoter & Promoter Group	19	80717056	0	0	80717056	50.68	80717056	0	80717056	50.68	0	0	0	50.68	0	0.00	0	0.00	80717056
(B)	Public	74856	78564083	0	0	78564083	49.32	78564083	0	78564083	49.32	0	0	0	49.32	0	0.00	NA	NA	77823272
(C)	Non Promoter - Non Public	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
(C1)	Shares underlying DRs	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
(C2)	Shares held by Employee Trusts	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
	Total	74875	159281139	0	0	159281139	100.00	159281139	0	159281139	100.00	0	0	0	100.00	0	0.00	0	0.00	158540328

Table II - Statement showing shareholding pattern of the Promoter and Promoter Group

Sr. No.	Category & Name of the Shareholders (I)	No. of shareholder (III)	No. of fully paid up equity shares held (IV)	Partly paid-up equity shares held (V)	Nos. of shares underlying Depository Receipts (VI)	Total nos. shares held (VII = IV+V+VI)	Shareholding as a % of total no. of shares (calculated as per SCRR, 1957) (VIII) As a % of (A+B+C2)	Number of Voting Rights held in each class of securities (IX)				No. Of Shares Underlying Outstanding convertible securities (X)	No. of Shares Underlying Outstanding Warrants (Xi)	No. Of Shares Underlying Outstanding convertible securities and No. Of Warrants (Xi) (a)	Shareholding as a % assuming full conversion of convertible securities (as a percentage of diluted share capital) (XI)= (VII)+(X) As a % of (A+B+C2)	Number of Locked in shares (XII)		Number of Shares pledged or otherwise encumbered (XIII)		Number of equity shares held in dematerialized form (XIV)
								No. of Voting Rights			Total as a % of Total Voting rights					No. (a)	As a % of total Shares held (b)	No. (a)	As a % of total Shares held (b)	
								Class X	Class Y	Total										
(1)	Indian																			
(a)	Individuals/Hindu Undivided Family	4	503500	0	0	503500	0.32	503500	0	503500	0.32	0	0	0	0.32	0	0.00	0	0.00	503500
	HARI SHANKER BHARTIA	1	360885	0	0	360885	0.23	360885	0	360885	0.23	0	0	0	0.23	0	0.00	0	0.00	360885
	KAVITA BHARTIA	1	10285	0	0	10285	0.01	10285	0	10285	0.01	0	0	0	0.01	0	0.00	0	0.00	10285
	PRIYAVRAT BHARTIA	1	3085	0	0	3085	0.00	3085	0	3085	0.00	0	0	0	0.00	0	0.00	0	0.00	3085
	SHAMIT BHARTIA	1	129245	0	0	129245	0.08	129245	0	129245	0.08	0	0	0	0.08	0	0.00	0	0.00	129245
(b)	Central Government/State Government(s)	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-		0.00	0	0.00	0
(c)	Financial Institutions/Banks	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-		0.00	0	0.00	0
(d)	Any Others (specify) BODIES CORPORATE	10	73583176	0	0	73583176	46.20	73583176	0	73583176	46.20	0	0	0	46.20	0	0	0	0	73583176
	JAYTEE PRIVATE LIMITED	1	7600	0	0	7600	0.00	7600	0	7600	0.00	0	0	0	0.00	0	0.00	0	0.00	7600
	NIXITA RESOURCES PRIVATE LIMITED	1	3504540	0	0	3504540	2.20	3504540	0	3504540	2.20	0	0	0	2.20	0	0.00	0	0.00	3504540
	VAM HOLDINGS LIMITED	1	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
	JUBILANT STOCK HOLDING PRIVATE LIMITED	1	21502992	0	0	21502992	13.50	21502992	0	21502992	13.50	0	0	0	13.50	0	0.00	0	0.00	21502992
	HSB CORPORATE CONSULTANTS PRIVATE LIMITED	1	19505979	0	0	19505979	12.25	19505979	0	19505979	12.25	0	0	0	12.25	0	0.00	0	0.00	19505979
	SSB CONSULTANTS AND MANAGEMENT SERVICES PRIVATE LIMITED	1	21934665	0	0	21934665	13.77	21934665	0	21934665	13.77	0	0	0	13.77	0	0.00	0	0.00	21934665
	MAV MANAGEMENT ADVISORS LLP	1	5011400	0	0	5011400	3.15	5011400	0	5011400	3.15	0	0	0	3.15	0	0.00	0	0.00	5011400
	JUBILANT ENPRO PRIVATE LIMITED	1	2116000	0	0	2116000	1.33	2116000	0	2116000	1.33	0	0	0	1.33	0	0.00	0	0.00	2116000
	JUBILANT CONSUMER PRIVATE LIMITED	1	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
	JUBILANT ADVISORS LLP	1	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
	Sub-Total(A)(1)	14	74086676	0	0	74086676	46.51	74086676	0	74086676	46.51	0	0	0	46.51	0	0.00	0	0.00	74086676
(2)	Foreign																			
(a)	Individuals (Non- Resident Individuals/ Foreign Individuals)	1	1399925	0	0	1399925	0.88	1399925	0	1399925	0.88	0	0	0	0.88	0	0.00	0	0.00	1399925
	SHYAM SUNDER BHARTIA	1	1399925	0	0	1399925	0.88	1399925	0	1399925	0.88	0	0	0	0.88	0	0.00	0	0.00	1399925
(b)	Government	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
(c)	Institutions	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-		0.00	0	0.00	0
(d)	Foreign Portfolio Investor	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
(e)	Any Others (specify) BODIES CORPORATE	4	5230455	0	0	5230455	3.28	5230455	0	5230455	3.28	0	0	0	3.28	0	0	0	0	5230455
	TORINO OVERSEAS LIMITED	1	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
	CUMIN INVESTMENTS LIMITED	1	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
	RANCE INVESTMENT HOLDINGS LIMITED	1	0	0	0	0	0.00	0	0	0	0.00	0	0	0	-	0	0.00	0	0.00	0
	MILLER HOLDINGS PTE. LIMITED	1	5230455	0	0	5230455	3.28	5230455	0	5230455	3.28	0	0	0	3.28	0	0.00	0	0.00	5230455
	Sub-Total (A)(2)	5	6630380	0	0	6630380	4.16	6630380	0	6630380	4.16	0	0	0	4.16	0	0.00	0	0.00	6630380
	Total Shareholding of Promoter and Promoter Group (A)= (A)(1)+(A)(2)	19	80717056	0	0	80717056	50.68	80717056	0	80717056	50.68	0	0	0	50.68	0	0.00	0	0.00	80717056

Table III - Statement showing shareholding pattern of the Public Shareholder

Sr. No.	Category & Name of the Shareholders (I)	Nos. of shareholder (III)	No. of fully paid up equity shares held (IV)	Partly paid-up equity shares held (V)	Nos. of shares underlying Depository Receipts (VI)	Total nos. shares held (VII = IV+V+VI)	Shareholding % calculated as per SCRR, 1957 As a % of (A+B+C2) (VIII)	Number of Voting Rights held in each class of securities (IX)				No. Of Shares Underlying Outstanding convertible securities (X)	No. of Shares Underlying Outstanding Warrants (Xi)	No. Of Shares Underlying Outstanding convertible securities and No. Of Warrants (Xi) (a)	Shareholding , as a % assuming full conversion of convertible securities (as a percentage of diluted share capital) (XI)= (VII)+(X) As a % of (A+B+C2)	Number of Locked in shares (XII)		Number of Shares pledged or otherwise encumbered (XIII)		Number of equity shares held in dematerialized form (XIV)
								No of Voting Rights			Total as a % of Total Voting rights					No. (a)	As a % of total Shares held (b)	No. (a)	As a % of total Shares held (b)	
								Class X	Class Y	Total										
(1)	Institutions																			
(a)	Mutual Fund	5	1228396	0	0	1228396	0.77	1228396	0	1228396	0.77	0	0	0	0.77	0	0.00	NA	NA	1228396
(b)	Venture Capital Funds	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00		0.00	NA	NA	0
(c)	Alternate Investment Funds	5	559025	0	0	559025	0.35	559025	0	559025	0.35	0	0	0	0.35	0	0.00	NA	NA	559025
(d)	Foreign Venture Capital Investors	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00		0.00	NA	NA	0
(e)	Foreign Portfolio Investors	180	41495313	0	0	41495313	26.05	41495313	0	41495313	26.05	0	0	0	26.05	0	0.00	NA	NA	41495313
	LAZARD EMERGING MARKETS SMALL CAP EQUITY TRUST	1	1625251	0	0	1625251	1.02	1625251	0	1625251	1.02	0	0	0	1.02	0	0.00	NA	NA	1625251
	EAST BRIDGE CAPITAL MASTER FUND LIMITED	1	7377759	0	0	7377759	4.63	7377759	0	7377759	4.63	0	0	0	4.63	0	0.00	NA	NA	7377759
	GOVERNMENT PENSION FUND GLOBAL	1	4305429	0	0	4305429	2.70	4305429	0	4305429	2.70	0	0	0	2.70	0	0.00	NA	NA	4305429
	EAST BRIDGE CAPITAL MASTER FUND I LTD	1	5371134	0	0	5371134	3.37	5371134	0	5371134	3.37	0	0	0	3.37	0	0.00	NA	NA	5371134
(f)	Financial Institutions/ Banks	5	3115	0	0	3115	0.00	3115	0	3115	0.00	0	0	0	0.00	0	0.00	NA	NA	2515
(g)	Insurance Companies	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
(h)	Provident Funds/ Pension Funds	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
(i)	Any Others (specify)	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
	Sub-Total(B)(1)	191	43285849	0	0	43285849	27.18	43285849	0	43285849	27.18	0	0	0	27.18	0	0.00	NA	NA	43285249
(2)	Central Government/ State Government(s)/ President of India	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00		0.00	NA	NA	0
	Sub-Total (B)(2)	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
(3)	Non-institutions																			
(a-i)	Individuals - I. Individual shareholders holding nominal share capital up to Rs. 2 lakhs.	70798	16072946	0	0	16072946	10.09	16072946	0	16072946	10.09	0	0	0	10.09	0	0.00	NA	NA	15363210
(a-ii)	Individuals - II. Individual shareholders holding nominal share capital in excess of Rs. 2 lakhs.	5	9705559	0	0	9705559	6.09	9705559	0	9705559	6.09	0	0	0	6.09	0	0.00	NA	NA	9705559
	Rakesh Radheshyam Jhunjhunwala	1	4125800	0	0	4125800	2.59	4125800	0	4125800	2.59	0	0	0	2.59	0	0.00	NA	NA	4125800
	Rakesh Radheshyam Jhunjhunwala	1	2520000	0	0	2520000	1.58	2520000	0	2520000	1.58	0	0	0	1.58	0	0.00	NA	NA	2520000
	Rakesh Radheshyam Jhunjhunwala	1	2500000	0	0	2500000	1.57	2500000	0	2500000	1.57	0	0	0	1.57	0	0.00	NA	NA	2500000
(b)	NBFCs registered with RBI	1	1168	0	0	1168	0.00	1168	0	1168	0.00	0	0	0	0.00	0	0.00	NA	NA	1168
(c)	Employee Trusts$	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	NA	NA	0
(d)	Overseas Depositories (holding DRs) (balancing figure)	0	0	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00		0.00	NA	NA	0
(e)	Any other (Specify)	3857	9498561	0	0	9498561	5.96	9498561	0	9498561	5.96	0	0	0	5.96	0	0.00	NA	NA	9468086
(e-i)	CLEARING MEMBER	168	221911	0	0	221911	0.14	221911	0	221911	0.14	0	0	0	0.14	0	0.00	NA	NA	221911
(e-ii)	BODIES CORPORATE	516	5584237	0	0	5584237	3.51	5584237	0	5584237	3.51	0	0	0	3.51	0	0.00	NA	NA	5583187
(e-iii)	NON RESIDENT INDIAN	1857	820027	0	0	820027	0.51	820027	0	820027	0.51	0	0	0	0.51	0	0.00	NA	NA	790602
(e-iv)	TRUST	10	79753	0	0	79753	0.05	79753	0	79753	0.05	0	0	0	0.05	0	0.00	NA	NA	79753
(e-v)	RESIDENT (HUF)	1304	593520	0	0	593520	0.37	593520	0	593520	0.37	0	0	0	0.37	0	0.00	NA	NA	593520
(e-vi)	ILL-UNCLAIMED SUSPENSE ACCOUNT	1	229240	0	0	229240	0.14	229240	0	229240	0.14	0	0	0	0.14	0	0.00	NA	NA	229240
(e-vii)	IEPF	1	1969873	0	0	1969873	1.24	1969873	0	1969873	1.24	0	0	0	1.24	0	0.00	NA	NA	1969873
	Sub-Total (B)(3)	74661	35278234	0	0	35278234	22.15	35278234	0	35278234	22.15	0	0	0	22.15	0	0	NA	NA	34538028
	Total Public Shareholding (B)= (B)(1)+(B)(2)+(B)(3)	74856	78564083	0	0	78564083	49.32	78564083	0	78564083	49.32	0	0	0	49.32	0	0	NA	NA	77823272

1. Details of the shareholders acting as person in concert for public including their shareholding (No. and %): Nil.

2. Details of Shares which remain unclaimed may be given here along with details such as number of shareholders, outstanding shares held in demat/unclaimed suspense account, voting rights which are frozen etc.

No. of Shareholders	No. of shares
285	229240

Table IV - Statement showing shareholding pattern of the Non Promoter - Non Public Shareholder

Sr. No.	Category & Name of the Shareholders (I)	PAN (II)	No. of shareholder (III)	No. of fully paid up equity shares held (IV)	Partly paid-up equity shares held (V)	Nos. of shares underlying Depository Receipts (VI)	Total nos. shares held (VII = IV+V+VI)	Shareholding % calculated as per SCRR, 1957 As a % of (A+B+C2) (VIII)	Number of Voting Rights held in each class of securities (IX)				No. Of Shares Underlying Outstanding convertible securities (X)	No. of Shares Underlying Outstanding Warrants (Xi)	No. Of Shares Underlying Outstanding convertible securities and No. Of Warrants (Xi) (a)	Shareholding , as a % assuming full conversion of convertible securities (as a percentage of diluted share capital) (XI)= (VII)+(X) As a % of (A+B+C2)	Number of Locked in shares (XII)		Number of Shares pledged or otherwise encumbered (XIII)		Number of equity shares held in dematerialized form (XIV)
									No. of Voting Rights			Total as a % of Total Voting rights					No.	As a % of total Shares held	No.	As a % of total Shares held	
									Class X	Class Y	Total										
(1)	Custodian/DR Holder		0	0	0	0	0	0.00	0	0	0	0.00	0			0.00		0.00	NA	NA	0
(2)	Employee Benefit Trust (under SEBI (Share based Employee Benefit) Regulations, 2014)		0	0	0	0	0	0.00	0	0	0	0.00	0			0.00	0	0.00	NA	NA	0
(a)			0	0	0	0	0	0.00	0	0	0	0.00	0			0.00	0	0.00	NA	NA	0
	Total Non-Promoter -Non-Public=(C)(1)+(C)(2)		0	0	0	0	0	0.00	0	0	0	0.00	0			0.00	0	0.00	NA	NA	0

Annexure

Table V- Statement showing details of significant beneficial owners (SBOs)

Sr. No	Details of the SBO (I)			Details of the registered owner (II)			Details of holding/ exercise of right of the SBO in the reporting company, whether direct or indirect*: (III)				Date of creation / acquisition of significant beneficial interest# (IV)
	Name	PAN/ Passport No. in case of a foreign national	Nationality	Name	PAN / Passport No. in case of a foreign national	Nationality	Whether by virtue of:				
							Shares			%	
							Voting rights			%	
							Rights on distributable dividend or any other distribution	%			
		N.A					Exercise of control				
							Exercise of significant influence				

* In case the nature of the holding/ exercise of the right of a SBO falls under multiple categories specified under (a) to (e) under Column III, multiple rows for the same SBO shall be inserted accordingly for each of the categories.

This column shall have the details as specified by the listed entity under Form No. BEN-2 as submitted to the Registrar.

Please note that, with regard to a surety bond, although the applicant company, Jubilant DraxImage, Inc., is registered with FDA as a manufacturer with regard to its Canadian operation, the facility in Memphis, for which this license is being applied, is neither an FDA licensed manufacturer nor VAWD accredited. We therefore have not included a surety bond. If we are in error, please do let us know.

Also please do contact me with any other questions or issues. Thank you so much for your time and work with this application.

Respectfully yours,
HINSHAW & CULBERTSON LLP

Noah Jussim
213-614-7326
njussim@hinshawlaw.com

Encls.
cc: Sergio Calvo, CEO
Lydia Fett, MHA, Certified Paralegal

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☒ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) LLC

Is your facility a reverse distributor? ☐ Yes ☑ No

Section 1- General Information

Facility Name: Harjash LLC dba RXSave

Physical Address: 2690 Lehigh Street

City: Whitehall State: PA Zip: 18052

Mailing Address (if different from physical address): Same

City: Same State: Same Zip: Same

Telephone: 610-628-9690 Website: www.RXSaves.com

Name of Designated Representative (DR): Sharisse Hewell

Licensing Company Email: sharisse@RXSaves.com DR Email: sharisse@RXSaves.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2- History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been successful with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: * no dispensing has occurred In last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner - LLC

Owner's Name: Alec J. Biebee

Business Name: Harjash LLC dba RXsave

Business Address: 2670 Lehigh Street

City: Whitehall State: PA Zip: 18052

Telephone: 610-628-9290 Email: shaesse@rxsaveus.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: DRUG DISTRIBUTOR IN THIS STATE		X
1. Copy of Certification		
2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration		
2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** ✓	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** ✓	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. ✓	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** ✓	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. ✓		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALEC J. BIEBER - OWNER

Print Name of Authorized Person Submitting Application

Alec Bieber

Original signature of Authorized Person (copies or stamps not accepted)

6/28/2021

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 1031

RxSave: information:

Owner: Alec J Bieber 100%

Cell: [redacted]

Email: alec@rxsaveus.com

Address: [redacted] Ravenglass Drive Stamford, CT 06903

SS#: [redacted]

DOB: [redacted]

CDR: Sharisse Hewell

Cell: [redacted]

Email: sharisse@rxsaveus.com

Address: [redacted] Brakeman Drive Stewartstown, PA 17363

SS#: [redacted]

DOB: [redacted]

EIN#: 86-1484832

Address: 2670 Lehigh Street Whitehall, PA 18052

State of Incorporation: Delaware

Officers

RxSave: information:

Owner: Alec J Bieber 100%

Cell: [redacted]

Email: alec@rxsaveus.com

Address: [redacted] Ravenglass Drive Stamford, CT 06903

SS#: [redacted]

DOB: [redacted]

CDR: Sharisse Hewell

Cell: [redacted]

Email: sharisse@rxsaveus.com

Address: [redacted] Brakeman Drive Stewartstown, PA 17363

SS#: [redacted]

DOB: [redacted]

EIN#: 86-1484832

Address: 2670 Lehigh Street Whitehall, PA 18052

State of Incorporation: Delaware

Maria Herrera

From: Tammy Matthews <tammy@rxsaveus.com>
Sent: Sunday, September 12, 2021 4:34 PM
To: Maria Herrera
Subject: RE: Requesting status on initial wholesale drug distributor license for Harjash LLC DBA RxSave

Follow Up Flag: Follow up
Flag Status: Completed

Good evening Maria,

The employee list is as follows:

Owner: Alec Bieber
CDR: Sharisse Hewell

Thanks and please advise if any further information is needed,

Tammy Matthews
RxSave
2670 Lehigh Street
Whitehall, PA 18052

RxSave

NOTE: The information contained in this electronic message may be confidential information and is intended for the sole use of the intended recipient. Any use, distribution, transmission, or forwarding of information contained in this email by persons who are not intended recipients may be a violation of law and is strictly prohibited. If you are not the intended recipient, please contact the sender and delete all copies.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, September 10, 2021 2:37 PM
To: Tammy Matthews <tammy@rxsaveus.com>
Subject: RE: Requesting status on initial wholesale drug distributor license for Harjash LLC DBA RxSave

Good Morning Tammy,

Hope this email finds you well.

We are working on finalizing the October Board Meeting, and we wanted to add Harjash LLC DBA RxSave. to the list. However we need an employee list pursuant to NRS 639.220(1), could you please provide this list before the end of the day tomorrow? Email is acceptable.

Regards,

Certificate of Licensure

Certificate No. 8000003070
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

HARJASH LLC DBA RXSAVE
2670 LEHIGH STREET
WHITEHALL, PA 18052

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: March 08, 2021
Expiration Date: The Last Day of March, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

1163

Certificate of Registration

Certificate No. 3000010256
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

HARJASH LLC DBA RXSAVE
2670 LEHIGH STREET
WHITEHALL, PA 18052

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: March 08, 2021
Expiration Date: The Last Day of March, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

1164

Date: 10/21/2021

To: Nevada Licensing or Registering Board or Agency:
(Name of State)

Name of Facility: Haryash LLC dba Rx Save

Facility Address : 21670 Lehigh Street Whitehall, PA 18052

Facility License, Registration, or Record number : 30000102560 + 80000003070

The information below is to be completed only by a Pennsylvania state Licensing or Registering Agency. Must have State seal to be valid.

pennsylvania
DEPARTMENT OF HEALTH

717-787-4779

Current Status: Active ☑ Yes ☐ No
Location: ☑ In state ☐ Out of State/Nonresident*
Type of Facility: Rx Wholesale Distributor
Issue Date: 3/8/2021
Expiration Date: 3/31/2022

☑ The above facility is in good standing and has not had any formal disciplinary action under the above registration/license/record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program.

☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

Theresa Ritchie, R.Ph.
Drug Program Staff- Name

Signature

Drug, Device, & Cosmetic Program (DDC Program)
Division of Home Health
Pennsylvania Department of Health

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARJASH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

4641238 8300

SR# 20211054489

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202845598

Date: 03-29-21

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Haejah LLC dba RxSave

Physical Address 2670 Lehigh Street

City Whitehall State PA Zip 18052

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 610-628-9290 Website www.RxSaves.com

Licensing Company Email sharisse@RxSaves.com

Section 2: Personal Information

First Sharisse Middle Nadine Last Howell

Alias(es, nicknames, name changes, etc.) Sharisse Moo-Young

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 2670 Lehigh Street

City Whitehall State PA Zip 18052

Telephone 610-628-9290 Email sharisse@RxSaves.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials SH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cooper City High School		08/90 - 05/94	
Address	**City**	**State**	**Zip**
9401 Sterling Rd	Cooper City	FL	33328
Diploma/Degree obtained, if any	High School Diploma		

School Name		From - To (MM/YY – MM/YY)	
Broward College		01/95 - 08/97	
Address	**City**	**State**	**Zip**
7200 Pines Blvd	Pembroke Pines	FL	33024
Diploma/Degree obtained, if any	Associate Degree		

School Name		From - To (MM/YY – MM/YY)	
Florida Institute of Technology		09/97 - 08/2000	
Address	**City**	**State**	**Zip**
150 University Blvd	Melbourne	FL	32901
Diploma/Degree obtained, if any	Bachelors Degree		

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21-06/21	[redacted] Brakeman Dr	Stewartstown	PA	17363
05/10 - 02/21	1509 SW 185th Lane	Pembroke Pines	FL	33029
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SH

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Harjeen LLC dba RXsave			From - To (MM/YY – MM/YY): 01/21 - current
Business Address: 21070 Lehigh Street	City: Whitehall	State: PA	Zip: 18052
Phone: 610-608-9690	Title: CDR & compliance manager		Number of Employed Hours: 1040hrs
Description of Duties: Ensure that RXsave processes & procedures are in compliance with regulations & laws. Ensure warehouse operations. see attached			

Business Name: Jans Wholesale Distribution Services			From - To (MM/YY – MM/YY): RXsave 08/20 - 1/21
Business Address: 4811 Lyons Technology Pkwy	City: Coconut Creek	State: FL	Zip: 33073
Phone: 954-422-1332	Title: compliance coordinator		Number of Employed Hours: 5000 plus
Description of Duties: completes licensing, completes wholesaler reporting, monitors Internal Business practices & operations. complete audits for federal & state laws for			

Business Name: Envision Physician Services			From - To (MM/YY – MM/YY): wholesale 07/18-4/19 distributor
Business Address: 700 W Sunrise Blvd	City: Plantation	State: FL	Zip: 33311
Phone: 720-462-5373	Title: Regulatory Analyst		Number of Employed Hours: 1760 hrs
Description of Duties: prepared regulatory & essential documents for central & local IRB submissions. Participated in team meetings for assigned protocol. Remained current with FDA Regulations, Recorded minutes			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge		N/A		
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/1/2021
Date

Applicant's initials SH

I, Shaisse Hewell, **certify that as the designated representative for**

Harijash LLC dba RxSave,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Shaisse N Hewell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/16/2021

Date

Applicant's initials SH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shaisse Hewell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/1/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Baltimore

I, Shaisse Hewell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/1/2021

Date

Subscribed and Sworn to before me this 1st day of July 2021

Notary Public Signature

TAMMY LYNN MATTHEWS NOTARY PUBLIC BALTIMORE CO., MD My Commission Expires January 30, 2024

(Seal)

Applicant's initials SH

SHARISSE HEWELL
[redacted] Brakeman Drive Stewartstown, PA 17363 • [redacted] • Sharisse@rxsaveus.com

Highly knowledgeable and skilled healthcare management professional with a BA in Business Healthcare Management / AA in Computer Science & over 20 successful years in the Pharmaceutical industry. Outstanding skills in assessing, streamlining, and improving policies and procedures, therefore, creating efficiency. Excellent track record of remaining organized, attentive to detail, and working collaboratively in groups.

EXPERIENCE

Certified Designated Representative **January 2021-Current**
Harjash LLC DBA RxSave

- Represents RxSave with the Pennsylvania governing authority for pharmaceutical wholesale distribution, the PA Department of Health, and ensures that RxSave is in compliance with state and federal regulations relative to wholesale distribution for all jurisdictions in which they ship product.
- Ensure that RxSave processes and procedures are in compliance with applicable regulations and that employees are trained accordingly.
- Ensure warehouse employees are following the most current version of approved documents.
- Familiar with the indicators for identifying suspect and illegitimate Products
- Ensure accuracy of customer orders processed.
- Ensure refrigerated product is processed timely and in accordance with RsSave policy and procedures.
- Ensure warehouse employees are following the most current version of approved documents.
- Ensure accuracy of inventory and that all discrepancies are researched and escalated when necessary.
- Provide on the job training when appropriate to ensure warehouse employees understand expectations.
- Ensure all relevant federal, state and local regulations are followed.
- Ensure warehouse operates in a clean, safe and well-organized warehouse.
- Other Duties as assigned.

Compliance Coordinator **February 2020 – January 2021**
Jams Wholesale Distribution Services, LLC

- Completes JAMSRX license applications and renewals.

- Completes wholesaler reporting requirements on the FDA portal.
- Monitors external market and industry regulatory changes that could affect both licensing requirements and JAMSRX internal SOP's and provides information to CDR when appropriate.
- Monitors internal business operations that could affect license requirements and provide recommendations to CDR when appropriate.
- Complete audit of authorized trading partner licenses according to SOP [both customer and supplier] and provides results reporting to Office Manager.
- Assigns unique document numbers to new documents and controls list of assigned numbers for each document type.
- Supports initiatives from the Office Manager and DC manager relative to continuous improvement
- Cross trained on responsibilities related to Bulk Order processing.
- Other duties as assigned

Regulatory Analyst **July 2018 – April 2019**
Envision Physician Services

- Prepared Regulatory and Essential Documents for Central and Local IRB Submissions
- Negotiated with Sponsor the proposed language for documents when applicable (including but not limited to Informed Consent Forms)
- Remained current with FDA Regulations, Guidelines, Good Clinical Practices and updates research staff and Investigators on all changes.
- Prepared research sites for site initiation and communicated all current IRB Approvals and provides delivery of study materials to sites in time for study start dates.
- Created and submitted advertising for IRB approval and placement for research sites.
- Ensured all PI, Sub-I's, and Study Coordinator's CV's, Medical License (ML), CITI/GCP training and IATA training remain up to date as well as laboratory accreditations
- Updated FDA 1572's as necessary with changes during the study
- Ensured all regulatory documents (ICF's, Protocol's, 1572's, etc) were updated in each study binder
- Participated in team meetings for assigned protocols and research related business.
- Obtained, acknowledged and recorded shipment of regulatory documents to the Sponsor, IRB, and Study Site.
- Attended relevant conferences/meetings of the Sponsor pertaining to assigned protocol.

- Communicated openly and often with Director, Study Team, and Investigators about regulatory landscape and new studies.
- Read and abided by the company's code of conduct, ethics statements, employee handbook(s), policies and procedures and other corporate mandates, including participation in mandatory training programs.
- Reported any real or suspected violation of the corporate compliance program, company policies and procedures, harassment or other prohibited activities in accordance with the reporting policies of the company.
- Held quarterly regulatory meetings with the study team to keep everyone updated on all studys (enrolling and non-enrolling) & ensured we continued to work together as a team, stressing the importance of quality and compliance.

Regulatory Affairs Specialist **August 2016 – July 2018**
Precision Clinical Research

Managed clinical operations for over 60 Phase II-Phase IV trials from development to closeout.

- Completed and maintained regulatory documents for clinical studies/trials to ensure protocol, regulatory and Standard Operating Procedures (SOP) and Good Clinical Practice (GCP) compliance.
- Supported and mentored coordinators, investigators and other members of the study team
- Prepared and submitted all essential regulatory documents to the sponsor/CRO in a timely manner
- Communicated study status to sponsors, PI's and clinical staff
- Distributed all incoming regulatory documents to Study Coordinators and / or Investigators
- Maintained and updated binders throughout the duration of study until study close-out
- Assisted coordinators in marketing new studies and meeting enrollment goals
- Worked closely with monitors during visits to ensure regulatory compliance
- Ensured all PI, Sub-I's, and Study Coordinator's CV's, Medical License (ML), CITI/GCP training and IATA training remain up to date as well as laboratory accreditations

- Ensured all study team members are trained on study protocol and amendments
- Reported, monitored, distributed and maintained files for all safety information including Investigator Brochures (IB), IND safety reports and Serious Adverse Events (SAE) reports
- Performed other related duties incidental to the work described and as delegated by management.
- Worked in a very busy interactive environment with frequent interruptions to perform tasks accurately and quickly

Case Manager **March 1998 – December 2015**
Teva Pharmaceuticals

- Ensured optimal patient monitoring / post market surveillance for clozapine-induced severe neutropenia
- Reviewed, analyzed and data entered lab reports within the medical charts and audited them for compliance. Determined a course of action based on abnormal lab values in accordance with the FDA approved guidelines and Standard Operating Procedures (SOP's)
- Reported adverse drug reaction (ADR) information to Drug safety/Drug Information Department in a timely manner
- Maintained accuracy of patient cases in compliance with Health Insurance Portability & Accountability Act (HIPAA) laws. Ensured patient files were current and filed appropriately.
- Promoted to provide training for newly hired employees into the company and decreasing the learning curve
- Completed continuing education and training requirements for Pharmacovigilance and records information management policies
- Strong computer background afforded me the opportunity to be a key contributor in designing and testing scripts facilitating a smooth transition into the new database software program Siebel

ADDITIONAL EXPERIENCE

Jackson Health System, Miami, Florida
Pharmacy Technician

Caremark, Weston, Florida
Pharmacy Technician

Worked under the direct supervision of licensed pharmacists providing a high level of assistance in compounding (sterile and non-sterile preparations), distribution and dispensing of medication and other pharmaceutical related supplies.

- Maintained customer/patient confidentiality according to HIPAA and company standards
- Complied with all federal and state laws, rules and regulations
- Adhered to workflow and ensure quality assurance standards are maintained at all times

EDUCATION

Florida Institute of Technology
BA Business Administration / Healthcare Management

Broward College
AA Computer Science

William T. McFatter Technical College
Pharmacy Technican

CERTIFICATIONS

- Basic Life Support (BLS) – American Heart Association
- CITI/GCP Training
- Florida Certified Designated Representative – License # 8812371

COMMUNITY SERVICE

- Volunteer teacher of personal finance literacy to non-profit organizations within the community

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Harjeet LLC dba RXsave

Physical Address 2670 Lehigh Street

City Whitehall State PA Zip 18052

Mailing Address (if different from physical address) same as above

City same as above State same as above Zip same as above

Telephone 610-628-9890 Website www.rxsaves.com

Licensing Company Email shanisse@rxsaves.com

Section 2: Personal Information

First Alec Middle Jacob Last Bieber

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Ravenglass Drive

City Stamford State CT Zip 06903

Telephone [redacted] Email alec@rxsaves.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	N/A

Applicant's initials AB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
Syracuse University	900 South Crouse Ave	Syracuse	NY	13244	08/16 - 05/19	Bachelors of Science
Pennsylvania State University	201 Shields Building	University Park	PA	16802	08/15 - 05/16	
Edgemont Jr/Sr High School	200 White Oak Ln	Scarsdale	NY	10583	08/11 - 06/15	High School Diploma

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21 - current	[redacted] Ravenglass Dr	Stamford	CT	06903
08/01 - 01/21	16 Pheasant Run	Scarsdale	NY	10583

Applicant's initials AB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Collectible Xchange			11/19 - Present
Business Address	**City**	**State**	**Zip**
200 Corporate Blvd S, St 120	Yonkers,	NY	10701
Phone	**Title**		
914 415 4108	Business Development Manager		

Description of Duties

· Oversee company digital presence, marketing strategies and development of new platforms.

Business Name			From - To (MM/YY – MM/YY)
JAMS Wholesale Distribution Services			01/19 - Present
Business Address	**City**	**State**	**Zip**
4811 Lyons Technology Pkwy	Coconut Creek	Fl	33073
Phone	**Title**		
844 410 5267	Compliance Consultant		

Description of Duties

· Complete licenses applications and renewals, monitor market and industry regulatory changes, remain current with FDA Regulations, guidelines, etc.

Business Name			From - To (MM/YY – MM/YY)
Lagardere Sports & Entertainment			05/18 - 12/18
Business Address	**City**	**State**	**Zip**
488 Madison Ave, Fl 16	New York	NY	10022
Phone	**Title**		
212 767 5700	Strategic Consulting Associate		

Description of Duties

· Citibank Sponsorship development, overview of brand marketing in sports and entertainment space, development of marketing strategy and awareness

Business Name			From - To (MM/YY – MM/YY)
Major League Baseball Advanced Media			06/17 - 08/17
Business Address	**City**	**State**	**Zip**
75 9th Ave	New York	NY	10011
Phone	**Title**		
212 485 3444	E-Commerce Marketing Intern		

Description of Duties

· Promote website awareness, maintain website promoting sale of authentics and hard goods, tracked inventory on Content Management Systems

Business Name			From - To (MM/YY – MM/YY)
Morgan Stanley Private Wealth Management			06/16 - 08/16
Business Address	**City**	**State**	**Zip**
1290 Ave of Americas Fl 13	New York	NY	10104
Phone	**Title**		
212 492 6900	Private Wealth Management Intern		

Description of Duties

· Assist money managers with high net worth clients
· Researched prospective clients

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge		N/A		
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alec J. Bieber

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/30/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Baltimore

I, Alec J. Bieber, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/30/2021

Date

Subscribed and Sworn to before me this 30th day of June 2021

Tammy L. Matthews Exp: 1/30/2024

Notary Public Signature

TAMMY LYNN MATTHEWS NOTARY PUBLIC BALTIMORE CO., MD My Commission Expires January 30, 2024

(Seal)

Applicant's initials AB

BOND NUMBER PB12289500281

RIDER

To be attached to and form a part of the PHARMACEUTICAL WHOLESALER BOND, issued by the undersigned Company, as Surety on behalf of HARJASH LLC DBA RXSAVE as Principal, and in favor of the State Of Nevada and the Nevada Board of Pharmacy, as Obligee, effective April 28, 2021.

The Principal and the Surety hereby agree to amend the Bond as follows:

TO INCREASE BOND AMOUNT FROM $ 25,000.00 TO $ 100,000.00 .

Provided that the liability under this endorsement shall be part of and not in addition to the liability under the Bond, and in no event cumulative.

Nothing herein contained shall vary, alter or extend any of the provisions, conditions or other terms of the Bond except as above stated.

The effective date of this rider is July 8, 2021.

Signed, sealed and dated this July 8, 2021.

Philadelphia Indemnity Insurance Company

BY: _____
DAVID C. JOSEPH
ATTORNEY-IN-FACT

949

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Clark Fitz-Hugh, Conway C Marshall, Elizabeth Schott, Catherine C Kehoe, David C Joseph, Jessica Palmeri, Kristine Donovan, Stephen Beahm, Elizabeth Kearney, Roxanne Craven, and/or Candice Gros of Global Surety, LLC,** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.

(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Morgan Knapp, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Sept. 25, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

(Notary Seal)

Notary Public: Morgan Knapp
residing at: Bala Cynwyd, PA
My commission expires: September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 8th day of July, 20 21.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB12289500281

Application/License No. LICENSE APPLIED FOR

HARJASH LLC DBA RXSAVE (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2670 LEHIGH STREET, WHITEHALL, PA 18052 (Address of Applicant/Principal), as PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of PENNSYLVANIA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 231 ST. ASAPH'S RD., SUITE 100, BALA CYNWYD, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on APRIL 28, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28TH day of APRIL, 2021.

APPLICANT/PRINCIPAL

HARJASH LLC DBA RXSAVE

Authorized Representative

SURETY COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Surety Company's Representative

DAVID C. JOSEPH, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

920

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Clark Fitz-Hugh, Conway C Marshall, Elizabeth Schoor, Catherine C Kehoe, David C Joseph, Jessica Polmeri, Kristine Donovan, Stephen Bashim, Elizabeth Kearney, Rayanne Crowe, and/or Candice Bros of Global Surety, LLC, its true and lawful Attorney-in-Fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto, and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.

(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY, that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed.

Notary Public: Morgan Knapp

residing at: Bala Cynwyd, PA

(Notary Seal)

My commission expires: September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 25th day of April, 20 21

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

H114-257 (rev. 01/19)

Commonwealth of Pennsylvania
Department of Health (DOH)
(717) 787-4779 FAX (717) 787-3188

Drug, Device, & Cosmetic Program
555 Walnut St, 7th Floor, Suite 701
Harrisburg, PA. 17101

DRUG, DEVICE, & COSMETIC COMPLIANCE INSPECTION REPORT

FIRM NAME: HARJASH LLC	DATE: 3/3/2021		PA DOH REGISTRATION: Pending	EXP. DATE	
ADDRESS: 3670 Lehigh St	CHANGE ☐		PA DOH LICENSE: Pending	EXP. DATE	
CITY: Whitehall, PA ZIP CODE: 18052	COUNTY: Lehigh		FDA REGISTRATION	EXP. DATE	
OWNER/PARENT (if different than above): HARJASH LLC	LEAD PERSON INTERVIEWED: Shanisse Hewell		DEA REGISTRATION	EXP. DATE	
PHONE: 610-628-9290	TITLE: Manager		PA L&I LICENSE	EXP. DATE	
HOURS OF OPERATION: MWH 9-4	ID OF PERSON INTERVIEWED: [redacted]		PA DOS LICENSE	EXP. DATE	
TOTAL EMPLOYEES/ FACILITYSIZE: 2-5	INSPECTOR NAME: T. Ritchie		OTHER REGISTRATION	EXP. DATE	

Initial Inspection	X	Type of Action/Pursuant to:	X Controlled Substance, Drug, Device, & Cosmetic Act, Act 64 of 1972
Investigation/Compliance			X Wholesale Prescription Drug Distributors License Act, Act 145 of 1992
Follow-up			Noncontrolled Substance Registration & Reporting Act
Disaster			Other

TYPE of FIRM		PRODUCTS		SUBTYPE		MISC.
	Manufacturer-Drugs	X	Prescription Drugs (RX)		DME	NO controlled
	Manufacturer-Devices		Controlled Substances		Diagnostics	substances
	Manufacturer-Cosmetics		List I Chemicals		Optical	no List I.
	Transfiller-Medical Gases	X	OTC Drugs/Medicinals		Dental	
	Relabeler/Repackager		Cosmetics/Cosmeceuticals		Orthotics	
X	Distributor-Drugs		Veterinary-Prescription		Prosthetics	
	Distributor-Medical Gases		Veterinary- OTC		Implants	
X	Distributor-Devices		Medical Gases		Assisted Hearing Devices	
X	Distributor-Cosmetics	X	RX Devices		Reprocessor/Reuser	
	Retailer-Medical Gases	X	OTC Devices		Delivery Systems	
	Retailer-Drugs, Medicinals,	X	Biologics/Blood Products		Radiation Emitting Device	
	Practitioner/Institution		Radiation Emitting Drug		Samples	
	Medicated Feed Plant/Agri.		Medicated Feed		Clinical Trial/Investigation	
	Research/Training		API (Active Pharm Ingred.)		Foreign Import/Export	
	Other:		Other:		Other:	

FACILITY, PHYSICAL CONTROLS, & STAFF		STOCK, RECORDS, & POLICIES		QUALITY CONTROL		KEY NOTES
"X" denotes firm meets standard in this area. "N" denotes deficiency in this area. " / " denotes not applicable						
X	Physical Condition	X	Inventory control/Errors	X	Adulterated/Expired	
X	Adequate Equipment	X	Suspect Product Policy	X	Misbranded	
X	Physical Security	X	Recall Policy	X	Contraband	
X	Staff Security/Limited Access	X	Return Goods Policy		*Manufacturing/Repack Only*	
X	Temperature system/Logs	X	Emergency Policy/Reporting	/	Adherence to GMP	
X	Ventilation/Humidity	X	Track and Trace System	/	Validation: Equipment	
X	Running Water/Restroom	X	Receiving Records/Pedigree		Raw Materials	
X	Cleanliness/Pest-Free	X	Distributing Records		Intermediaries	
X	Quarantine/Hold Area	X	Authorized trading/transfer		Finished Prod.	
X	Appropriate Storage	X	Disposal/Destruction Records	X	Sterile/X Contamination	
X	Registration/Licenses	/	Controlled Substance Rec	X	Product Label/Identifiers	
X	Perm. Site (deed/lease > 6m)	X	Labels/Prescription Order	X	Batch Record/Lot No.	
X	Qualified Staff & Supervision		Other:		Other:	
X	Name/ID/qualifications of manager: Shanisse Hewell PL-DL-H400-794-76-925-0 3+yrs					

Personnel standards met. Physical standards met
Record keeping / Track / trace standards met
Policies / Procedures standards met

PASS **FAIL** or **PASS-pending** (pending corrections made noted above & date corrections must be made 3/3/2021)

Signature of Inspector

Signature of Firm Representative

Date: 3/3/2021

Designated Representative

4AA

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH WH01856

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Teleflex LLC

Physical Address: 11245 North Distribution Cove

City: Olive Branch State: MS Zip Code: 38654

Telephone Number: 662-892-9100 Fax Number: 662-892-9900

Toll Free Number:

E-mail: statelicensing@teleflex.com Website: https://www.teleflex.com

Facility Manager: Joey Hurt

Professional qualifications and experience of facility manager: see exhibit A

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☐ Other:

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

The facility has been approved for an onsiste audit but it was put on hold due to COVID.

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Arrow International LLC
Address: 3015 Carrington Mill Blvd Morrisville NC 27650

Name: Teleflex Medical Incorported
Address: 3015 Carrington Mill Blvd Morrisville NC 27560

Name: Teleflex LLC distributes medical devices manufactured by its above-listed affiliates. It ~~does not distribute pharmaceutical products except those included as components in~~
Address: medical convenience kits.

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20191101240

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

J Elguicze

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jake Elguicze

Print Name of Authorized Person

10/16/20

Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Teleflex General Partner LLC and Teleflex Life Science Limited

Mailing Address: 550 E Swedesford Road

City: Wayne State: PA Zip: 19087

Telephone: 610-225-6800 Fax: _____

Contact Person: Jake Elguicze

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Teleflex General Partner LLC — 550 E Swedesford Road Wayne PA 19087
Name — Business Address

b) Teleflex Life Sciences Limited — 171, Old Bakery Street, Valletta VLT 1455, Malta
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. TLSL 99.999% membership interest
TGPL .001% membership interest

3) What was the price paid per share? n/a

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

Include with the application for a non publicly traded corporation

List of officers and directors

see exhibit B

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

See exhibit C

Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

TELEFLEX LLC

Registered the 21st day of August, 2018

A Delaware LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

CORPORATION SERVICE COMPANY
7716 Old Canton Road , Suite C
Madison, MS 39110

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 2nd day of March, 2021

Michael Watson

Certificate Number: CN21103912
Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

EXHIBIT D

MISSISSIPPI

Board of Pharmacy

Teleflex LLC

Permit No.:
14181/9.1

11245 North Distribution Cove
Olive Branch, MS, 38654

Permit Holder:
Michael A Nester

Wholesaler (Medical Gas Distributor & Repackager)

Restricted to acquisition and distribution of medical gases.

This permit is not transferable or assignable.

Issued: 1/21/2015
Renewed: 9/12/2019
Expires: 12/31/2021

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

1200

EXHIBIT D

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800052326

Application/License No. _____

Teleflex LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 11245 North Distribution Cove, Olive Branch, MS 38654 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 19, 2019 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of September, 2019.

APPLICANT/PRINCIPAL

Teleflex LLC

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Adanna Brathwaite, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Adanna Brathwaite, Nevada Non-Resident Agent

OneBeacon
INSURANCE GROUP

Power of Attorney

Surety Bond No: 800052326

Principal: Teleflex LLC

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: Adanna Brathwaite, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNIPEN COUNTY

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

SA LESHA V. S. BEEKS
Notary Public
State of Minnesota
My Commission Expires
January 31, 2020

_____
Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 19th day of September, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
James G. Jordan, Assistant Secretary

OFFICERS OF TELEFLEX LLC

OFFICERS	*TITLE*
Jay White jay.white@teleflex.com ***Director*	*President*
John Robert Deren john.deren@teleflex.com ***Director*	*Vice President*
Michael Kryukov michael .kryukov@teleflex.com	*Vice President & Secretary*
Matthew Howald matt.howald@teleflex.com ***Director*	*Vice President & Treasurer*

New Office

New Office

List of employees at Teleflex LLC that ship the products

Person Id	First Name	Last Name	Position Title
10236	Gary	Thomas	Distribution Associate II
11159	Mack	Harris	Quality Assurance Technician II
11245	Larry	Tate	Material Handler
11311	Henry	Hoang	Senior Team Lead
11312	Leroy	Cryer	Material Handler
11313	Angela	Harris	Material Handler
11316	Dean	Frazier	Quality Assurance Technician I
11339	Tosha	Walker	Team Lead
11343	William	Stanback	Distribution Yard Hostler
11344	Vandasia	Bryant	Senior Team Lead
11347	Derrick	Bradley	Material Handler
11348	Glenda	Settle	Senior Team Lead
11363	Renee	Conston	Quality Assurance Technician II
11390	Wade	Jackson	Team Lead
11391	Torris	Scott	Team Lead
11393	Tiffany	Lowe	Quality Assurance Technician II
11394	Latosha	Harper	Ship Hold Coordinator II
11396	Christopher	Katchens	Distribution Associate II
11399	Jarica	Sumler	Senior Team Lead
11401	Ngoc Van	Vo	Distribution Associate I
11412	LaShondra	Jackson	Wave Planner
11413	Cassandra	Jackson	Wave Planner
11416	Shondreaka	Hill	Senior Team Lead
11417	Jonathan	Hernandez	Quality Assurance Technician II
11419	Israel	Falkner	Material Handler
11420	Montina	Hughes	Distribution Associate I
11421	Tracy	Barnes	Senior Team Lead
11424	Derrick	Granderson	Senior Team Lead
11515	Kenisha	Shelton	Team Lead
11516	Kevin	Johnson	Team Lead
11518	Hang	Le	Distribution Associate II
11523	Sheree	Elliott	Material Handler
11525	Della	Kimbrough	Distribution Associate I
11526	Brian	Tolentino	Material Handler
11537	Adrian	Thomas	Senior Team Lead
11538	Lorando	Hawkins	Material Handler
11543	Lorena	Lopez	Distribution Associate I
11546	Alice	Crutcher	Distribution Associate II
11547	Michael	Carver	Facilities Service Technician
11572	Mohamedou	Gadio	Sr. Team Lead
11603	Erica	Kilpatrick	Material Handler
11604	Roy	Bedford	Team Lead
11605	Shaun	Berryhill	Senior Team Lead

Person Id	First Name	Last Name	Position Title
11607	Derrick	Clark, II	Material Handler
11612	Sharon	Brantley	Distribution Associate I
11613	Michael	Strickland	Material Handler
11627	LeKendris	Chavers	Material Handler
11633	Kent	Williford	Material Handler
11681	Bobby	Bolton	Material Handler
11682	Ruth	Wainaina	Sr. Team Lead
11684	Zuher	Belkhan	Material Handler
11690	Ashley	Burgess	Distribution Associate II
11702	Dedrick	Houston	Material Handler
11703	Gatt	Williams	Material Handler
11704	Rena	Rayford	Material Handler
11725	Doneese	Williams	Material Handler
11754	Jennifer	Wilson	Distribution Associate II
11761	Monee	Adams	Material Handler
11762	Paul	Satcher	Material Handler
11766	Christina	Fitz	Quality Assurance Technician II
11767	Terrie	Yarbrough	Distribution Associate I
11819	Tangie	Sykes	Distribution Associate I
11827	Kendrick	Oliver	Material Handler
11828	Candace	Mallory	Distribution Associate II
11847	Shelly	Mattie	Distribution Associate I
11848	Sheila	Campbell	Distribution Associate I
11852	Kenneth	Cochran	Team Lead
11882	John	Hankins	Material Handler
11890	Chataira	Parnell	Distribution Associate I
11956	Dale	Bortters	Material Handler
11957	Patricia	Moses	Material Handler
11980	Savy	Duch	Distribution Associate II
11982	Chanel	Underwood	Team Lead
11983	Joyce	Vera	Distribution Associate II
11984	Carlos	Vera	Team Lead
11989	Tyler	Dicarlo	Senior Team Lead
12069	Canesha	Luellen	Team Lead
12083	John	Sullivan	Material Handler
12086	John	Lewis Jr.	Material Handler
12096	Tacamjula	Driver	Team Lead
12102	Marco	Watson	Material Handler
12103	Sharonda	Phillips-Glover	Material Handler
12105	Tyrone	Dandridge	Material Handler
12115	Lasheka	Scooter	Distribution Associate II
12116	Tina	Phillips	Distribution Associate I
12118	Darion	Marble	Material Handler
12119	Monique	Allen	Distribution Associate I
12129	Brian	Turnbow	Material Handler
12141	Paul	Hibler Jr	Material Handler

Person Id	First Name	Last Name	Position Title
12152	Chauntay	Williams	Senior Team Lead
12159	Sharon	Jones	Distribution Associate II
12160	Tyler	Wilkins	Distribution Associate I
12170	Chelsey	Rutherford	Material Handler
12189	Renee	Parrett	Wave Planner
12190	David	Hull	Material Handler
12247	Michael	Wiggison	Material Handler
12251	Marvin	Farmer	Material Handler
12252	LiQuita	Phillips	Material Handler
12254	Debra	Dunbar	Material Handler
12261	Sherry	Hughes	Material Handler
12262	James	Pike	Team Lead
12267	Antoine	Mosley	Material Handler
12268	Marcus	Reed	Material Handler
12282	Robert	Scott Jr.	Distribution Associate I
12365	Larrisha	Bell	Team Lead
12373	Sulara	Carter	Senior Team Lead
12375	Cecil	Boyland	Distribution Associate I
12378	Roderick	Ware Jr.	Material Handler
12380	James	Brown	Material Handler
12383	Angela	Cook	Transportation Coordinator
12784	Daniel	Willman	Distribution Associate II
12799	Latonya	Dishmon	Team Lead
12800	Rauricas	Tate	Material Handler
12803	Janice	Eldridge	Distribution Associate I
12804	Coshia	Smith	Material Handler
12806	Michael	Greene	Material Handler
12821	Issouf	Toure	Material Handler
12841	Kevin	Malone	Material Handler
12902	Alvin	Cross	Material Handler
12977	Miquanius	Williams	Material Handler
12980	Essic	White	Material Handler
12990	Marian	Smith	Distribution Associate I
13004	Robert	Pearson	Distribution Associate II
13027	Heriberto	Trinidad Cruz	Material Handler
13316	Necole	Levy	Material Handler
13456	Stephanie	May	Material Handler
13507	Darrian	Malone	Material Handler
13512	Felicia	Odom	Distribution Associate I
13548	Noah	Waalk	Maintenance Technician
13718	Katina	Armstrong	Material Handler
13719	Ricardo	Gant	Senior Team Lead
13720	Antonio	Gaston	Material Handler
13752	Robert	Bell	Material Handler
13753	Daryl	Ayers	Material Handler
13754	Chelsea	Jones	Material Handler

Person Id	First Name	Last Name	Position Title
13755	Dwight	Haley	Ship Hold Coordinator I
13775	Danny	Harris	Material Handler
13795	Joselin	Letet	Distribution Associate II
13819	Terry	Boyle	Material Handler
13836	Roosevelt	Walker	Material Handler
13877	Isaac	Westbrook	Distribution Associate II
13895	Diamone	Hill	Distribution Associate I
13904	Antwone	Stewart	Material Handler
13963	Jerome	Weeks	Material Handler
13975	Veronica	James	Distribution Associate I
13987	Willie	Mack	Material Handler
14018	Nicholas	Smith	Material Handler
14035	Quinton	Jackson	Material Handler
14036	Jessica	Fisher	Distribution Associate I
14037	LaToya	Cole	Distribution Associate I
14038	Leticia	Perez Bernardino	Distribution Associate I
14053	Evelyn	Amro	Distribution Associate I
14110	Deneisha	Haggard	Distribution Associate I
14111	Delferd	Harris	Material Handler
14129	Mark	Eaton	Material Handler
14137	Tavares	Smith	Distribution Associate I
14163	Deangelo	Payne	Distribution Associate I
14184	Qiana	Stoxstell	Distribution Associate I
15655	Beverly	Barber	Distribution Associate I
15656	Kaleb	Medina	Material Handler
15674	Luisa	Sotomayor	Material Handler
15691	Harry	Clemmons	Material Handler
15692	Iris	Martin	Distribution Associate I
15710	Carlos	Simmons	Material Handler
15726	Kim	Wright	Distribution Associate I
15727	ZayDeisha	Phillips	Distribution Associate II
15735	Raymond	West	Material Handler
15761	Jessica	Sellers	Material Handler
15762	Deadrick	Boyd	Distribution Associate I
15813	Tiara	Hodges	Distribution Associate I
15840	Kevin	Cochran	Material Handler
15854	Tamenshia	Ford	Distribution Associate I
15864	Shenekia	Cooper	Distribution Associate I
15866	Michael	Woods	Distribution Associate I
15899	Marlan	Thompson	Distribution Associate I
15921	Kendall	Thomas	Material Handler
15923	Sandra	Miller	Distribution Associate I
15977	Crystal	Morrow	Distribution Associate I
16097	Travis	Henson	Material Handler
16100	Gerard	Hall	Material Handler
16181	George	Miller	Material Handler

Person Id	First Name	Last Name	Position Title
16183	Gevita	Fondren	Distribution Associate I
16186	Shawn	Williams	Material Handler
16189	Antjuan	Burnett	Distribution Yard Hostler
16191	Alisha	Hurst	Distribution Associate II
16193	James	Ward	Material Handler
16197	Tyra	McCray	Material Handler
16198	Erwin	Hurt	Material Handler
16200	Jason	Andrews	Material Handler
16205	Martavis	Reaves	Material Handler
16206	Cameron	Burton	Material Handler
16208	Candace	Love	Distribution Associate I
16214	Ardy	Phillips	Material Handler
16226	Jeffrey	Walton	Material Handler
16227	Christopher	Woods	Distribution Associate I
16230	Jamonica	Street	Material Handler
16231	Tarrika	Cleaves	Distribution Associate I
16233	Dana	Hayzlett	Distribution Associate I
16242	Kevin	Cockrell	Material Handler
16248	Krystal	Felston	Material Handler
16250	Jarvis	Malone	Material Handler
16259	Tito	Lazo	Material Handler
16270	Tametrius	Rodgers	Distribution Associate I
16279	Garry	Gamble	Material Handler
16281	Terry	Turner	Material Handler
16284	Lester	Benton	Quality Assurance Technician I
16286	Cedrick	Sherrod	Material Handler
16287	Jasma	Franklin	Distribution Associate I
16288	Elliott	Barnes	Material Handler
16290	Salvador	Campos Reyes	Material Handler
16291	Enrique	Faz	Material Handler
16301	Cleveland	Phillips	Material Handler
16312	Mariah	Brunson	Material Handler
16313	Teresa	Totton	Distribution Associate I
16319	Derrick	LaBarre	Material Handler
16334	Rodderick	Jones	Material Handler
16372	Virginia	Campos	Material Handler
16373	John	Milam	Material Handler
16375	Deangelo	Frederick	Material Handler
16414	LaCher	Carruth	Material Handler
16417	Zavien	Thomas	Material Handler
16446	Aisha	Barnes	Distribution Associate I
16464	Netopeu	Ngbe	Distribution Associate I
16572	Arizvett	Regalado	Distribution Associate I
16625	Demeshia	Miller	Distribution Associate I
16642	Shon	Williams	Material Handler
16644	Terrance	Jackson	Material Handler

Person Id	First Name	Last Name	Position Title
16656	Whitney	Young	Distribution Associate I
16658	Lance	Brown	Material Handler
16678	Lakiesha	Covington	Distribution Associate I
16679	Mamadou	Sow	Distribution Associate I
16682	Daphinique	Sample	Distribution Associate I
16691	Kendrick	Hymon	Material Handler
16703	Ladarius	Black	Material Handler
16706	Tyrod	Williams	Material Handler
16711	Demarius	Todd	Material Handler
16713	Eddie	Patterson	Material Handler
16728	Marketta	Johnson	Distribution Associate I
16729	Timothy	Walker	Material Handler
16730	Cedrick	Hudson	Team Lead
16751	Darryl	Stringfellow	Material Handler
16764	DeRhondlyn	Gulledge	Material Handler
16769	Gavin	Clark	Material Handler
16785	Joshua	Bray	Distribution Associate I
16787	Shaveda	Holt	Distribution Associate I
16795	Sabrena	Reed	Distribution Associate I
16823	Ashley	Willis	Material Handler
16869	Leticia	Esteva	Distribution Associate I
16870	Sandra	Dowdy	Team Lead
16871	Robert	Childress	Material Handler
16874	Edward	Robinson	Material Handler
16875	Desmond	Goodwin	Material Handler
16907	Randy	Bailey	Material Handler
16913	Dezmond	Harris	Material Handler
16953	shuronda	henderson	Distribution Associate I
16986	LaTasha	Nash	Distribution Associate I
17009	Maleslie	Sanders	Distribution Associate I
17042	Evette	Williams	Distribution Associate I
17044	Kiron	Covington	Material Handler
17078	Ternell	Keys	Material Handler
17092	Derian	Ferrell	Material Handler
17099	jason	hernandez	Material Handler
17119	Tjsa	Davis	Material Handler

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

License #: Teleflex Inspection Date: 8-12-2020 Date of Last Inspection: 5.3.20 R

15198-16.5 LLC

(WDD) 3PL Veterinarian Virtual Email:

Facility Name: Teleflex LLC Address: 11245 North Dist Cove

City: Olive Branch State: MS ZIP: 38654 Phone: 662-892-9100

	PHONE: Yes	No	Comments:
1. Current MBOP license displayed (not initial)	☒	☐	15198-16.5
2. FDA Registered (annual registration required)	☒	☐	Arrow/ Teleflex 3010425778-3010041511
3. Facility is of suitable size and construction	☒	☐	687,000
4. Facility is clean, orderly and staffed	☒	☐	
5. Is there product in the facility	☒	☐	Lidocaine 4% KY/C -
6. Facility is free from any infestation by insects, rodents, birds, etc. (Has SOP)	☒	☐	7.23.2020 Terminix
7. Storage area provides adequate:	☒	☐	
a. Lighting	☒	☐	
b. Ventilation	☒	☐	
c. Sanitation	☒	☐	
d. Space	☒	☐	
e. Security	☒	☐	

License #: Inspection Date:

Facility Name:

MISSISSIPPI BOARD OF PHARMACY DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments:
f. Equipment	☒	☐	
8. Doors locked and access limited	☒	☐	badge access
9. Sign in and identification required	☒	☐	
10. Storage area has designated and clearly marked quarantine areas	☒	☐	
11. Storage area is clean and well organized	☒	☐	
12. Medical gases stored on open dock area has a working monitored alarm system	☐	☐	NA
13. Facility is equipped with working security system suitable for protection against theft or diversion of product and tampering with computer or electronic records	☒	☐	Wtech
14. Is there a system to track all products by lot number.	☒	☐	Uses Hand mfg. registers
15. Shipping and receiving records readily available for inspection	☒	☐	
16. Perpetual inventories and records of all transactions for all drugs, devices, and/or medical gases are current	☒	☐	WI- 003204 SAP system
17. Temperature monitoring logs are maintained and current (excluding medical gases only)	☒	☐	Powered by TRACER ES system Tramco
18. Copies of customer licenses verifying authority to purchase drug products on file and current for each state	☒	☐	several wholesale Corp had the last renewal date Note will stop due to Covid-19 renewal requirements
19. Has verified that WDD/3PL out of state are Trading Partners and are licensed by MS BOP	☒	☐	Corp by State Lic director

License #: _____ Inspection Date: _____

Facility Name: _____

MISSISSIPPI BOARD OF PHARMACY DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments
20. Has established and maintains Standard Operating Procedures covering:	☒	☐	
a. Receipt of drugs, and devices	☒	☐	WL-003540 WL-003192
b. Shipping of drugs and devices	☒	☐	WL-003212 WL-003192
c. Inventory and distribution	☒	☐	WL-003204 SAP system
d. Monitoring & recording of storage temperatures and humidity	☒	☐	Tracer ES system Tracer
e. Quality inspection of all incoming & outgoing shipments	☒	☐	WL-003192
f. Product rotation (FIFO)	☒	☐	States all Prod come in with same batch No
g. Product recalls & withdrawals	☒	☐	WL-003201 WL-003525 ship Hold
h. Return or out of date product Quarantine	☒	☐	WL-003525- 6.8
i. Complaints & adverse events	☒	☐	All complaint go to corp.
j. DSCSA transaction report	☒	☐	Handled by corp.
k. Security and crisis handling	☒	☐	bus. cont. Plan/
l. Validation of customer state licenses and FDA/DEA registration	☒	☐	
m. Notification of theft & diversions; finding of contraband and counterfeit	☒	☐	WL 003540

License #: _____ Inspection Date: _____

Facility Name: _____

MISSISSIPPI BOARD OF PHARMACY DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments:
21. Has Trade/Quality agreements with all trading partners	☒	☐	Comp.
22. Is warehouse and storage areas restricted to authorized personnel	☒	☐	badge access
23. Is there a training program for all employees including cGMP training (Records of)	☒	☐	Annual with compliance WPS
24. Has current list of responsible persons – owners, officers, directors, and designated rep	☒	☐	
a. List of employees with access to product.	☒	☐	badge access
b. List of employees with access to building after hours (Hours of operation)	☒	☐	badge access – management
25. Facilities handling controlled substances	☐	☐	N/A
a. Has current MS CS registration	☐	☐	N/A
b. Has current DEA registration	☐	☐	N/A
c. Has CS cage/vault (List of access- emp.)	☐	☐	N/A

License #: _____ Inspection Date: _____

Facility Name: _____

MISSISSIPPI BOARD OF PHARMACY DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

Notes:

The signature of license representative only validates that an inspection took place

Licensee Representative: Joey Hurt (Print) Joey Hurt

Inspection By: Jerald Pugh (Print) Jerald Pugh

License #: _____ Inspection Date: _____

Facility Name: _____

[redacted] GRANDBERRY RD,ROSSVILLE,TN 38066

JOEY HURT

SUMMARY

Experienced Quality professional with more than 15 years of progressive experience in a matrix organizational structure supporting Quality Systems and Distribution Quality. I'm seeking to obtain a position where I can continue to progress my management and mentoring experience in quality, design controls, compliance, quality testing and inspection, metrology, SPC and team development.

EDUCATION & QUALIFICATIONS

January 2010- May 2012 — Christian Brothers University

Master of Engineering Management

January 2000- December 2003 — The University of Memphis

Bachelor of Science in Engineering Technology

Exemplar Global Business Improvement Auditor Certified until June 2021

ASQ Certified Quality Engineer, ASQ Certified Quality Auditor.

AQS ISO 9001 Lead Auditor, AQS ISO 13485 Lead Auditor

Quality Systems for Medical Device Certification, emphasis on 21 CFR 820 and ISO 13485

Lean Sigma Green Belt, Master's Certificate in Project Management

WORK EXPERIENCE

January 2019 - Present — **Teleflex LLC** — Olive Branch, MS

Sr. Quality Manager Americas, Logistic and Distribution

- Site Management representative for Teleflex /Arrow Medical North American Distribution Center (NADC) 800,000 sqft facility.
- Work independently within a matric structure where my direct manager is based in Athlone, Ireland with a dotted line to local site operations director at the NADC
- Responsible for site quality system compliance to corporate and regulatory requirements
- NADC quality system achieved initial ISO13485:2016 certification under my leadership in 2018
- NADC received initial National Board of Pharmacy Certification under my leadership in 2019 for all 50 states. Certified as site Designated Representative.
- Responsible for announced and unannounced site audits form FDA, SGS and BSI for ISO13485 certifications, NABP and VAWD for pharmaceuticals distributed under the Arrow Business Unit of Teleflex
- Responsible for Ship holds, CAPA's, Reworks, Rebox and service errors activities within the NADC
- Responsible for site quality budget, AOP and cost saving initiative (CIP's)
- Responsible for Quality Lab that performs finish goods inspections from suppliers
- Implemented new LMS software Compliance Wire at NADC to corelate with corporate training requirements
- Participate in development of tools, checklists, training programs, strategy to support operations cross functional team.
- Provide compliance-related training to site personnel as required; e.g., use of Audit Data Management System response entry, Root Cause determination methodologies, Quality System fundamentals, etc.
- Ensure the identification of timely audit response CAPA plans, on-time completion of actions and

timely completion of effectiveness actions relative to audits.

- Manage the publication of timely periodic audit status reports to key management and audit response owners.
- Provide expertise and guidance in interpreting regulations and standards, corporate policies and expectations and local (site specific) procedures and policies to assure compliance.
- Use of SAP to generate reports to manage quality owned SLOC's and mitigate aging inventory pending sterility release, quality holds, S and Q Blocks, Ship Holds and MRB dispositions.
- Manage weekly CAPA board meetings, monthly QSRB meetings and quarterly management reviews for NADC and 3PL distributors in America's region.
- Direct management of 16 salaried employees

November 2016 – December 2018 **Teleflex Medical Incorporated** Olive Branch, MS

Sr. Quality Manager Americas, Logistic and Distribution

- Site Management representative for Teleflex /Arrow Medical North American Distribution Center (NADC) 800,000 sqft facility.
- Work independently within a matric structure where my direct manager is based in Athlone, Ireland with a dotted line to local site operations director at the NADC
- Responsible for site quality system compliance to corporate and regulatory requirements
- NADC quality system achieved initial ISO13485:2016 certification under my leadership in 2018
- NADC received initial National Board of Pharmacy Certification under my leadership in 2019 for all 50 states. Certified as site Designated Representative.
- Responsible for announced and unannounced site audits form FDA, SGS and BSI for ISO13485 certifications, NABP and VAWD for pharmaceuticals distributed under the Arrow Business Unit of Teleflex
- Responsible for Ship holds, CAPA's, Reworks, Rebox and service errors activities within the NADC
- Responsible for site quality budget, AOP and cost saving initiative (CIP's)
- Responsible for Quality Lab that performs finish goods inspections from suppliers
- Implemented new LMS software Compliance Wire at NADC to corelate with corporate training requirements
- Participate in development of tools, checklists, training programs, strategy to support operations cross functional team.
- Provide compliance-related training to site personnel as required; e.g., use of Audit Data Management System response entry, Root Cause determination methodologies, Quality System fundamentals, etc.
- Ensure the identification of timely audit response CAPA plans, on-time completion of actions and timely completion of effectiveness actions relative to audits.
- Manage the publication of timely periodic audit status reports to key management and audit response owners.
- Provide expertise and guidance in interpreting regulations and standards, corporate policies and expectations and local (site specific) procedures and policies to assure compliance.
- Use of SAP to generate reports to manage quality owned SLOC's and mitigate aging inventory pending sterility release, quality holds, S and Q Blocks, Ship Holds and MRB dispositions.
- Manage weekly CAPA board meetings, monthly QSRB meetings and quarterly management reviews for NADC and 3PL distributors in America's region.
- Direct management of 16 salaried employees

November 2014- November 2016 **Smith and Nephew** Memphis, TN

Quality Manager, Global Distribution Center

- Responsible for developing and monitoring quality metrics to representing the distribution center in quarterly management reviews that covered quality system update, process improvement, corrective actions, damaged product, Kaizen events and shipping errors.
- Responsible for maintaining and updating site quality plan for continuous improvement efforts
- Manage incoming quality inspection, reduced inspection requirements based on historical data, establish inspection criteria for custom medical device kits being manufactured and lead MRB
- Responsible for cost center budget to ensure capital spend, T&E, overtime and general supplies meet

global AOP budgeted objectives

- Responsible for establishing and maintain Quality Dashboard that monitored product quality hold, damaged products, product returns and open non-conformances and corrective actions
- Responsible for managing first articles, sterilization quality release, and outsourced reworks of non-conforming product
- Collaborated with internal and external customers to reduce aging quality hold resulting in over four million dollars of inventory reduction in the Quality Storage
- Quality site representative during on-site audits from FDA and notified body audits.
- Responsible for conducting incoming packaging testing and Class 8 clean room inspection of finished goods.
- Proficient in use of SAP system for generating reports that trace quality hold inventory, inspection lead time, returns and product rejections
- Manage the internal audit/compliance program for the distribution center ensuring that corrective measures meet standards and that documentation is compliant with requirements.

October 2011- November 2014 **Medtronic** Memphis, TN

Sr. Supplier Quality / Supplier Development Engineer

- Responsible for on-site suppler qualification and audits of their quality systems and processes based on Medtronic and regulatory requirements 21 CFR Part 820, ISO 13485, ISO17025, ISO14971, IEC 60601, ISO 11135 and ISO 11137
- Responsible for supplier development plans that enable supplier to meet Medtronic requirements
- Responsible for reviewing and approving standard Supplier Quality Agreements
- Implemented new Supplier Quality Agreement for Sterilizers based on ISO 11135 and ISO 11137 requirements for Gamma and Ethylene Oxide
- Responsible for assisting suppliers in development and implementation of control plans and inspection characteristics for product.
- Responsible for managing supplier CAPA's and ensuring they were closed effectively in Track wise system
- Assisted supply base in understanding their process capability to allow reduced inspection based upon product risk
- Responsible for negotiating and implementing Quality Agreements for the acquisition of Kyphon Suppliers to Medtronic Quality Systems
- Managed the completion of several Supplier Files CAPA's related to incomplete quality system documentation
- Worked with team to developed and implemented 3-way Quality Agreement to handle a unique business relationship for Medtronic and key suppliers that were direct competitors
- Provided Process Validation Training to suppliers
- Provided SPC training to suppliers
- Completed Lean Sigma Green Belt. Need one more module for Black Belt
- Developed work instruction and managed project team for Medtronic Corporate initiative of Supplier Owned Quality
- Worked with several suppliers in developing and implementing master validation plans for IQ, OQ and PQ validation requirements
- Part of team that implement new cleaning validations requirements at all of Medtronic suppliers.

March 2008- October 2011 **Medtronic** Memphis, TN

Design Quality Engineer

- Responsible for quality engineering support for medical devices that meet design controls complying with corporate and government regulations.
- Responsible for reviewing drawings for correct application of GD&T and inspection techniques including custom gaging, process, material specifications and MSA for successful design transfer to internal and external suppliers.

- Responsible for reviewing and approving engineering change request and deviations.
- Responsible for developing inspection techniques to verify critical features and sampling plans based on the DFMEA risk analysis.
- Responsible for helping suppliers interpret and develop verification / validation protocols and reports to qualify new process.
- Responsible for representing quality during design control for new products on the design teams. Was an active participant in design inputs, design output, design verification and validation, risk assessments and completion of DHF's
- Used statistical techniques to implement continuous improvements such as process flow charts, DOE, GR&R, pareto analysis, trend analysis and correlation
- Responsible for assisting suppliers in development and interpretation of control plans and inspection characteristics for new products.
- Responsible for conducting investigations on resolving compliant analysis, CAPAs, and risk management
- Responsible for documentation completion tracking and new product release authorization for distribution of products.
- Participated as internal auditor for material and design controls to ensure quality systems requirements were being meet
- Attended live surgeries and cadaver lives gaining valuable surgeon feedback for new product designs
- Attended one week of spinal sales training and interacted with sales force for better understanding on how different surgeons utilize our implants.
- Completed Medtronic Six Sigma Green belt training

October 2003- March 2008 **Hunter Fan Co.** Memphis, TN

Quality Engineer

- Responsible for approving new product for distribution
- Developed qualification plans, product review, control plans and inspection instructions for manufacturing of new products
- Lead monthly CAPA meetings for my product category to implement product improvement based on consumer feedback and defective products analysis using 8D problem solving methodology.
- Responsible for analyzing drawings to perform metrology inspection and testing techniques for G,D & T
- Lead proactive product risk analysis on all new and existing products for continuous improvement.
- Perform audits on finished products to make sure they meet specifications
- Traveled to Mainland China for pilot runs and product reviews on new products for approval of mass production at suppliers. 7-8 trips taken per year
- Perform supplier assessments and audits of potential and current suppliers
- Developed and maintained Access database to generate monthly warranty reports for Hunter and Casablanca Products
- Developed and maintained Access database to track and monitor PPAP, FAI's, G R&R test reports and status, DFMEA, Control Plans, Flow Charts, Material Discrepancy and CAR.
- Provided training for FMEA, Cpk and FAI analysis to China suppliers for continuous improvement. Training was provided in English and translated to Mandarin
- Correlated warranty reports with consumer calls to technical support to determine potential problems with new products.
- Perform product failure analysis and corrective actions at Hunter Return Center on top product returns as determined by the warranty report.
- Generated monthly reports that evaluated Hunter and Casablanca suppliers warranty allowance which resulted in over $1 million being paid back to Hunter by suppliers.

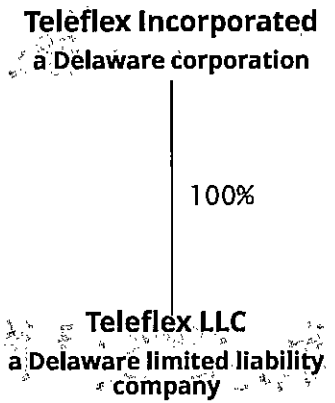
SUMMARY OF QUALIFICATIONS

SAP, Quality Systems, CFR 21 Part 820, ISO 13485, ISO11135 and ISO 11137, ISO14971, Sterilization Requirements, MDD, Project Management utilizing MS Project, 8-D Problem Solving, FAI, FMEA, SPC, DOE, GR&R, DMAIC, Meteorology, CMM, Geometric dimensioning and tolerance (GD&T), MS Office, Lean Sigma, 5S, Risk Management, Good communication skills, not afraid of challenge, Self Starter

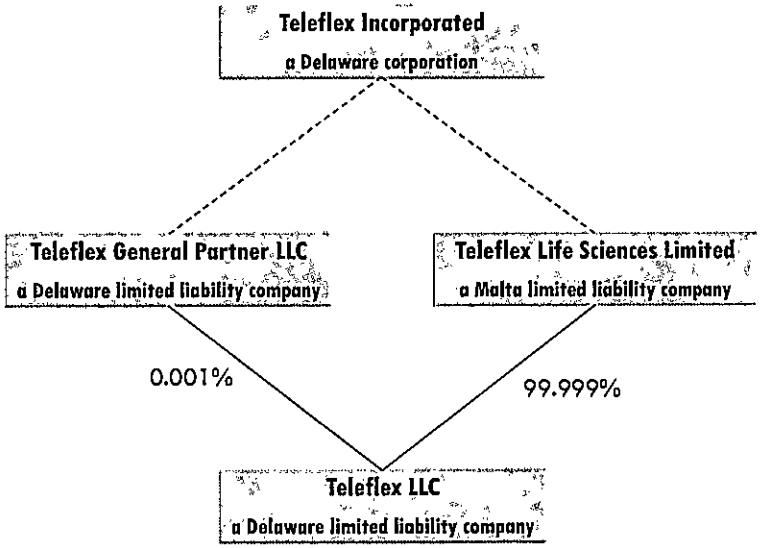
REFERENCES

Available upon request

TELEFLEX LLC ORGANIZATION CHART 2019



TELEFLEX LLC ORGANIZATION CHART



Teleflex®

August 18, 2021

Mark Sedar, Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

Dear Mark,

This letter is a follow-up to my in-person appearance before the Nevada Board of Pharmacy on January 16, 2020 regarding the below misdemeanor conviction.

The regrettable incident took place 29 years ago while I was attending college at University of Missouri. The incident was a fraternity prank that was not a premeditated plan and I simply got caught in the middle of this prank. While I was outside in my car waiting for my friend after our lunch, he thought it would be amusing to grab a picture hanging in the restaurant on his way out and unfortunately jumped in my car with the picture.

As you can see from the below summary of the incident, I was charged as an accomplice to misdemeanor theft. I completed community service in February, 1993.

Name	Charge	City/State	Disposition Date	Name of Court	Circumstances Surrounding Conviction
Jay White	Misdemeanor-Theft	Columbia, MS	1992	Boone County Circuit Court	Convicted as an accomplice during college

Please let me know if you need anything further regarding this matter.

Sincerely,

Jay White
Corporate Vice President and President, Global Commercial

Encl.

IN THE 13TH JUDICIAL CIRCUIT COURT, BOONE COUNTY MISSOURI

Judge or Division : LARRY A BRYSON (22579)	**Case Number : 13R019235482** ☐ Change of Venue from
	Offense Cycle No : 92098384
State Of Missouri vs. Defendant: JAY K WHITE (WHIJK3161) [redacted]E Stewart Columbia, Mo	Prosecuting Attorney/MO Bar No: JANE SARAH GARLAND (37455) Defense Attorney/MO Bar No : CHRISTINE CARPENTER (28663)
DOB : [redacted] SSN : [redacted] SEX :	
	Appeal Bond Set Date : Amount :

Judgment

	Charge #	Charge Date	Charge Code	Charge Description
Original Charge:	1	25-Aug-1992	1503000	Stealing **(Misdemeanor A RSMo: 570.030)**

Disposition: 22-Oct-1992 Guilty Plea
Order Date: **Sentence or SIS :** Suspended Imposition of Sent.
Start Date : 22-Oct-1992

Text : COURT SERVICES TO SUPERVISE COMMUNITY SERVICE;

Program : PROBATION
Classification : UNSUPERVISED
Associated To : Charge 1
Start Date : 22-Oct-1992
End Date : 22-Oct-1994
Agency :
Outcome : Successfully Completed
Due to End : 22-Oct-1994

Program : Community Service
Associated To : Charge 1
Start Date : 22-Oct-1992
End Date : 17-Feb-1993
Agency : BOONE COUNTY CIRCUIT CLERK
Due to End :

Defendant's Probation has not been revoked.

The court informed the defendant of verdict/finding, asks the defendant whether (s)he has anything to say why judgment should not be pronounced, and finds that no sufficient cause to the contrary has been shown or appears to the court.

Defendant has been advised of his/her rights to file a motion for post-conviction relief pursuant to **Supreme Court Rule 24.035/29.15** and the court has found **No Probable Cause** to believe that defendant has received ineffective assistance of counsel.

The Court orders:

That Judgment entered in favor of the State of Missouri and against the defendant for the sum of **$10.00** for the Crime Victims Compensation fund. Judgment is **Satisfied**.

Costs taxed against **Defendant**

The Court further orders:

22-Oct-1992 **Judgment CVC Entered**

Due Date: 11-22-1992;

22-Oct-1992 **Judgment Entered**

Due Date: 11-22-1992;

22-Oct-1992 **Judgment Entered**

22-Oct-1992 **Defendant Sentenced**

CHARGE: 1 DIV: 5; IMPOSITION OF SENTENCE SUSPENDED; PROBATION PERIOD: 2 YEARS, STATUS: UNSUPERVISED; COMM SERVICE 80 HOURS DUE DATE: COMP DATE: 17-FEB-93; MEMO: COURT SERVICES TO SUPERVISE COMMUNITY SERVICE; 24.035/29.15 INEFFECT COUNSEL - No; ALLOCUTION - Yes

22-Oct-1992 **Defendant Sentenced**

Appearances: PA,DEF ATTY,DEFT; Sentence Date: 22-OCT-92; Prosecuting Attorney: DANIEL K. KNIGHT; Cost Assessment: DEFENDANT;

So Ordered on: 13R019235482 ST V JAY K WHITE

Date Judge

I certify that the above is a true copy of the original Judgment and Sentence of the court in the above cause, as it appears on record in my office.

(Seal of Circuit Court)

Issued on: 1/13/2020 Clerk

Date

4BB

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

WHO 2804

~~WH101856~~

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Teleflex LLC

Physical Address: 14005 13Th Avenue

City: Plymouth State: MN Zip Code: 55441

Telephone Number: 763-656-4300 Fax Number: 763-656-4300

Toll Free Number: _____

E-mail: statelicensing@teleflex.com Website: https://www.teleflex.com

Facility Manager: Christopher Chapman

Professional qualifications and experience of facility manager: see exhibit A

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

The facility has been approved for an on site audit but it was put on hold due to COVID.

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Vascular Solutions LLC
Address: 6464 Sycamore Court North Maple Grove MN 55369

Name: Below that include a note:
Address: Teleflex LLC distributes medical devices manufactured by its above-listed affiliate. It does not distribute pharmaceutical products except those included as components in medical convenience kits.

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20191101240

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jake Elguicze
Print Name of Authorized Person

10/16/20
Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Teleflex General Partner LLC and Teleflex Life Sciences Limited

Mailing Address: 550 E Swedesford Road

City: Wayne State: PA Zip: 19087

Telephone: 610-225-6800 Fax: _____

Contact Person: Jake Elguicze

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Teleflex General Partner LLC — 550 E Swedesford Road Wayne PA 19087
Name — Business Address

b) Teleflex Life Sciences Limited — 171, Old Bakery Street, Valletta VLT 1455, Malta
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. TLSL 99.999% membership interest / TGPL .001% membership interest

3) What was the price paid per share? n/a

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20191101240

Include with the application for a non publicly traded corporation

List of officers and directors

see exhibit B

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

See exhibit C

EXHIBIT B

OFFICERS OF TELEFLEX LLC

OFFICERS	*TITLE*
Jay White jay.white@teleflex.com ***Director*	***President***
John Robert Deren john.deren@teleflex.com ***Director*	***Vice President***
Gregg Wayne Winter gregg.winter@teleflex.com	***Vice President***
Jake Elguicze jake.elguicze@teleflex.com ***Director*	***Vice President & Treasurer***
James Joseph Leyden james.leyden@teleflex.com	***Secretary***

Mr. White is located at
Teleflex LLC
3015 Carrington Mill Blvd
Morrisville, NC 27560

The other officers are located at
Teleflex Incorporated
550 E Swedesford Rd #400
Wayne, PA 19087

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELEFLEX LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELEFLEX LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7023120 8300

SR# 20213769006

Authentication: 204662825

Date: 11-11-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

EXHIBIT C

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELEFLEX LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELEFLEX LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7023120 8300

SR# 20206075411

Authentication: 203229016

Date: 07-06-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

Minnesota does not require distributors of medical devices to be licensed. Teleflex LLC distributes medical devices, including medical convenience kits containing anesthetics. Per the email exchange with Steven Huff, Pharmacy Surveyor below, Teleflex LLC is exempt from licensing in Minnesota.

EXHIBIT E

Knight, Bettina

From: Huff, Steven (HLB) <steven.huff@state.mn.us>
Sent: Tuesday, October 01, 2019 11:45 AM
To: Knight, Bettina
Subject: RE: Change of Ownership

Bettina,

My understanding is that if what you say is correct, then you no longer need to have a drug wholesaler registration in Minnesota per MN Statute 151.441. Would you like me to return the application?

Thanks ,Steve

From: Knight, Bettina <Bettina.Knight@teleflex.com>
Sent: Tuesday, October 01, 2019 6:39 AM
To: Huff, Steven (HLB) <steven.huff@state.mn.us>
Subject: RE: Change of Ownership

Hello Steven,

The Plymouth, MN facility was licensed as a drug wholesaler under Vascular Solutions LLC (#363543). Vascular Solutions held this license in connection with its distribution of medical convenience kits containing prescription drugs (anesthetics, such as Lidocaine, used to numb the area where the medical device in the kit is inserted). We filed the application in September 2018 for Teleflex LLC, Plymouth, MN in advance of Vascular Solutions transferring the distribution operations at the facility to Teleflex LLC.
In reviewing your response regarding the procedures at the facility, we realized that Minnesota recently enacted legislation to conform its wholesaler requirements to the DSCSA. In light of those changes, it appears that the Plymouth, MN facility no longer meets the definition of "wholesaler" under MN law.
Section 151.441 MN Statutes includes an exemption from the definition of "wholesale distribution" for the distribution of medical convenience kits that meet certain conditions. The medical convenience kits distributed by Teleflex LLC meet all of those conditions. The kits:
Are assembled in a medical device establishment that is registered with the FDA under United States Code, title 21, section 360(b)(2);
Do not contain controlled substances;
Only include Products that are purchased directly from the pharmaceutical manufacturer;
Only include Products whose primary container and labelling have not been altered; and
Only include Products which are anesthetics.

The Plymouth, MN facility does not distribute any prescription drugs except as components of the medical convenience kits.
One of the reasons Teleflex LLC does not have all of the procedures required by the statutes and regulations identified in your December 4, 2018 letter is because Teleflex LLC is exempt from the wholesale licensing and track and trace requirements of the DSCSA. It now looks like Teleflex LLC is also exempt from the MN requirements.
Can you confirm that, as a distributor of medical devices and medical convenience kits meeting the requirements of Section 151.441, Teleflex LLC at the Plymouth, MN location is no longer required to hold a license from the Minnesota Board of Pharmacy for its distribution activities?

EXHIBIT A

CHRISTOPHER CHAPMAN

[redacted] Forestview Ln N,
Maple Grove, MN 55369, USA
[redacted]
[redacted]

WORK EXPERIENCE

Teleflex, Plymouth, MN

Materials Group Lead, Apr 2019 – Present

- Provide direction and training for Material Coordinators
- Oversee day to day warehouse activities
- Pick, pack and ship customer orders
- Assist other departments with materials related issues

Inventory/Shipping Coordinator, Feb 2015 – Apr 2019

- Pick, pack and ship customer orders
- Assist production with inventory issues
- Maintain and perform Cycle Count activities
- Replenish inventory to stocking locations.
- Investigate/reconcile inventory discrepancies at the Distribution Center and Raw Materials Warehouse.

Tolomatic, Hamel, MN

Inventory Control Coordinator, Dec 2012 – Jan 2015

- Pick orders for production
- Investigate and reconcile inventory discrepancies
- Maintain and perform Cycle Count activities
- Assist Production Planning and Purchasing with inventory issues

Vascular Solutions, Maple Grove, MN

Assembler, Dec 2008 – Jun 2012

- Medical device assembly

EDUCATION

West Lutheran
Plymouth, MN
High School Diploma (May 2002)

List of employees at Teleflex LLC that ship the products

Person Id	First Name	Last Name	Position Title
10236	Gary	Thomas	Distribution Associate II
11159	Mack	Harris	Quality Assurance Technician II
11245	Larry	Tate	Material Handler
11311	Henry	Hoang	Senior Team Lead
11312	Leroy	Cryer	Material Handler
11313	Angela	Harris	Material Handler
11316	Dean	Frazier	Quality Assurance Technician I
11339	Tosha	Walker	Team Lead
11343	William	Stanback	Distribution Yard Hostler
11344	Vandasia	Bryant	Senior Team Lead
11347	Derrick	Bradley	Material Handler
11348	Glenda	Settle	Senior Team Lead
11363	Renee	Conston	Quality Assurance Technician II
11390	Wade	Jackson	Team Lead
11391	Torris	Scott	Team Lead
11393	Tiffany	Lowe	Quality Assurance Technician II
11394	Latosha	Harper	Ship Hold Coordinator II
11396	Christopher	Katchens	Distribution Associate II
11399	Jarica	Sumler	Senior Team Lead
11401	Ngoc Van	Vo	Distribution Associate I
11412	LaShondra	Jackson	Wave Planner
11413	Cassandra	Jackson	Wave Planner
11416	Shondreaka	Hill	Senior Team Lead
11417	Jonathan	Hernandez	Quality Assurance Technician II
11419	Israel	Falkner	Material Handler
11420	Montina	Hughes	Distribution Associate I
11421	Tracy	Barnes	Senior Team Lead
11424	Derrick	Granderson	Senior Team Lead
11515	Kenisha	Shelton	Team Lead
11516	Kevin	Johnson	Team Lead
11518	Hang	Le	Distribution Associate II
11523	Sheree	Elliott	Material Handler
11525	Della	Kimbrough	Distribution Associate I
11526	Brian	Tolentino	Material Handler
11537	Adrian	Thomas	Senior Team Lead
11538	Lorando	Hawkins	Material Handler
11543	Lorena	Lopez	Distribution Associate I
11546	Alice	Crutcher	Distribution Associate II
11547	Michael	Carver	Facilities Service Technician
11572	Mohamedou	Gadio	Sr. Team Lead
11603	Erica	Kilpatrick	Material Handler
11604	Roy	Bedford	Team Lead
11605	Shaun	Berryhill	Senior Team Lead

Person Id	First Name	Last Name	Position Title
11607	Derrick	Clark, II	Material Handler
11612	Sharon	Brantley	Distribution Associate I
11613	Michael	Strickland	Material Handler
11627	LeKendris	Chavers	Material Handler
11633	Kent	Williford	Material Handler
11681	Bobby	Bolton	Material Handler
11682	Ruth	Wainaina	Sr. Team Lead
11684	Zuher	Belkhan	Material Handler
11690	Ashley	Burgess	Distribution Associate II
11702	Dedrick	Houston	Material Handler
11703	Gatt	Williams	Material Handler
11704	Rena	Rayford	Material Handler
11725	Doneese	Williams	Material Handler
11754	Jennifer	Wilson	Distribution Associate II
11761	Monee	Adams	Material Handler
11762	Paul	Satcher	Material Handler
11766	Christina	Fitz	Quality Assurance Technician II
11767	Terrie	Yarbrough	Distribution Associate I
11819	Tangie	Sykes	Distribution Associate I
11827	Kendrick	Oliver	Material Handler
11828	Candace	Mallory	Distribution Associate II
11847	Shelly	Mattie	Distribution Associate I
11848	Sheila	Campbell	Distribution Associate I
11852	Kenneth	Cochran	Team Lead
11882	John	Hankins	Material Handler
11890	Chatalra	Parnell	Distribution Associate I
11956	Dale	Bortters	Material Handler
11957	Patricia	Moses	Material Handler
11980	Savy	Duch	Distribution Associate II
11982	Chanel	Underwood	Team Lead
11983	Joyce	Vera	Distribution Associate II
11984	Carlos	Vera	Team Lead
11989	Tyler	Dicarlo	Senior Team Lead
12069	Canesha	Luellen	Team Lead
12083	John	Sullivan	Material Handler
12086	John	Lewis Jr.	Material Handler
12096	Tacamjula	Driver	Team Lead
12102	Marco	Watson	Material Handler
12103	Sharonda	Phillips-Glover	Material Handler
12105	Tyrone	Dandridge	Material Handler
12115	Lasheka	Scooter	Distribution Associate II
12116	Tina	Phillips	Distribution Associate I
12118	Darlon	Marble	Material Handler
12119	Monique	Allen	Distribution Associate I
12129	Brian	Turnbow	Material Handler
12141	Paul	Hibler Jr	Material Handler

Person Id	First Name	Last Name	Position Title
12152	Chauntay	Williams	Senior Team Lead
12159	Sharon	Jones	Distribution Associate II
12160	Tyler	Wilkins	Distribution Associate I
12170	Chelsey	Rutherford	Material Handler
12189	Renee	Parrett	Wave Planner
12190	David	Hull	Material Handler
12247	Michael	Wiggison	Material Handler
12251	Marvin	Farmer	Material Handler
12252	LiQuita	Phillips	Material Handler
12254	Debra	Dunbar	Material Handler
12261	Sherry	Hughes	Material Handler
12262	James	Pike	Team Lead
12267	Antoine	Mosley	Material Handler
12268	Marcus	Reed	Material Handler
12282	Robert	Scott Jr.	Distribution Associate I
12365	Larrisha	Bell	Team Lead
12373	Sulara	Carter	Senior Team Lead
12375	Cecil	Boyland	Distribution Associate I
12378	Roderick	Ware Jr.	Material Handler
12380	James	Brown	Material Handler
12383	Angela	Cook	Transportation Coordinator
12784	Daniel	Willman	Distribution Associate II
12799	Latonya	Dishmon	Team Lead
12800	Rauricas	Tate	Material Handler
12803	Janice	Eldridge	Distribution Associate I
12804	Coshia	Smith	Material Handler
12806	Michael	Greene	Material Handler
12821	Issouf	Toure	Material Handler
12841	Kevin	Malone	Material Handler
12902	Alvin	Cross	Material Handler
12977	Miquanius	Williams	Material Handler
12980	Essic	White	Material Handler
12990	Marian	Smith	Distribution Associate I
13004	Robert	Pearson	Distribution Associate II
13027	Heriberto	Trinidad Cruz	Material Handler
13316	Necole	Levy	Material Handler
13456	Stephanie	May	Material Handler
13507	Darrian	Malone	Material Handler
13512	Felicia	Odom	Distribution Associate I
13548	Noah	Waalk	Maintenance Technician
13718	Katina	Armstrong	Material Handler
13719	Ricardo	Gant	Senior Team Lead
13720	Antonio	Gaston	Material Handler
13752	Robert	Bell	Material Handler
13753	Daryl	Ayers	Material Handler
13754	Chelsea	Jones	Material Handler

Person Id	First Name	Last Name	Position Title
13755	Dwight	Haley	Ship Hold Coordinator I
13775	Danny	Harris	Material Handler
13795	Joselin	Letet	Distribution Associate II
13819	Terry	Boyle	Material Handler
13836	Roosevelt	Walker	Material Handler
13877	Isaac	Westbrook	Distribution Associate II
13895	Diamone	Hill	Distribution Associate I
13904	Antwone	Stewart	Material Handler
13963	Jerome	Weeks	Material Handler
13975	Veronica	James	Distribution Associate I
13987	Willie	Mack	Material Handler
14018	Nicholas	Smith	Material Handler
14035	Quinton	Jackson	Material Handler
14036	Jessica	Fisher	Distribution Associate I
14037	LaToya	Cole	Distribution Associate I
14038	Leticia	Perez Bernardino	Distribution Associate I
14053	Evelyn	Amro	Distribution Associate I
14110	Deneisha	Haggard	Distribution Associate I
14111	Delferd	Harris	Material Handler
14129	Mark	Eaton	Material Handler
14137	Tavares	Smith	Distribution Associate I
14163	Deangelo	Payne	Distribution Associate I
14184	Qiana	Stoxstell	Distribution Associate I
15655	Beverly	Barber	Distribution Associate I
15656	Kaleb	Medina	Material Handler
15674	Luisa	Sotomayor	Material Handler
15691	Harry	Clemmons	Material Handler
15692	Iris	Martin	Distribution Associate I
15710	Carlos	Simmons	Material Handler
15726	Kim	Wright	Distribution Associate I
15727	ZayDeisha	Phillips	Distribution Associate II
15735	Raymond	West	Material Handler
15761	Jessica	Sellers	Material Handler
15762	Deadrick	Boyd	Distribution Associate I
15813	Tiara	Hodges	Distribution Associate I
15840	Kevin	Cochran	Material Handler
15854	Tamenshia	Ford	Distribution Associate I
15864	Shenekia	Cooper	Distribution Associate I
15866	Michael	Woods	Distribution Associate I
15899	Marian	Thompson	Distribution Associate I
15921	Kendall	Thomas	Material Handler
15923	Sandra	Miller	Distribution Associate I
15977	Crystal	Morrow	Distribution Associate I
16097	Travis	Henson	Material Handler
16100	Gerard	Hall	Material Handler
16181	George	Miller	Material Handler

Person Id	First Name	Last Name	Position Title
16183	Gevita	Fondren	Distribution Associate I
16186	Shawn	Williams	Material Handler
16189	Antjuan	Burnett	Distribution Yard Hostler
16191	Alisha	Hurst	Distribution Associate II
16193	James	Ward	Material Handler
16197	Tyra	McCray	Material Handler
16198	Erwin	Hurt	Material Handler
16200	Jason	Andrews	Material Handler
16205	Martavis	Reaves	Material Handler
16206	Cameron	Burton	Material Handler
16208	Candace	Love	Distribution Associate I
16214	Ardy	Phillips	Material Handler
16226	Jeffrey	Walton	Material Handler
16227	Christopher	Woods	Distribution Associate I
16230	Jamonica	Street	Material Handler
16231	Tarrika	Cleaves	Distribution Associate I
16233	Dana	Hayzlett	Distribution Associate I
16242	Kevin	Cockrell	Material Handler
16248	Krystal	Felston	Material Handler
16250	Jarvis	Malone	Material Handler
16259	Tito	Lazo	Material Handler
16270	Tametrius	Rodgers	Distribution Associate I
16279	Garry	Gamble	Material Handler
16281	Terry	Turner	Material Handler
16284	Lester	Benton	Quality Assurance Technician I
16286	Cedrick	Sherrod	Material Handler
16287	Jasma	Franklin	Distribution Associate I
16288	Elliott	Barnes	Material Handler
16290	Salvador	Campos Reyes	Material Handler
16291	Enrique	Faz	Material Handler
16301	Cleveland	Phillips	Material Handler
16312	Mariah	Brunson	Material Handler
16313	Teresa	Totton	Distribution Associate I
16319	Derrick	LaBarre	Material Handler
16334	Rodderick	Jones	Material Handler
16372	Virginia	Campos	Material Handler
16373	John	Milam	Material Handler
16375	Deangelo	Frederick	Material Handler
16414	LaCher	Carruth	Material Handler
16417	Zavien	Thomas	Material Handler
16446	Aisha	Barnes	Distribution Associate I
16464	Netopeu	Ngbe	Distribution Associate I
16572	Arizvett	Regalado	Distribution Associate I
16625	Demeshia	Miller	Distribution Associate I
16642	Shon	Williams	Material Handler
16644	Terrance	Jackson	Material Handler

Person Id	First Name	Last Name	Position Title
16656	Whitney	Young	Distribution Associate I
16658	Lance	Brown	Material Handler
16678	Lakiesha	Covington	Distribution Associate I
16679	Mamadou	Sow	Distribution Associate I
16682	Daphinique	Sample	Distribution Associate I
16691	Kendrick	Hymon	Material Handler
16703	Ladarius	Black	Material Handler
16706	Tyrod	Williams	Material Handler
16711	Demarius	Todd	Material Handler
16713	Eddie	Patterson	Material Handler
16728	Marketta	Johnson	Distribution Associate I
16729	Timothy	Walker	Material Handler
16730	Cedrick	Hudson	Team Lead
16751	Darryl	Stringfellow	Material Handler
16764	DeRhondlyn	Gulledge	Material Handler
16769	Gavin	Clark	Material Handler
16785	Joshua	Bray	Distribution Associate I
16787	Shaveda	Holt	Distribution Associate I
16795	Sabrena	Reed	Distribution Associate I
16823	Ashley	Willis	Material Handler
16869	Leticia	Esteva	Distribution Associate I
16870	Sandra	Dowdy	Team Lead
16871	Robert	Childress	Material Handler
16874	Edward	Robinson	Material Handler
16875	Desmond	Goodwin	Material Handler
16907	Randy	Bailey	Material Handler
16913	Dezmond	Harris	Material Handler
16953	shuronda	henderson	Distribution Associate I
16986	LaTasha	Nash	Distribution Associate I
17009	Maleslie	Sanders	Distribution Associate I
17042	Evette	Williams	Distribution Associate I
17044	Kiron	Covington	Material Handler
17078	Ternell	Keys	Material Handler
17092	Derian	Ferrell	Material Handler
17099	jason	hernandez	Material Handler
17119	Tjsa	Davis	Material Handler

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800005663

Application/License No. _____

Teleflex LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 14000 13th Avenue Plymouth MN 55441 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of NY (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800 Plymouth MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 7, 2019 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of June, 2019.

APPLICANT/PRINCIPAL
Teleflex LLC

By: _____
Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company

By: _____
Surety Company's Representative

Joseph R. Williams, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Sarah Hancock

_____
Witness

Countersigned by:

_____
Nevada Resident Agent Annette Wisong

OneBeacon
INSURANCE GROUP

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Tina H. Kennedy, Annette Wisong, Joseph R. Williams, Sarah Hancock, Steven L. Swords, Kathryn Wieland Allen, Desiree Payne**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-sixth day of October, 2017.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-sixth day of October, 2017, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

TARA JANELLE STAFFORD
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2020

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

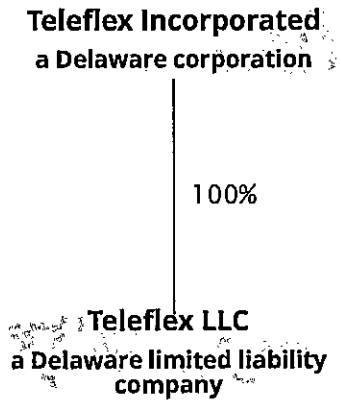
Signed and sealed. Dated 7th day of June, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

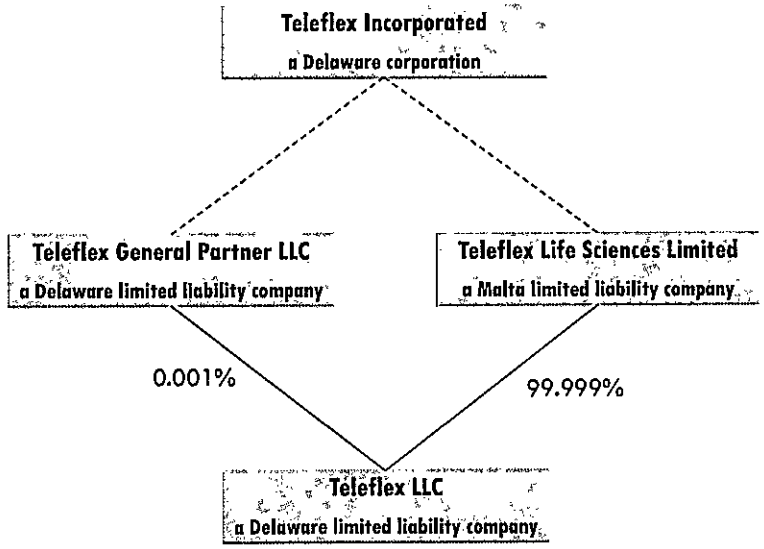
This Power of Attorney expires
October 1, 2019

_____
Christopher V. Jerry, Secretary

TELEFLEX LLC ORGANIZATION CHART 2019



TELEFLEX LLC ORGANIZATION CHART



Teleflex®

August 18, 2021

Mark Sedar, Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

Dear Mark,

This letter is a follow-up to my in-person appearance before the Nevada Board of Pharmacy on January 16, 2020 regarding the below misdemeanor conviction.

The regrettable incident took place 29 years ago while I was attending college at University of Missouri. The incident was a fraternity prank that was not a premeditated plan and I simply got caught in the middle of this prank. While I was outside in my car waiting for my friend after our lunch, he thought it would be amusing to grab a picture hanging in the restaurant on his way out and unfortunately jumped in my car with the picture.

As you can see from the below summary of the incident, I was charged as an accomplice to misdemeanor theft. I completed community service in February, 1993.

Name	Charge	City/State	Disposition Date	Name of Court	Circumstances Surrounding Conviction
Jay White	Misdemeanor-Theft	Columbia, MS	1992	Boone County Circuit Court	Convicted as an accomplice during college

Please let me know if you need anything further regarding this matter.

Sincerely,

Jay White
Corporate Vice President and President, Global Commercial

Encl.

IN THE 13TH JUDICIAL CIRCUIT COURT, BOONE COUNTY MISSOURI

Judge or Division : LARRY A BRYSON (22579)	**Case Number : 13R019235482** ☐ Change of Venue from
	Offense Cycle No : 92098384
State Of Missouri vs. Defendant: JAY K WHITE (WHIJK3161) 24 E Stewart Columbia, Mo	Prosecuting Attorney/MO Bar No: JANE SARAH GARLAND (37455) Defense Attorney/MO Bar No : CHRISTINE CARPENTER (28663)
DOB : [redacted] SSN : [redacted] SEX :	
	Appeal Bond Set Date : Amount :

Judgment

	Charge #	Charge Date	Charge Code	Charge Description
Original Charge:	1	25-Aug-1992	1503000	Stealing **(Misdemeanor A RSMo: 570.030)**

Disposition: 22-Oct-1992 Guilty Plea
Order Date: **Sentence or SIS :** Suspended Imposition of Sent:
Start Date : 22-Oct-1992
Text : COURT SERVICES TO SUPERVISE COMMUNITY SERVICE;

Program : PROBATION **Agency :**
Classification : UNSUPERVISED **Outcome :** Successfully Completed
Associated To : Charge 1
Start Date : 22-Oct-1992 **Due to End :** 22-Oct-1994
End Date : 22-Oct-1994

Program : Community Service **Agency :** BOONE COUNTY CIRCUIT CLERK
Associated To : Charge 1
Start Date : 22-Oct-1992 **Due to End :**
End Date : 17-Feb-1993

Defendant's Probation has not been revoked.

The court informed the defendant of verdict/finding, asks the defendant whether (s)he has anything to say why judgment should not be pronounced, and finds that no sufficient cause to the contrary has been shown or appears to the court.

Defendant has been advised of his/her rights to file a motion for post-conviction relief pursuant to **Supreme Court Rule 24.035/29.15** and the court has found **No Probable Cause** to believe that defendant has received ineffective assistance of counsel.

The Court orders:

That Judgment entered in favor of the State of Missouri and against the defendant for the sum of **$10.00** for the Crime Victims Compensation fund. Judgment is **Satisfied**.

Costs taxed against **Defendant**

The Court further orders:

22-Oct-1992 **Judgment CVC Entered**

Due Date: 11-22-1992;

22-Oct-1992 **Judgment Entered**

Due Date: 11-22-1992;

22-Oct-1992 **Judgment Entered**

22-Oct-1992 **Defendant Sentenced**

CHARGE: 1 DIV: 5; IMPOSITION OF SENTENCE SUSPENDED; PROBATION PERIOD: 2 YEARS, STATUS: UNSUPERVISED; COMM SERVICE 80 HOURS DUE DATE: COMP DATE: 17-FEB-93; MEMO: COURT SERVICES TO SUPERVISE COMMUNITY SERVICE; ;24.035/29.15 INEFFECT COUNSEL - No; ALLOCUTION - Yes

22-Oct-1992 **Defendant Sentenced**

Appearances: PA,DEF ATTY,DEFT; Sentence Date: 22-OCT-92; Prosecuting Attorney: DANIEL K. KNIGHT; Cost Assessment: DEFENDANT;

So Ordered on: 13R019235482 ST V JAY K WHITE

Date Judge

I certify that the above is a true copy of the original Judgment and Sentence of the court in the above cause, as it appears on record in my office.

(Seal of Circuit Court)

Issued on: 1/13/2020 Clerk

Date

EXHIBIT F

AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT

OF

TELEFLEX LLC

This Amended and Restated Limited Liability Company Agreement of Teleflex LLC is effective as of February 21, 2020 (the "***Effective Date***").

RECITALS

A. Teleflex LLC, a Delaware limited liability company (the "***Company***"), was formed by Teleflex Incorporated (the "***Original Member***") on August 20, 2018 by the filing of the certificate of formation of the Company (as amended from time to time, the "***Certificate***") with the Office of the Secretary of State of the State of Delaware.

B. Prior to the Effective Date, the Original Member was the sole member of the Company and the Company was governed pursuant to the terms and provisions of that certain Limited Liability Company Agreement of Teleflex LLC dated August 20, 2018 (the "***Prior Agreement***").

C. Teleflex Life Sciences Limited, a company formed and existing under the laws of Malta, having its registered office at 171, Old Bakery Street, Valletta, VLT 1455, Malta, and registered with the Malta Business Registry under registration number C94305 ("***TLS***"), has acquired the Original Member's Interest in the Company (the "***Acquisition***").

D. Following the Acquisition, the Company desires to issue an additional Interest in the Company to Teleflex General Partner LLC, a Delaware limited liability company ("***TGP***").

E. TLS and TGP, as the sole members of the Company following the Acquisition and the Issuance (as defined below), desire to amend and restate the Prior Agreement in its entirety to provide for the terms and provisions relating to their ongoing ownership and management of the Company.

Accordingly, the parties hereto agree as follows:

ARTICLE I
DEFINITIONS

Capitalized terms used but not otherwise defined in this agreement have the meanings given those terms in Exhibit A.

ARTICLE II
GENERAL PROVISIONS

2.1 Formation of Limited Liability Company

The Company was formed as a Delaware limited liability company on August 20, 2018, by the filing of the Certificate with the Office of the Secretary of State of the State of Delaware under and pursuant to the Act. The Manager will file or cause to be filed all such other certificates, notices,

statements, amendments or other instruments required by law for the continued operation of the Company as a limited liability company.

2.2 Name of Company

The name of the Company is "Teleflex LLC." The business of the Company may be conducted under any name chosen by the Manager, and the Manager may, in its sole discretion consistent with the requirements of the Act, change the name of the Company from time to time.

2.3 Principal Place of Business; Registered Agent for Process

(a) The principal office of the Company will be at such place as the Manager may designate, in its sole discretion, from time to time.

(b) The registered office of the Company in the State of Delaware will be at such place as the Manager may designate, in its sole discretion, from time to time. The registered agent of the Company in the State of Delaware to accept service of process will be such Person as the Manager may designate, in its sole discretion, from time to time.

2.4 Term of Company

The term of the Company commenced on the date the Certificate was filed in the office of the Secretary of State of the State of Delaware in accordance with the Act and will continue until terminated pursuant to Section 9.1.

2.5 Purposes

The Company is organized for the purpose of carrying on any lawful business, as determined appropriate by the Manager. Notwithstanding the preceding sentence, the Company may execute and deliver and perform all contracts and other undertakings and engage in all the activities and transactions that may, in the opinion of the Manager, be necessary or advisable to carry out the foregoing purposes, subject to the limitations contained in this agreement and the Act. The Manager shall cause the Company to be qualified or registered under applicable laws of any jurisdiction in which the Company transacts business and shall be authorized to execute, deliver and file any certificates and documents necessary to effect such qualification or registration, including without limitation the appointment of agents for service of process in such jurisdictions.

2.6 Title to Company Property

All property owned by the Company is to be deemed to be owned by the Company as an entity, and the Members will not have any direct ownership interest in any such property.

2.7 Failure to Observe Formalities

A failure to observe any formalities or requirements of this agreement, the Certificate or the Act will not be grounds for imposing personal liability on the Members or the Manager for liabilities of the Company.

2.8 Liability of the Members to Third Parties; No Reliance by Third-Party Creditors

(a) Except as otherwise provided in the Act, the Members will not be personally liable for any debt, obligation or liability of the Company, whether arising in contract or otherwise, by reason of being a member of the Company.

(b) This agreement is entered into by the Members for the exclusive benefit of the Members and their successors and assigns. This agreement is expressly not intended for the benefit of any creditor of the Company or any other Person. Except and only to the extent provided by applicable statute, no such creditor or third party has any rights under this agreement or any agreement between the Company and the Members with respect to any contributions or otherwise.

ARTICLE III
MEMBERS

3.1 Members

(a) The Company hereby issues an Interest in the Company to TGP, with such Interest having such rights and obligations as set forth in this Agreement (the "***Issuance***"), and TGP is hereby admitted as a member of the Company.

(b) As of the Effective Date, as a result of the Acquisition and the Issuance, TLS and TGP are the sole members of the Company.

(c) No Interest in the Company shall be represented by a separate certificate.

3.2 Capital

The Members shall be obligated to contribute capital to the Company in such amounts and at such times as may be determined by the Manager in its sole discretion. For the avoidance of doubt, the Manager is under no obligation to require the Members to contribute capital to the Company, but may do so in its sole discretion. Any capital contributions required shall be funded by the Members in proportion to their respective Percentage Interests.

ARTICLE IV
ALLOCATION OF NET INCOME AND NET LOSS

All items of Net Income or Net Loss will be allocated exclusively to the Members in proportion to their respective Percentage Interests.

ARTICLE V
DISTRIBUTIONS

Net Cash Flow and Company assets in kind will be distributed in such amounts, and at such times as the Manager may in its absolute discretion determine. Any such distribution will be made exclusively to the Members in proportion to their respective Percentage Interests.

ARTICLE VI
MANAGEMENT

6.1 Management Vested in the Manager

As provided and subject to the terms herein, the Manager has the authority to manage the business and affairs of the Company.

6.2 Manager

6.2.1 Appointment of Initial Manager

The initial Manager shall be TGP.

6.2.2 Term of Manager

The Manager will hold office until such Manager dies, resigns or is otherwise removed pursuant to Section 6.2.3. Any Manager may resign at any time by delivering written notice to the Members. Any such resignation will be effective upon delivery thereof unless the notice of resignation specifies a later effective date. The acceptance of such resignation by the Members will not be necessary to make it effective.

6.2.3 Removal of Manager

A Manager may be removed with or without cause at any time by the unanimous written consent of the Members.

6.2.4 Filling a Vacancy

Any vacancy occurring with respect to the office of the Manager shall be filled by an appointee designated by the unanimous written consent of the Members. The term of any replacement Manager will extend to the remainder of the term of the departed Manager.

6.3 Compensation

Unless approved by the unanimous written consent of the Members, the Manager will not be paid any compensation in connection with their service as a Manager. Notwithstanding the preceding sentence, no Manager is precluded from serving the Company in any other capacity and receiving compensation therefor.

6.4 Authority of the Manager

6.4.1 Authority of the Manager

Except as otherwise provided herein, the Manager is vested with complete management and control of the affairs of the Company, except to the extent that the Manager delegates authority to one or more Officers or other Persons designated by the Manager. Except as otherwise provided herein, the Manager has the power and authority to do all things necessary or proper to carry out the purposes of the Company. All actions taken by the Manager will be subject to the terms of this agreement. In its

capacity as Manager, the Manager is specifically authorized to execute authorized instruments, documents, agreements, contracts and other undertakings on behalf and in the name of the Company, and parties dealing with the Company are entitled to rely on the authority of the Manager to execute such documents on behalf of the Company. In addition, the Manager may delegate to one or more Persons the authority to execute authorized instruments, documents, agreements, contracts and other undertakings on behalf and in the name of the Company.

6.4.2 Limitation on Authority of the Manager

The Manager, without the unanimous written consent of the Members, has no authority to:

(a) cause the issuance or sale of any additional Interests in the Company;

(b) amend this agreement;

(c) effect a merger of the Company or the sale, lease, exchange or other disposition of all, or substantially all, the Company's property, or any other similar business combination pursuant to which any Interest of the Company is converted into or exchanged for cash, securities or other property of an acquiring entity or any of its affiliates;

(d) cause the Company to acquire any business by sale, lease, assignment or other transfer or conveyance of assets, property or securities or by merger or other form of business combination or otherwise, or make any agreement or become obligated to do so;

(e) do any act that would contravene this agreement;

(f) do any act that would make it impossible to carry on the ordinary business of the Company; or

(g) possess Company property, or assign rights in Company property, for other than a Company purpose.

6.5 Obligations of Manager

The Manager is to devote such business time to the Company as may be reasonably necessary to manage the affairs and activities of the Company.

6.6 Payment and Reimbursement of Expenses

The Company will reimburse the Manager and the Members for all reasonable expenses incurred by them on behalf of the Company.

ARTICLE VII
OFFICERS

7.1 Authority to Delegate to Officers

The Manager has the power and authority to appoint Officers of the Company. Officers have such authority, perform such duties and hold office for such period as may be prescribed by the

Manager. The Manager may delegate to any Officer the power to appoint any subordinate Officers and to prescribe their respective terms of office, authority and duties. Any two or more offices may be held by the same Person. Unless an Officer dies, resigns or is removed from office, he or she will hold office until his or her successor is appointed.

7.2 Resignation or Removal

Any Officer of the Company may resign from such position by delivering written notice of the resignation to the Manager. Any Officer may be removed by the Manager, with or without cause, upon receiving written notice from the Manager. Election or appointment of an Officer will not of itself create any contractual right to continued employment, compensation or other benefit from the Company. Vacancies in any office caused by any reason may be filled by the Manager by selecting an individual to act during the unexpired term.

7.3 Salaries

The compensation of any Officers, agents or other employees of the Company is to be fixed by the Manager, and may be changed from time to time by the Manager.

7.4 Signing Authority

The Manager may authorize any Officer or Officers, or agent or agents, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Company. Such authority may be general or confined to specific instances. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Company may be signed by such Officer or Officers, or agent or agents, of the Company as is from time to time determined by the Manager and in such manner as is from time to time determined by the Manager.

7.5 Appointment of Officers

As of the Effective Date, the Officers of the Company are as follows:

- Jay White, President;
- Gregg W. Winter, Vice President;
- John R. Deren, Vice President;
- Jacob Elguicze, Vice President & Treasurer; and
- James J. Leyden, Secretary.

ARTICLE VIII
INDEMNIFICATION

8.1 Limitation on Liability

No Member, Manager or Officer, or employee, shareholder, member, partner, delegate or agent thereof, will be liable, responsible or accountable in damages or otherwise to the Company or the

Members for any act or omission by any such Person if such Person acted in good faith and in a manner in which he, she or it believed to be in the best interests of the Company unless such conduct constitutes fraud, gross negligence, willful misconduct or a material breach of this agreement.

8.2 Indemnification

To the fullest extent not prohibited by law, the Company will indemnify and hold harmless the Members, each Manager and each Officer, and each employee, shareholder, member, partner, delegate or agent thereof, from and against any and all losses, claims, demands, costs, damages, liabilities (joint and several), expenses of any nature (including without limitation attorneys' fees and disbursements), judgments, fines, settlements and other amounts arising from any and all claims, demands, actions, suits or proceedings, civil, criminal, administrative or investigative, in which such Person may be involved or threatened to be involved, as a party or otherwise, arising out of or incidental to any business of the Company transacted or occurring while such Person was a member, Manager or Officer, or employee, shareholder, member, partner, delegate or agent thereof, regardless of whether such Person continues in such capacity at the time any such liability or expense is paid or incurred, except for fraud, gross negligence, willful misconduct or bad faith on the part of such Person. The indemnification provided by this Section 8.2 will be in addition to any other rights to which those indemnified may be entitled under any agreement, as a matter of law or equity, or otherwise, and will continue as to a Person who has ceased to serve in their capacity, and will inure to the benefit of the heirs, successors, assigns and administrators of the Person so indemnified. With respect to the satisfaction of any indemnification of the above-mentioned Persons, only assets of the Company will be available therefor and the Members will not have any personal liability therefor. Any indemnification required hereunder to be made by the Company will be made promptly after the liability, loss, damage, cost or expense is incurred or suffered. The Manager may establish reasonable procedures for the submission of claims for indemnification pursuant to this Section 8.2, determination of the entitlement of any Person thereto and review of any such determination.

8.3 Advancement of Expenses

The right to indemnification conferred in this Article VIII includes the right to be paid by the Company the expenses incurred in defending any proceeding in advance of its final disposition. An advancement of expenses must be made upon delivery to the Company of an undertaking, by or on behalf of such indemnitee, to repay all amounts so advanced if it is ultimately determined by final judicial decision from which there is no further right to appeal that such indemnitee is not entitled to be indemnified for such expenses under this Section 8.3.

ARTICLE IX
DISSOLUTION AND TERMINATION

9.1 Events of Dissolution

(a) The Company may be dissolved on a date designated by the Manager.

(b) Subject to the foregoing, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event that terminates the continued membership of a Member will not cause the Company to be dissolved or its affairs to be wound up, and

upon the occurrence of any such event, the limited liability company will be continued without dissolution.

9.2 Effectiveness of Dissolution

Dissolution of the Company will be effective on the date on which the event occurs giving rise to the dissolution, but the Company may not terminate until the assets of the Company have been distributed as provided herein. Notwithstanding the dissolution of the Company, prior to the termination of the Company, as aforesaid, the business of the Company and the affairs of the Members, as such, will continue to be governed by this agreement. Upon dissolution, the Manager must cause the assets of the Company to be liquidated and must cause the proceeds thereof to be applied and distributed as contemplated by this agreement.

9.3 Distributions Upon Liquidation

Distributions upon liquidation of the Company, after payment to all creditors, are to be made to the Members in proportion to their respective Percentage Interests.

ARTICLE X
BOOKS, RECORDS AND BANK ACCOUNTS

10.1 Books and Records

(a) The books and records of the Company will be maintained at the principal office of the Company.

(b) The Company will maintain with its books and records the following: (1) a current list of the full name and last known address of the Members; (2) a copy of the Certificate, and all certificates of amendment thereto; (3) copies of the Company's federal, state and local tax returns and reports, if any, for the three most recent fiscal years; (4) copies of this agreement and any amendments thereto; and (5) copies of all financial statements for the Company for the three most recent fiscal years.

10.2 Bank Accounts

The Manager is responsible for causing one or more accounts to be maintained in a bank (or banks), as necessary, which accounts are to be used for the payment of expenditures incurred in connection with the business of the Company, and in which are to be deposited any and all cash receipts. All such amounts are to be received, held and disbursed by the Company for the purposes specified in this agreement. There may not be deposited in any of such accounts any funds other than funds belonging to the Company, and no other funds will in any way be commingled with such funds.

ARTICLE XI
MISCELLANEOUS

11.1 Successors and Assigns

This agreement, and each and every provision hereof, will be binding on and will inure to the benefit of the Members, their respective successors, heirs, successors in title and assigns, and each and every successor in interest to any Member, whether such successor acquires an Interest by way of gift,

EXHIBIT A

DEFINITIONS

Capitalized terms used in this agreement have the following meanings:

"***Act***" means the Delaware Limited Liability Company Act, as amended from time to time.

"***Certificate***" has the meaning given in the recitals of this agreement.

"***Company***" has the meaning given in the recitals of this agreement.

"***Effective Date***" has the meaning given in the opening paragraph of this agreement.

"***Interest***" means the entire ownership interest of a Member in the Company at any particular time, including without limitation the right of such Member to any and all benefits to which such Member may be entitled as provided in this agreement, together with the obligations of such Member to comply with all the terms and provisions of this agreement.

"***Manager***" means the Person designated or appointed to manage and operate the affairs of the Company pursuant to Article VI.

"***Members***" means TLS, TGP and any other Person that may be admitted as a member of the Company subsequent to the Effective Date, in each case in their capacity as a member of the Company and for so long as they remain a member of the Company.

"***Net Cash Flow***" means, for each fiscal year or other period, the gross cash proceeds received by the Company for such year or period, less cash expenditures of the Company for such year or period, less reserves for future Company expenditures as determined by the Manager.

"***Net Income***" and "***Net Loss***" mean, for each fiscal year or other period, an amount equal to the Company's realized and unrealized net income or net loss for such fiscal year or other period.

"***Officer***" means a Person designated or appointed as an officer of the Company pursuant to Article VII.

"***Original Member***" has the meaning given in the recitals of this agreement.

"***Percentage Interest***" means, unless otherwise determined by the unanimous written consent of the Members: (i) 0.001% for TGP and (ii) 99.999% for TLS.

"***Person***" means any individual, corporation, partnership, trust, limited liability company or other entity.

"***Prior Agreement***" has the meaning given in the recitals of this agreement.

"***TGP***" has the meaning given in the recitals of this agreement.

"***TLS***" has the meaning given in the recitals of this agreement.

purchase, foreclosure or by any other method, will hold such Interest subject to all the terms and provisions of this agreement.

11.2 Amendment of Agreement

Except as otherwise provided herein, this agreement may be amended only upon the unanimous written consent of the Members.

11.3 Captions

Titles or captions of articles or sections contained in this agreement are inserted only as a matter of convenience and for reference, and in no way define, limit, extend or describe the scope of this agreement or the intent of any provisions hereof.

11.4 Applicable Law

This agreement and the rights and obligations of the parties hereunder are to be governed by and interpreted, construed and enforced in accordance with the laws of the State of Delaware (regardless of the choice of law principles of the State of Delaware or of any other jurisdiction).

11.5 Severability

If any provision of this agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

[*signature page follows*]

The Members have executed this Amended and Restated Limited Liability Company Agreement as of the Effective Date.

MEMBERS:

TELEFLEX LIFESCIENCES LIMITED

By: Jean-Luc Dianda
Its: Director

TELEFLEX GENERAL PARTNER LLC

By: Jacob Elgulcze
Its: Manager

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☒ Nevada ☐ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☒ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: FH2 Pharma L.L.C.

Physical Address: 9205 W. Russell Rd Suite 240

City: Las Vegas State: NV Zip: 89148

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 844-213-5774 Website: www.FH2pharma.net

Name of Designated Representative (DR): Nicholas Fares

Licensing Company Email: info@fh2pharma.net DR Email: nico.fares@fh2pharma.net

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Eversana Life Sciences 3PL
Address: 4580 Mendenhall Road City: Memphis State: TN Zip: 38141

Name: Mikart Pharmaceutical L.L.C.
Address: 1750 Chattahoochee Ave NW City: Atlanta State: GA Zip: 30318

Name: LGM Pharma
Address: 17802 Gillette Ave City: Irvine State: CA Zip: 92614

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: FH2 Pharma L.L.C.
Mailing Address: 9205 W. Russell Rd ste 240
City: Las Vegas State: NV Zip: 89148
Telephone: 844-213-5774 Email: info@fh2pharma.net
Contact Person Name: James Harris

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAMES FARES

Print Name of Authorized Person Submitting Application

James Fares

Original signature of Authorized Person (copies or stamps not accepted)

8/12/21

Date

Processed 8/13/21

Board Use Only	Date Received: _____	Amount: $500 check# 39852266

FH2 Ownership list

James Fares, Home: [redacted] Woodwell St. Unit D, Las Vegas, NV 89147 [redacted] 42.5%

DOB [redacted]

James Harris, Home : [redacted] Mulford Rd., Wyncote PA 19095 [redacted] 42.5%

DOB [redacted]

Medhi Ansarinia, Home: [redacted] Diamond Falls Dr., Las Vegas, NV 89146 [redacted] 15%

DOB [redacted]

Description of Operations

FH2 Pharma, LLC's corporate office is currently located in Delray Beach, FL. With our NV licensure we intend to have Las Vegas as where our corporate office will be located, The hours of operation are M-F 8:00am – 5:00pm PST. FH2 Pharma, LLC is a "virtual manufacturer" because it does not physically manufacture its products. FH2 Pharma, LLC manufactures its products through a sub-contracting arrangement with a contract manufacturer, Mikart, Inc., and distributes its products through a subcontracting arrangement with a third-party logistics provider, Eversana Life Science Services, LLC, located at 4580 Mendenhall Rd., Memphis, TN 38141. Eversana Life Science Services, LLC is responsible for warehousing and distributing the products to pharmacies.. ***FH2 Pharma, LLC will not at any time have drug products on the premises***. And for this reason, FH2 does not have a DEA license.

Contract Manufacturer

Mikart
1750 Chattahoochee Avenue, N.W. Atlanta, GA 30318

3PL

Eversana Life Science Services, LLC

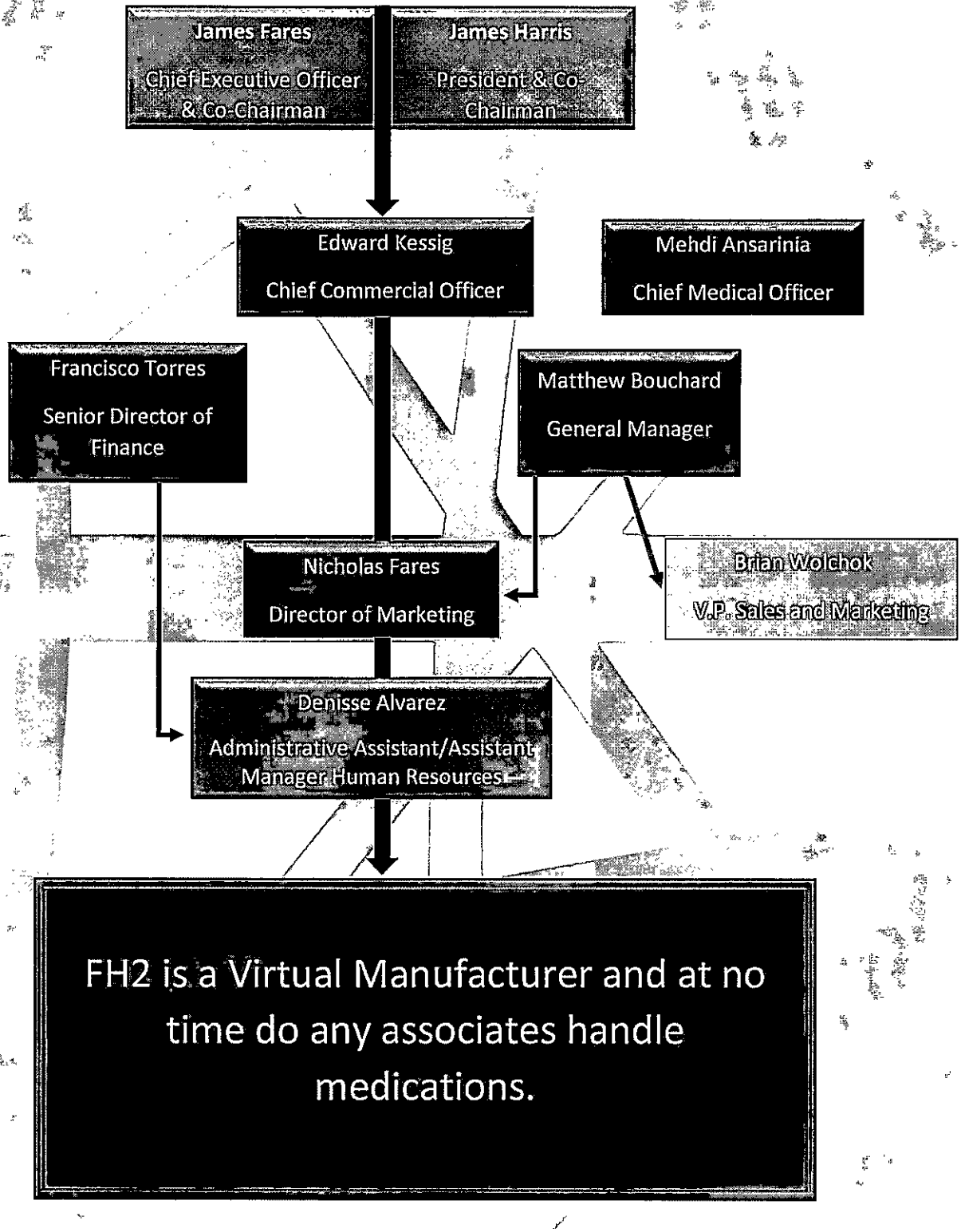
4550 Mendenhall Rd., Memphis, TN 38141

Product List

Drug Name	Package Size	NDC #	Contract Manufacturer
Oxycodone/Apap 2.5mg/300mg Tablet	30 Tabs	72887-193-03	Mikart Pharmaceuticals for FH2 Pharma L.L.C.
Oxycoone/Apap 5mg/300mg Tablet	30 Tabs	72887-681-03	Mikart Pharmaceuticals for FH2 Pharma L.L.C.
Oxycodone/Apap 7.5mg/300mg Tablet	30 Tabs	72887-682-03	Mikart Pharmaceuticals for FH2 Pharma L.L.C.
Oxycodone/APAP 10mg/300mg Tablet	30 Tabs	72887-683-03	Mikart Pharmaceuticals for FH2 Pharma L.L.C.
Oxycodone/APAP 10mg/300mg per 5ml Oral Solution 120ml bottle	120ml	72887-648-12	Mikart Pharmaceuticals for FH2 Pharma L.L.C.

Employee List

ORGANIZATIONAL FLOW CHART



Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

±

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **fh2**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
FH2 Pharma LLC		116969558	MANUFACTURE;	9205 West Russel Road, Suite 240, LAS VEGAS, Nevada (NV) 89148, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, May 10, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "FH2 PHARMA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF NOVEMBER, A.D. 2018, AT 11:45 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7155261 8315

SR# 20213930905

Authentication: 204821285

Date: 11-30-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "FH2 PHARMA LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF NOVEMBER, A.D. 2018, AT 11:45 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "FH2 PHARMA LLC".

Jeffrey W. Bullock, Secretary of State

7155261 8100H
SR# 20213827069

Authentication: 204730113
Date: 11-18-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:45 AM 11/19/2018
FILED 11:45 AM 11/19/2018
SR 20187710127 - File Number 7155261

CERTIFICATE OF FORMATION

OF

FH2 PHARMA LLC

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Delaware (particularly Chapter 18, Title 6 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the "Delaware Limited Liability Company Act"), hereby certifies that:

FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is:

FH2 Pharma LLC

SECOND: The name of the registered agent and the address of the registered office of the limited liability company in the State of Delaware required to be maintained by Section 18-104 of the Delaware Limited Liability Company Act are: Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808, New Castle County.

Dated: November 19, 2018

/s/ Jamie L. Warner-McAuley
Jamie L. Warner-McAuley
Authorized Person

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION

FOREIGN LIMITED-LIABILITY COMPANY

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **FH2 Pharma LLC** did on 06/25/2021 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/25/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202106251783369
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

FH2 Pharma LLC

Nevada Business Identification # NV20212147986
Expiration Date: 06/30/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/25/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202106251783370
You may verify this certificate online at http://www.nvsos.gov

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **FH2 Pharma**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
FH2 Pharma LLC		116969558	MANUFACTURE;	9205 West Russel Road, Suite 240, LAS VEGAS, Nevada (NV) 89148, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Thursday, Aug 12, 2021

Return to Drug Firm Annual Registration Status Home Page

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

√Verified
M.H 8/12/21

FH2 Officers

James Fares, President

James Harris, Vice-President/CEO

Medhi Ansarinia, Chief Medical Officer

Francisco Torres, Chief Financial Officer

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FH2 Pharma, LLC

Physical Address 9205 W. Russell, Suite 240

City Las Vegas State NV Zip 89148

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (949) 554 - 5772 Website https://fh2pharma.net/

Licensing Company Email Nico.Fares@FH2Pharma.net

Section 2: Personal Information

First Nicholas Middle James Last Fares

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Newberry Springs Dr

City Las Vegas State NV Zip 89148

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials NJF NJF

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Orange Coast Middle College High School		09/07 - 06/09	
Address	**City**	**State**	**Zip**
2701 Fairview Rd.	Costa Mesa	CA	92628
Diploma/Degree obtained, if any			
Highs School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Orange Coast College		08/09 - 12/10	
Address	City	State	Zip
2701 Fairview Rd	Costa Mesa	CA	92628
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
Evergreen State College		10/11 - 12/11	
Address	City	State	Zip
2700 Evergreen Pkwy NW	Olympia	WA	98505
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
California State University Fullerton		09/12 - 01/15	
Address	City	State	Zip
800 N State College Blvd	Fullerton	CA	92831
Diploma/Degree obtained, if any			
BA in Psychology			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - Present	[redacted]Newberry Springs Dr	Las Vegas	NV	89148
01/19 - 08/20	7401 W. Washington Ave, #2159	Las Vegas	NV	89128
07/17 - 01/19	4318 Woodwell St., Unit D	Las Vegas	NV	89148
05/16 - 07/17	727 Chardonnay Pl	Hemet	CA	92544
08/15 - 05/16	225 Jam St	Hemet	CA	92544
02/15 - 08/15	30951 Hanover Ln., Apt #3601	Menifee	CA	92584
01/14 - 01/15	2026 Oxford Ave., Apt 24-L	Fullerton	CA	92831
07/13 - 01/14	1330 Brown St	Napa	CA	94559
08/12 - 07/13	2512 Associated Rd, Apt 5	Fullerton	CA	92835
01/12 - 08/12	3750 Las Vegas Blvd S, Unit 3008	Las Vegas	NV	89158

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY) 09/11 - 12/11	Address 4217 Indian Pipe Loop NW, Building R-107	City Olympia	State WA	Zip 98505
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Forte Bio-Pharma, LLC			06/18 - Present	
Business Address	**City**		**State**	**Zip**
8311 W. Sunset Rd, Suite 150	Las Vegas		NV	89147
Phone	**Title**		**Number of Employed Hours**	
(833) 336-7837	Director of Marketing			
Description of Duties				
Maintaining inventory of promotional materials, developing promotional materials, and developing strategies to market company's products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials NJF NJF

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

6/23/21
Date

Applicant's initials VNJF

I, Nicholas James Fares, **certify that as the designated representative for**

FH2 Pharma,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicholas Fares

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/21

Date

Applicant's initials NJF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Fares

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/19/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Nicholas Fares, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/23/21

Date

Subscribed and Sworn to before me this 23rd day of JUNE 2021

Notary Public Signature

ASHLEY JONES
Notary Public-State of Nevada
APPT. NO. 20-3256-01
My Appt. Expires 03-15-2024

(Seal)

Applicant's initials NJF NJF

Mark I. Sedar

From: Nico Fares <nico.fares@fh2pharma.net>
Sent: Monday, September 13, 2021 2:27 PM
To: Mark I. Sedar
Cc: Maria Herrera
Subject: RE: NAC 639.5935 - Wholesaler Designated Rep

Good day Mark,

I appreciate the opportunity to clarify my qualifications to act as the Designated Representative for FH2 Pharma LLC.

I have worked for well over 6000 hours for Forte Bio-Pharma, Intra-Sana Laboratories, and now FH2 Pharma over the past 3 years. We operate as a virtual manufacturer so, while I have never handled the medications directly, I have worked directly with our 3PL, Eversana, in relation to the ordering and dispensing, recordkeeping, and distribution of prescription drugs. I am comfortable with the various policies and procedures for handling wholesaler activities. This includes knowledge of security and access requirements and restrictions. In addition I am familiar with temperature storage requirements, accepting returns from pharmacies, segregating expired or otherwise unsaleable product and ensuring FDA recalled product is accepted for return and segregated.

I am confident I can successfully perform all responsibilities as the Designated Representative for FH2 Pharma LLC. If any further clarification is needed please let me know and I will be happy to provide.

Best Regards,

Nicholas Fares

Nico Fares
FH2 Pharma LLC

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Friday, September 10, 2021 11:47 AM
To: Nico Fares <nico.fares@fh2pharma.net>
Cc: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: NAC 639.5935 - Wholesaler Designated Rep

Hi Nick, below is our regulation concerning the requirement for a Wholesaler Designate Rep. Please let me know if you have any questions. If you do not meet the qualifications, I will need a Designated Representative form, submitted for your replacement.

NAC 639.5935Representative of wholesaler: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.100)

1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to operate as a wholesaler shall designate at least one natural person to serve as the representative of the wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a wholesaler pursuant to this section unless the Executive Secretary determines that the designated natural person meets the

qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the wholesaler. The requirement to designate a representative set forth in this subsection does not apply to:

(a) An applicant that is a publicly traded corporation; or

(b) An applicant in which a majority interest of the applicant is owned by a pharmacist who is:

(1) Licensed by the Board;

(2) A resident of this State; and

(3) Not an owner of any interest in a pharmacy licensed by the Board.

2. Except as otherwise provided in subsection 3, the Board will approve a natural person as the representative of a wholesaler if the applicant for a license to operate as a wholesaler or the licensee presents proof satisfactory to the Executive Secretary that the natural person:

(a) Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs;

(b) Has received a score of at least 75 percent on an examination given by the Board regarding federal and state laws and wholesaler practices; and

(c) Is at least 21 years of age.

3. The Board may, based upon any of the grounds set forth in NRS 639.210, refuse to approve a natural person for service as the representative of a wholesaler, regardless of whether the person is otherwise qualified.

4. A representative of a wholesaler designated pursuant to this section:

(a) Must be actively involved in and aware of the actual daily operation of the wholesaler;

(b) Must be employed full-time in a managerial level position with the wholesaler;

(c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences; and

(d) May serve in this representative capacity for only one wholesaler at a time.

5. A wholesaler that is required to designate a natural person as its representative pursuant to this section shall not open or operate a facility unless that representative is actually employed full-time in the operation of the wholesaler and is physically present at the facility of the wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a wholesaler leaves the employ of the wholesaler, thus leaving the wholesaler without a representative in violation of this section, the wholesaler shall:

(a) Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the wholesaler; and

(b) Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the wholesaler has left the employ of the wholesaler.

6. Before a wholesaler that is in violation of this section because the natural person designated as the representative of the wholesaler left the employ of the wholesaler may continue conducting business:

(a) The wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the wholesaler; and

(b) The Executive Secretary must approve the natural person so designated.

7. A wholesaler that operates without a representative in violation of this section is subject to the immediate suspension of its license until it employs a qualified natural person to be its representative. The Executive Secretary may take such action as deemed necessary to secure the facility of the wholesaler and to ensure that the wholesaler does not conduct business during the period of the suspension.

(Added to NAC by Bd. of Pharmacy by R013-01, eff. 11-1-2001)

Thank you,

Mark Sedar
COO
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler FH2 Pharma L.L.C.

Physical Address W. Russell Rd. Ste 240

City Las Vegas State NV Zip 89148

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 844-213-5774 Website www.fh2pharma.net

Licensing Company Email info@fh2pharma.net

Section 2: Personal Information

First James Middle _____ Last Fares

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Woodwell St Unit [redacted]

City Las Vegas State NV Zip 89147

Telephone [redacted] Email jim.fares@fh2pharma.net

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Servite High School		9/1977-6/1981	
Address	City	State	Zip
1952 W La Palma Ave	Anaheim	CA	92801
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
San Jose State University		9/1980-6/1984	
Address	City	State	Zip
1 Washington Sq	San Jose	CA	95192
Diploma/Degree obtained, if any			
Bachelors in Business Administrative Finance			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2016-current	[redacted] Woodwell St Unit [redacted]	Las Vegas	NV	89147
1/2014-5/2016	6650 W Warm Springs Rd	Las Vegas	NV	89118
9/2013-12/2013	725 Hualapai Way	Las Vegas	NV	89145
10/2012-9/2013	9404 Fointainbleu Dr	Las Vegas	NV	89145
7/2012-9/2012	3726 Las Vegas Blvd South	Las Vegas	NV	89158
9/2010-6/2012	3730 Las Vegas Blvd South	Las Vegas	NV	89158
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JLB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Forte Bio-Pharma L.L.C.			3/2018-current
Business Address	**City**	**State**	**Zip**
8311 W. Sunset Rd #150	Las Vegas	NV	89113
Phone	**Title**		
833-336-7837	CEO and Co-Chariman		
Description of Duties			
Marketing/Sales/Manufacturing/Operations			

Business Name			From - To (MM/YY – MM/YY)
Nuro Pharma			7/2007-current
Business Address	**City**	**State**	**Zip**
6380 Polaris Ave	Las Vegas	NV	89118
Phone	**Title**		
702-269-1941	CEO		
Description of Duties			
Business Development and Operations			

Business Name			From - To (MM/YY – MM/YY)
Nautilus Neurosciences			1/2010-4/2011
Business Address	**City**	**State**	**Zip**
135 Routes 202/206	Bedminster	NJ	07921
Phone	**Title**		
908-393-7800	Chariman and CEO		
Description of Duties			
Executive Management			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials JAC

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/22/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Fares

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 7/22/21

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, James Fares, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 7/22/21

Subscribed and Sworn to before me this 22ND day of July 2021.

Notary Public Signature

ASHLEY JONES
Notary Public-State of Nevada
APPT NO 20-3256-01
My Appt Expires 03-15-2024

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler FH2 Pharma L.L.C.

Physical Address W. Russell Rd. Ste 240

City Las Vegas State NV Zip 89148

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 844-213-5774 Website www.fh2pharma.net

Licensing Company Email info@fh2pharma.net

Section 2: Personal Information

First James Middle _____ Last Harris

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 648 Mulford Rd

City Wyncote State PA Zip 19095

Telephone [redacted] Email jim.harris@fh2pharma.net

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

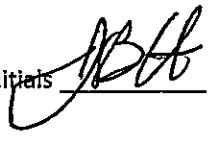
Applicant's initials JBA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Lincoln SR Elementary and High School			9/1965-6/1972	
Address	**City**		**State**	**Zip**
6910 N Gettysburg Place	Stockton		CA	95207
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
San Joaquin Delta Jr. College			9/1972-6/1979	
Address	**City**		**State**	**Zip**
5151 Pacific Ave	Stockton		CA	95207
Diploma/Degree obtained, if any				
AA				
School Name			**From - To (MM/YY – MM/YY)**	
California State University			9/1981-6/1985	
Address	**City**		**State**	**Zip**
6000 J St	Sacramento		CA	95819
Diploma/Degree obtained, if any				
BS and MBA				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/1995-current	[redacted]Mulford Rd	Wyncote	PA	19095
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials 

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Forte Bio-Pharma L.L.C.			3/2018-current
Business Address	**City**	**State**	**Zip**
8311 W. Sunset Rd #150	Las Vegas	NV	89113
Phone	**Title**		
833-336-7837	President and Co-Chariman		
Description of Duties			
Marketing/Sales/Manufacturing/Operations			

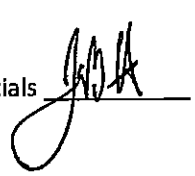
Business Name			From - To (MM/YY – MM/YY)
Polycore Therapeutics			12/2014-current
Business Address	**City**	**State**	**Zip**
3180 Chestnut St #104	Philadelphia	PA	19104
Phone	**Title**		
215-206-2754	CEO		
Description of Duties			
Business Development and Operations			

Business Name			From - To (MM/YY – MM/YY)
Lignamed L.L.C.			3/2013-current
Business Address	**City**	**State**	**Zip**
3711 Market St #866	Philadelphia	PA	19104
Phone	**Title**		
267-233-6861	CEO		
Description of Duties			
Business Development and Operations			

Business Name			From - To (MM/YY – MM/YY)
J2 Bio-Pharma L.L.C.			2/2012-current
Business Address	**City**	**State**	**Zip**
648 Mulford Rd	Wyncote	PA	19095
Phone	**Title**		
215-206-2754	Co-Founder		
Description of Duties			
operations			

Business Name			From - To (MM/YY – MM/YY)
Harris Consulting			3/2011-current
Business Address	**City**	**State**	**Zip**
648 Mulford Rd	Wyncote	PA	19095
Phone	**Title**		
215-206-2754	Founder/Owner		
Description of Duties			
consulting			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY -- MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY -- MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7-26-2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James B. Harris
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-21-2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, James B. Harris, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7-21-2021
Date

Subscribed and Sworn to before me this 21st day of July 2021.

Notary Public Signature

ASHLEY JONES
Notary Public-State of Nevada
APPT. NO. 20-3256-01
My Appt Expires 03-15-2024

(Seal)

Applicant's initials JBH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler FH2 Pharma L.L.C.

Physical Address 9205 W. Russell Rd. Ste 240

City Las Vegas State NV Zip 89148

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 844-213-5774 Website www.fh2pharma.net

Licensing Company Email info@fh2pharma.net

Section 2: Personal Information

First Mehdi Middle _____ Last Ansarinia

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Diamond Falls Dr

City Las Vegas State NV Zip 89146

Telephone [redacted] Email mehdi.ansarinia@fh2pharma.net

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Rafael High School		9/1978-6/1981	
Address	City	State	Zip
150 3rd St	San Rafael	CA	94901
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
San Francisco State University		9/1981-6/1986	
Address	City	State	Zip
1600 Holloway Ave	San Francisco	CA	94132
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		9/1986-6/1990	
Address	City	State	Zip
Zonal Ave	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2007-current	[redacted]Diamond Falls Dr	Las Vegas	NV	89146
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Forte Bio-Pharma L.L.C.			3/2018-current	
Business Address	**City**		**State**	**Zip**
8311 W. Sunset Rd #150	Las Vegas		NV	89113
Phone	**Title**			
833-336-7837	Chief Medical Officer			
Description of Duties				
adverse event reporting, medical information				

Business Name			From - To (MM/YY – MM/YY)	
Head Ache Specialists			10/2011-current	
Business Address	**City**		**State**	**Zip**
2835 S. Jones Blvd	Las Vegas		NV	89148
Phone	**Title**			
702-951-2243	Owner/Physician			
Description of Duties				
Pysician				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

7/20/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mehdi Ansarinia
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/21/21
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Mehdi Ansarinia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/21/21
Date

Subscribed and Sworn to before me this 21st day of July 2021.

Notary Public Signature

ASHLEY JONES
Notary Public-State of Nevada
APPT NO 20-3256-01
My Appt Expires 03-15-2024

(Seal)

Applicant's initials

Superseding Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB11562503822

Application/License No. _____

FH2 Pharma L.L.C. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 9205 W. Russell Rd., Ste 240, Las Vegas, NV 89148 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza #100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 14th, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of April, 2021.

APPLICANT/PRINCIPAL:
FH2 Pharma L.L.C.

_____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY:
Philadelphia Indemnity Insurance Company

_____
Surety Company's Representative

John T. Page, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by: John T. Page

_____
Nevada Non-Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **John T. Page, Ryan Tash, Roger Ball, Stephanie Raquel Nakken & Susan Fournier of Surety Solutions Insurance Services, Inc. City of Rancho Cordova, State of CA,** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$25,000,000**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.

(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Morgan Knapp, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Sept. 25, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

(Notary Seal)

Notary Public: Morgan Knapp

residing at: Bala Cynwyd, PA

My commission expires: September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 15th day of April, 2021.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- [x] Nevada
- [ ] Out-of-State

Type of Application (check applicable box)

- [x] New Pharmacy
- [ ] Ownership Change*
- [ ] Location Change *
- [ ] Name Change*

* If making a change, provide current license number:

PH_____

Ownership Type (check applicable box)

- [ ] Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- [ ] Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- [ ] Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- [x] Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Omnia Pharmacy Inc

Physical Address: 1807 W Charleston Blvd Suite 110

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (480) 577 7919 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: alymolokhia@hotmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Nazokat Nigmatova

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20601

Type of Pharmacy (check all applicable)

- [x] Retail/Community
- [ ] Hospital (# beds _____)
- [ ] Internet
- [ ] Nuclear
- [ ] Other: _____

Services the Pharmacy will Provide (check all applicable)

- [x] Retail/Community
- [ ] Non-sterile Compounding
- [ ] Sterile Compounding
- [ ] Mail-Order Service
- [ ] Off-site Cognitive Services
- [ ] Long Term Care
- [ ] Hospital
- [ ] Other:

Days of Operation

- [x] Monday
- [x] Tuesday
- [x] Wednesday
- [x] Thursday
- [x] Friday
- [x] Saturday
- [ ] Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nazokat Nigmatova	NV Pharmacist Registration #: 20601
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Aly Molokhia

Business Name: Ordnia Pharmacy Inc

Business Address: 1807 W Charleston Blvd Suite 110

City: Las Vegas State: NV Zip: 89102

Telephone: (480)-577-7919 Email: alymolokhia@hotmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in charge (title) for Omnia Pharmacy Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Nazokat Nigmatova

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/13/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nazokat Nigmatova hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge (title) for Omnia Pharmacy Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of December, 2021

Notary Public

S. TABACZYNSKI
Notary Public, State of Nevada
Appointment No. 06-104185-1
My Appt. Expires Mar 31, 2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nazokat Nigmatova Pharmacist Registration #: 20601

Pharmacy Name: Omnia Pharmacy Inc

Initial each statement below to indicate you have read and agree with the following:

NN I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NN I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NN I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NN I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

12-10-2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nazokat Nigmatova

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12-13-2021

Date

Board Use Only	Date Received: _____	Amount: $500 CC ____

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
NAZOKAT NIGMATOVA

Date: 09/11/2021
Amount: $ 210.00
License #: 20601

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

NAZOKAT NIGMATOVA

License #
20601
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20601

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

NAZOKAT NIGMATOVA

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler OMNIA PHARMACY INC

Physical Address 1807 W CHARLESTON BLVD #110

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 4805777919 Website _____

Licensing Company Email _____

Section 2: Personal Information

First ALY Middle HOSSNY Last MOLOKHIA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] E BEACON ST [redacted]

City ALHAMBRA State CA Zip 91801

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Applicant's initials AM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2010-06/2019	882 SCUDDER WAY	MONTEREY PARK	CA	91754
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
EVERGREEN PHARMACY INC			6/2019-CURRENT
Business Address	**City**	**State**	**Zip**
4110 S MARYLAND PKWY #17	LAS VEGAS	NV	89119
Phone	**Title**		
7024626262	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
FREEWAY TOWING			2001-CURRENT
Business Address	**City**	**State**	**Zip**
1350 MONTEREY PASS RD	MONTEREY PARK	CA	91754
Phone	**Title**		
3232663355	GENERAL MANAGER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials A.M.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12-13-21
Date

AM
Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ALY MOLOKHIA

Print Name (First, Last)

Aly Molokhia

Original Signature (electronic, copies or stamps not accepted)

12-13-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Aly Molokhia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Aly Molokhia

Original Signature

12-13-21

Date

Subscribed and Sworn to before me this 13th day of December

Notary Public Signature

S. TABACZYNSKI
Notary Public, State of Nevada
Appointment No. 06-104195-1
My Appt. Expires Mar 31, 2022

(Seal)

Applicant's initials AM

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-29-2021

Employer Identification Number:
87-3741302

Form: SS-4

Number of this notice: CP 575 A

OMNIA PHARMACY INC
3450 ERVA ST 245
LAS VEGAS, NV 89117

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3741302. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120	04/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods.*

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election.* See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation.*

(IRS USE ONLY) 575A 11-29-2021 OMNI B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 11-29-2021
EMPLOYER IDENTIFICATION NUMBER: 87-3741302
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

OMNIA PHARMACY INC
3450 ERVA ST 245
LAS VEGAS, NV 89117

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Omar Koury
2062 Country Cove Ct
Las Vegas, NV 89135, USA

Work Order #: W2021100101638
October 1, 2021
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 66574

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Incorporation-For-Profit • 1,000,000@0.001 Authorized = $1,000.00 • # Of No Par Values Shares 0 • Authorized Value $1,000.00	Fees	20211794900	10/1/2021 2:54:50 PM	InternalReview	1	$75.00	$75.00
Initial List	Fees	20211794902	10/1/2021 2:54:51 PM	InternalReview	1	$150.00	$150.00
Initial List	Business License Fee	20211794902	10/1/2021 2:54:51 PM	InternalReview	1	$500.00	$500.00
Total							$725.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$725.00
Total			$725.00

Credit Balance: $0.00

Omar Koury
2062 Country Cove Ct
Las Vegas, NV 89135, USA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Omar Koury
2062 Country Cove Ct
Las Vegas, NV 89135, USA

Work Order #: W2021100101638
October 1, 2021
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 66574

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Incorporation-For-Profit • 1,000,000@0.001 Authorized = $1,000.00 • # Of No Par Values Shares 0 • Authorized Value $1,000.00	Fees	20211794900	10/1/2021 2:54:50 PM	InternalReview	1	$75.00	$75.00
Initial List	Fees	20211794902	10/1/2021 2:54:51 PM	InternalReview	1	$150.00	$150.00
Initial List	Business License Fee	20211794902	10/1/2021 2:54:51 PM	InternalReview	1	$500.00	$500.00
Total							$725.00

Payments

Type	Description	Payment Status	Amount
Credit Card	[redacted]	Success	$725.00
Total			$725.00

Credit Balance: $0.00

Omar Koury
2062 Country Cove Ct
Las Vegas, NV 89135, USA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

10/01/2021

Work Order Item Number:	W2021100101638 - 1624060
Filing Number:	20211794900
Filing Type:	Articles of Incorporation-For-Profit
Filing Date/Time:	10/01/2021 14:54:50 PM
Filing Page(s):	3

Indexed Entity Information:

Entity ID: E17949012021-2 **Entity Name:** Omnia Pharmacy Inc

Entity Status: Active **Expiration Date:** None

Non-Commercial Registered Agent
Shereen Hassan
3450 Erva St, #245, Las Vegas, NV 89117, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

10/01/2021

Work Order Item Number:	W2021100101638 - 1624061
Filing Number:	20211794902
Filing Type:	Initial List
Filing Date/Time:	10/01/2021 14:54:51 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E17949012021-2 **Entity Name:** Omnia Pharmacy Inc

Entity Status: Active **Expiration Date:** None

Non-Commercial Registered Agent
Shereen Hassan
3450 Erva St, #245, Las Vegas, NV 89117, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number 1335
Barbara K. Cegavske	E17949012021-2
Secretary of State	Filing Number
State Of Nevada	20211794900
	Filed On
	10/01/2021 14:54:50 PM
	Number of Pages
	3

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Omnia Pharmacy Inc

2. Registered Agent for Service of Process: (Check only one box)

☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

Shereen Hassan
Name of Registered Agent **OR** Title of Office or Position with Entity

3450 Erva St, #245 — Street Address
Las Vegas — City
Nevada 89117 — Zip Code

Mailing Address (If different from street address)
City
Nevada
Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Shereen Hassan — Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity
10/01/2021 — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes OR ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Aly Molokhia
Name

3450 Erva St, #245	Las Vegas	NV	89117
Address	City	State	Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field. **Yes** ☐
7. Purpose/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)	**to engage in any lawful activity for which corporations may be incorporated in Nevada.**
8. Authorized Shares: (Number of shares corporation is authorized to issue)	Number of common shares with Par value: 0 Par value: $ 0 Number of preferred shares with Par value: 0 Par value: $ 0 Number of shares with no par value: **0** If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. **Name, Address and Signature of the Incorporator** for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.	**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.** George Omar Koury, Esq. (Name) — United States (Country) Paradise Law LLC, PO Box 96537 (Address) — Las Vegas (City) — NV (State) — 89193 (Zip/Postal Code) X George Omar Koury, Esq. (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

Filed in the Office of	Business Number
Barbara K. Cegavske	E17949012021-2
Secretary of State	Filing Number
State Of Nevada	20211794900
	Filed On
	10/01/2021 14:54:50 PM
	Number of Pages
	3

1337

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:

Name of represented entity.
OMNIA PHARMACY INC

Entity or Nevada Business Identification Number (NVID):
(for entities currently on file)

2. Registered Agent Acceptance:

× Registered Agent Acceptance

3. Information Being Changed:

Statement of Change takes the following effect: (select only one)

Appoints New Agent (complete section 5)

Update Represented Entity Acting as Registered Agent (complete sections 5)

Update Registered Agent Name (complete sections 4 & 5)

Update Registered Agent Address (complete sections 4 & 5)

4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)

Name of Registered Agent **OR** Title of Office or Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

5. Newly Appointed Registered Agent or Registered Agent Information After the Change:

☐ Commercial Registered Agent (name only below) ☒ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title or position and address below)

Shereen Hassan
Name of Registered Agent **OR** Title of Office or Position within Entity

3450 Erva St, #245 | Las Vegas | Nevada 89117
Street Address | City | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

6. Electronic Notification: (Optional)

Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only

7. Certificate of Acceptance of Appointment of Registered Agent:
Required

I hereby accept appointment as Registered Agent for the above named Entity

X _____ 09/30/2021
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

8. Signature of Represented Entity:
Required

X _____ 10/01/2021
Authorized Signature On Behalf of the Entity — Date

FEE: $60.00
This form must be accompanied by appropriate fees.

Rev. 1/2019

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Omnia Pharmacy Inc

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number E17949012021-2
	Filing Number 20211794902
	Filed On 10/01/2021 14:54:51 PM
	Number of Pages 2

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
Aly Molokhia	USA

Address	City	State	Zip/Postal Code
3450 Erva St, #245	Las Vegas	NV	89117

CORPORATION, INDICATE THE SECRETARY:

Name	Country
Aly Molokhia	USA

Address	City	State	Zip/Postal Code
3450 Erva St, #245	Las Vegas	NV	89117

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
Aly Molokhia	USA

Address	City	State	Zip/Postal Code
3450 Erva St, #245	Las Vegas	NV	89117

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X George Omar Koury, Esq.
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Incorporator	10/01/2021

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Omnia Pharmacy Inc** did, on 10/01/2021, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/01/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202110012039852
You may verify this certificate
online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Omnia Pharmacy Inc

Nevada Business Identification # NV20212241976
Expiration Date: 10/31/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or peualties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/01/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110012039853
You may verify this certificate online at http://www.nvsos.gov

1807 W CHARLESTON COMMERCIAL LEASE INDEX

		Page
1.	PREMISES	2
2.	TERM	2
3.	EXTENSION OF TERM OF LEASE	2
4.	RENT	2
5.	SECURITY AND CLEANING DEPOSIT	3
6.	BUSINESS RIGHTS AND RESTRICTIONS	3
7.	SIGNAGE	5
8.	HAZARDOUS SUBSTANCES	5
9.	COMMON AREAS	5
10.	REPAIRS AND MAINTENANCE	6
11.	ALTERATIONS AND ADDITIONS	7
12.	TAXES	7
13.	UTILITIES AND SERVICES	7
14.	INSURANCE	8
15.	DESTRUCTION OF PREMISES	9
16.	INDEMNIFICATION AND WAIVER	9
17.	EMINENT DOMAIN / CONDEMNATION	10
18.	LIENS	10
19.	INSOLVENCY	11
20.	FINANCIAL STATEMENTS	11
21.	TENANT'S DEFAULT	11
22.	LANDLORD'S DEFAULT	12
23.	RIGHT OF ACCESS AND ENTRY BY LANDLORD	13
24.	ASSIGNMENT AND SUBLETTING	13
25.	PEACEFUL POSSESSION	14
26.	SUBORDINATION	14
27.	ESTOPPEL CERTIFICATE / OFFSET STATEMENT	14
28.	TRANSFER BY LANDLORD	14
29.	NOTICES	14
30.	SUCCESSORS AND ASSIGNS	15
31.	FORCE MAJEURE	15
32.	REMEDIES CUMULATIVE	15
33.	ATTORNEYS' FEES	15
34.	NO PARTNERSHIP	15
35.	REMOVAL OF PROPERTY	15
36.	INTERPRETATION	15
37.	SEVERABILITY	15
38.	CONSENT OF LANDLORD	15
39.	WAIVER AND AMENDMENT	15
40.	SURVIVAL OF OBLIGATIONS	16
41.	ENTIRE AGREEMENT	16
42.	TIME OF ESSENCE	16
43.	RECORDING	16
44.	COVENANTS AND CONDITIONS	16
45.	CHOICE OF LAW	16
46.	CORPORATE AUTHORITY / GUARANTY OF LEASE	16
47.	OFAC REPRESENTATION	16
48.	LEGAL COUNSEL	16
49.	CONFIDENTIALITY	16
50.	DISCLOSURE	17

EXHIBIT A	GUARANTY OF LEASE	18
ADDENDUM A	DUTIES OWED BY A NEVADA REAL ESTATE LICENSEE	19
ADDENDUM B	PHARMACY ADDENDUM TO LEASE	21

4.4 ADDITIONAL RENT. LANDLORD shall receive the rent, set forth in Paragraph 4.1, free and clear of any and all other impositions, taxes, liens, charges, utilities or expenses of any nature whatsoever in connection with the operation of the PREMISES. TENANT shall pay to the parties respectively entitled thereto, or shall reimburse LANDLORD therefore: insurance premiums, property taxes, operating costs, utilities, maintenance charges, construction costs and any other expenses which arise or may be contemplated under provisions of this Lease, during the term hereof. All expenses, under the terms of this Lease, shall be deemed as "Additional Rent" and upon the failure of TENANT to pay any such expenses; LANDLORD shall have the same rights and remedies as otherwise provided in the Lease for the failure of TENANT to pay rent. LANDLORD may request payment of any Additional Rent owed, at any time during the term of this Lease. It is the intent of the parties hereto, that this Lease shall not be terminable for any reason by the TENANT and that TENANT shall in no event be entitled to abatement of, or reduction in, rent payable hereunder, except as expressly provided herein.

4.5 ADJUSTMENT IN RENT. There shall be an annual rent adjustment, for increases in the cost of living, during the Term of this Lease and any Option period thereof, on the Commencement Anniversary date May 1. No adjustment shall be made for decreases in the cost of living, if any.

Year 1	5/1/22-4/30/23	**$2,430 per month**
Year 2	5/1/23-4/30/24	**$2,503 per month**
Year 3	5/1/24-4/30/25	**$2,578 per month**
Year 4	5/1/25-4/30/26	**$2,655 per month**
Year 5	5/1/26-4/30/27	**$2,735 per month**

If Option to extend is exercised:

Year 6	5/1/27-4/30/28	**$2,817 per month**
Year 7	5/1/28-4/30/29	**$2,902 per month**
Year 8	5/1/29-4/30/30	**$2,989 per month**
Year 9	5/1/30-4/30/31	**$3,078 per month**
Year 10	5/1/31-4/30/32	**$3,171 per month**

4.6 UNAUTHORIZED OCCUPANCY. Should TENANT be found occupying any portions of the parking areas or PREMISES not contracted for herein, additional rents may be charged.

4.7 LATE CHARGES. TENANT acknowledges that late payment, by TENANT to LANDLORD, of any Base Rent, Additional Rent or other charges due under this Lease, will cause LANDLORD to incur costs not contemplated by this Lease, the exact amount difficult to ascertain. Such costs include without limitation; processing, accounting and late charges that may be imposed on LANDLORD by the terms of any encumbrance or note secured by PREMISES or any bank. Therefore, if any rent or other sum due from TENANT is not received within five business (5) days, after the date due of any month of this Lease, TENANT shall pay to LANDLORD an additional sum equal to five percent (5%) of each overdue payment, payable on demand, which shall be deemed Additional Rent. LANDLORD and TENANT hereby agree that such late charge represents a fair and reasonable estimate of the costs that LANDLORD will incur by reason of any such late payment and that the late charge shall not be deemed a waiver of any other default. Additionally, all such delinquent rent, additional rent or any other charges due, plus this late charge, shall bear interest from thirty (30) days after due date thereof to the date of payment, at a rate equal to twelve percent (12%) per annum, compounded monthly. Any payments of any kind returned for insufficient funds will be subject to an additional handling charge of $35.00 and thereafter LANDLORD may require TENANT to pay all future payments of rent or other sums due by money order or cashiers check.

4.8 PRORATION. If any payments, rights or obligations hereunder relate to a period in part before the commencement of this Lease, or in part after the termination of this Lease, appropriate adjustments and proration shall be made between LANDLORD and TENANT for such property-related expenses.

5. SECURITY AND CLEANING DEPOSIT.

TENANT shall deposit with LANDLORD, upon execution hereof, **Two Thousand Seven Hundred Thirty Five Dollars ($2,735.00)**, as security for TENANT'S faithful performance of the provisions of this Lease, **which may not be applied to the last month's rent.** This security deposit shall always equal, or exceed, the last month's rent in the Term and any Extension thereof and shall be increased every time the Lease is extended. LANDLORD may use, apply or retain all or any portion of said deposit for the payment of rent or any other charge in default or to compensate LANDLORD for any loss or damage, including cleaning of PREMISES, which LANDLORD may suffer thereby. If LANDLORD applies any portion of said deposit, TENANT shall restore it to the full amount stated herein, within ten (10) days after written demand. TENANT'S failure to do so shall be a material breach of this Lease. LANDLORD shall not be required to keep said deposit separate from its general accounts. If TENANT performs all of TENANT'S obligations hereunder and leaves the entire PREMISES clean, including all the furnishings and fixtures therein and the PREMISES free from all debris or hazardous waste; upon vacating, said deposit or balance thereof, which has not been applied by LANDLORD, shall be returned without payment of interest to TENANT at the expiration of the term or at LANDLORD'S option, to the last assignee, if any, of TENANT'S interest hereunder.

6. BUSINESS RIGHTS AND RESTRICTIONS.

6.1 USE. The PREMISES shall be used solely for the following purpose(s):

The operation of a **Retail Pharmacy** and may be used, for other legal purposes that are compatible therewith and which do not conflict or compete with any existing Tenants' business. LANDLORD'S prior written consent shall be required for any such additional use, which shall not be unreasonably withheld or delayed, provided however, that proper licensing is obtained and any additional improvements on said PREMISES, necessitated thereby, shall be at the sole expense of TENANT.

6.2 RESTRICTIONS. TENANT shall not occupy a greater percentage of available paved PARKING than what is designated. TENANT shall not restrict ingress and egress to any buildings on the PREMISES

7. SIGNAGE.

All signage shall comply with rules and regulations set forth by LANDLORD and government authority, which may be modified from time to time. TENANT shall not fix or maintain signs, trademarks, descriptive material or any other such items on the exterior of the PREMISES, without the prior written approval of LANDLORD (which shall not be unreasonably withheld) as to size, type, color, location, copy, nature and display qualities. TENANT will be responsible for the cost of installing, lettering and maintaining any illuminated sign. The LANDLORD must authorize removal of signs and any damage to the building, due to sign removal, will be repaired at TENANT'S expense.

7.1 GENERAL REQUIREMENTS. TENANT shall not maintain any signs, wall or window display or advertising which is not professionally made and in good taste. Current rules and regulations relating to signage are described as follows:

(a) TENANT shall submit a sketch of proposed sign to the LANDLORD for approval, and be responsible for the fulfillment of all permit requirements and general specifications.

(b) No electrical or audible signs will be permitted except for electrical back lighting on the retail space.

(c) Placement of the sign and method of attachment to the building will be directed by the LANDLORD.

(d) TENANT shall not affix any sign or other equipment to the roof of the PREMISES.

(e) TENANT shall place no window covering (i.e. blinds, drapes, screens, tinting material, plywood, plastic or cardboard), stickers, signs, lettering, banners or advertising or display material on or near exterior windows or doors if such materials are visible from the exterior of the PREMISES, without LANDLORD'S prior written consent.

(f) TENANT may not install any alarm boxes, foil protection tape or other security equipment on the PREMISES without LANDLORD'S prior written consent. Any material violating this provision may be removed and destroyed by LANDLORD without compensation to TENANT.

(g) The LANDLORD must authorize removal of signs. TENANT is responsible for removal of lettering on all signs or removal expense will be deducted from security deposit. **Sign Cabinet, if installed, is the property of the LANDLORD and must be returned to LANDLORD, if removed from building.** Any damage to the building or cabinet due to removal of signage will be at TENANT'S expense.

8. HAZARDOUS SUBSTANCES.

8.1 REPORTABLE USES REQUIRE CONSENT. The term "Hazardous Substance", as used in this Lease, shall mean any substance whose presence, use, disposal or release on the PREMISES is either: (a) potentially injurious to the public health, safety or welfare, the environment or the PREMISES, (b) regulated or monitored by any governmental authority or (c) a basis for potential liability of LANDLORD to any governmental agency or third party, under any applicable statute. Hazardous Substances shall include: explosives, hydrocarbons, petroleum, gasoline or any by-products or other flammable substances. TENANT shall not engage in any activity, in or on the PREMISES, which constitutes a Reportable Use of Hazardous Substances.

"Reportable Use" shall mean: (a) the storage, use or disposal of a Hazardous Substance that requires a permit from any governmental authority and/or (b) the presence at the PREMISES of a Hazardous Substance with respect to which any Applicable Requirements requires that a notice be given, to persons entering or occupying the PREMISES or neighboring properties. TENANT may use any ordinary and customary materials reasonably required for use, in the normal course of the agreed "Use of PREMISES", so long as such use is in compliance with all Applicable Requirements.

8.2 DUTY TO INFORM LANDLORD. If TENANT knows, or has reasonable cause to believe, that a Hazardous Substance has come to be located in, on, under or about the PREMISES, other than as previously consented to by LANDLORD, TENANT shall immediately give written notice of such fact to LANDLORD and provide LANDLORD with a copy of any report, notice, claim or other documentation which it has concerning the presence of such Hazardous Substance.

8.3 TENANT REMEDIATION. TENANT shall not cause or permit any Hazardous Substance, including painting supplies, to be spilled or released in, on, under or about the PREMISES (including through the plumbing or sanitary sewer system) and shall promptly, at TENANT'S expense, take all investigatory and/or remedial action reasonably recommended, whether or not formally ordered or required, for the cleanup of any contamination.

8.4 TENANT INDEMNIFICATION. TENANT shall indemnify LANDLORD, its partners, managers, trustees, agents, representatives, employees and mortgagees; harmless from and against any and all loss of rents and/or damages, liabilities, judgments and expenses of any kind arising out of or involving any Hazardous Substance brought onto the PREMISES, by or for TENANT. TENANT'S obligations shall include, but not be limited to, injury to person, property or the environment created or suffered by TENANT; and the cost of investigation, removal, remediation, restoration and/or abatement, and shall survive the expiration or termination of this Lease.

9. COMMON AREAS.

9.1 DEFINITION. The "Common Area" is that area which is not occupied by buildings and includes access driveways, gates, fire lanes, sidewalks, parking areas, roof, exterior walls and perimeter fencing walls. "CAM" (Common Area Maintenance) expenses are the responsibility of the TENANT with the exception of parking lot striping, which the LANDLORD shall provide.

9.2 OPERATION AND CONTROL. LANDLORD shall have general possession and control of the entire Common Area and may from time to time adopt rules and regulations pertaining to the use thereof. The manner in which the Common Area shall be operated and maintained and the expenditures therefore shall be in LANDLORD'S sole discretion. LANDLORD reserves the right to use the roof, exterior walls (other than store fronts) and the area above and below the leased PREMISES, together with the right to install, maintain, use, repair and replace pipes, ducts, conduits, wires and structural elements now, or in the future, leading through the PREMISES.

9.3 PARKING. LANDLORD grants to TENANT and TENANT'S customers, suppliers, employees and invitees, a non-exclusive license to use the designated parking areas in the PREMISES, for the use of

contractors, visitors or licensees shall at any time bring or keep upon the PREMISES, any flammable, combustible or explosive fluid, chemical or substance, except that which is normally employed in their business and which is kept safely in proper containers.

10.8 NO REPAIRS AND REPLACEMENT BY LANDLORD. LANDLORD shall not be obligated to make any repairs or replacements of any kind with respect to the PREMISES, unless provided herein, except for any damage caused by any sole act, gross negligence or willful misconduct of LANDLORD or it's partners, trustees, managers, agents, employees or contractors.

11. ALTERATIONS AND ADDITIONS.

A. TENANT shall not, without LANDLORD'S prior written consent, make any alterations, improvements, additions or utility installations (including bus ducting, power panels, fluorescent fixtures, space heaters, conduits and wiring) to the PREMISES, except for non-structural alterations. All work must be paid by TENANT and performed by a Licensed Contractor, approved by LANDLORD prior to commencing work. TENANT shall be required to obtain all applicable permits from the appropriate governmental agencies. **Walls must remain white.**

B. As a further condition to giving such consent, LANDLORD may require TENANT, at their sole cost and expense, to provide a lien and completion bond, equal to one and one-half (1-1/2) times the estimated cost of such improvements. TENANT shall pay when due, all claims for labor or materials furnished, or alleged to have been furnished, for TENANT at or for use in the PREMISES, which claims may be secured by any mechanics or material man's lien against the PREMISES, or any interest therein.

C. Unless LANDLORD requires the removal, as set forth in Articles 21 and 35, all alterations, improvements, additions and utility installations (whether or not such utility installations constitute trade fixture of TENANT) which may be made to the PREMISES, shall become the property of LANDLORD and be surrendered with the PREMISES, at the expiration of the term. TENANT'S furnishings, machinery and equipment, which can be removed without material damage to the PREMISES, shall remain the property of TENANT and may be removed subject to the provisions of Articles 21 and 35.

12. TAXES.

12.1 PERSONAL PROPERTY TAXES. TENANT shall pay before delinquency all license fees, public charges, property taxes and assessments on the furniture, fixtures, equipment and other property of or being used by TENANT, at any time situated on or installed in the PREMISES.

12.2 REAL ESTATE TAXES.

(a) TENANT shall pay as Additional Rent, before delinquency, pro rata portion of all Real Estate Taxes in general levied against the PREMISES, including special assessments, and installments thereof ("Real Estate Taxes"), any tax on rent, any license fee imposed by a local government body on the collection of rent, excluding federal and state income taxes. Said Real Estate Taxes and assessments, for the first and last Lease years hereunder shall, be pro-rated and apportioned between LANDLORD and TENANT to coincide with the Commencement and Expiration of the Lease term. As used herein, the term Real Estate Taxes shall include: (i) any form of tax or assessment, license fee or tax of any other levy charge or similar imposition, imposed by any federal, state, county or city authority having jurisdiction, or any political subdivision thereof, or other improvement or special assessment district thereof, on any interest of LANDLORD and/or TENANT in the PREMISES and/or the underlying realty; (ii) any impositions allocable to or measured by the area of the PREMISES or any rental payable hereunder, including without limitation, any gross income tax or excise tax levied by the federal, state, county or city government, with respect to the recipient of such rent, or upon or with respect to the possession, leasing, operation, management, maintenance, alteration, repair, use or occupancy by TENANT of the PREMISES, or any portion thereof and (iii) any impositions upon this Lease transaction of any document to which TENANT is a party, creating or transferring an interest or an estate in the PREMISES.

(b) TENANT shall pay such Real Estate Taxes to LANDLORD, upon demand, **(current portion $568.38 annually and subject to change) or in monthly payments with rent of $47.37 per month.**

(c) This Paragraph 12.2 shall not be construed to require TENANT to pay any tax which may be levied by any governmental authority upon the income, profits or business of LANDLORD, or any personal property taxes, franchise, inheritance or estate taxes, or taxes upon inheritance or right of succession which may be levied against any estate or interest or LANDLORD, even though such taxes shall become a lien against the PREMISES.

(d) TENANT shall have the right, at its sole cost and expense, to contest the amount or validity, in whole or in part, of any tax that TENANT is required to pay, by appropriate proceedings diligently conducted in good faith and shall, upon the final determination thereof, pay the amount of said Real Estate Taxes, together with any interest, penalties, costs and charges which may be payable in connection therewith. As a condition of such contest, TENANT shall pay such amounts and/or post such security, as LANDLORD reasonably requires to protect the PREMISES against loss or forfeiture. LANDLORD shall not be required to join in any contest or proceedings unless the provisions of any applicable law or regulations require that the proceedings be brought by or in the name of LANDLORD. However, LANDLORD agrees to join in the proceedings, or permit them to be brought in its name, provided that (i) LANDLORD shall not be subjected to any liability for the payment of any costs or expenses in connection with any contest or proceedings and (ii) TENANT shall indemnify LANDLORD against and save LANDLORD harmless from any costs and expenses and the amount of real estate taxes, including interest and penalties, due and owing in this regard. In the event of such contest, TENANT shall post such bond or take other such measures as LANDLORD may reasonably require.

12.3 BUSINESS TAXES. TENANT shall pay all special taxes and assessments or license fees levied, assessed or imposed by law or ordinance, by reason of the use of the PREMISES.

13. UTILITIES / SERVICES.

TENANT shall pay as Additional Rent, before delinquency, all charges for water, gas, power, telephone, cable, garbage, pro rata sewer service fees, security/crime control (guard and/or alarm company), pest control and other services metered, chargeable or provided to the PREMISES, including utility connection charges and deposits. TENANT shall be responsible for additional utility installations, per the specific requirements of their occupancy of

(b) Each policy shall be primary and not contributing with the coverage, if any, which LANDLORD may carry. The coverage amounts of all insurance policies required hereunder by TENANT, shall be an amount sufficient to prevent LANDLORD from becoming a co-insurer. LANDLORD shall receive a copy of each policy or endorsement reflecting the amounts of insurance and providing that LANDLORD is an additional insured or beneficiary.

(c) All insurance shall contain an express waiver of any and all rights of subrogation whatsoever against LANDLORD, its officers, partners, managers, trustees, agents, contractors and employees. Each party ("insured") hereby waives its entire right of recovery against the other party and the other party's officers, partners, representatives, employees, trustees, managers, successors and assigns with respect to any loss or damage, including consequential loss or damage, to the insured's property caused or occasioned by any peril or perils (including acts, covered by any policy or policies carried by the "insured").

(d) TENANT shall deliver a certificate or copy of each insurance policy required by this Lease and Accord certificate, together with evidence of payment of all current premiums, to LANDLORD and all other named insured's, prior to occupancy; and policy renewals thereafter, prior to their expiration. Each of said policies of insurance, required to be maintained by TENANT, shall contain an endorsement or provision requiring not less than thirty (30) days prior written notice to LANDLORD, and all other named insured's, prior to the cancellation, diminution in the perils insured against, or change or reduction of the scope or amount of coverage of the particular policy in question.

(e) TENANT'S failure to provide evidence of such coverage to LANDLORD within ten (10) days of written request may, in LANDLORD'S sole discretion, constitute a default under this Lease.

14.6 LANDLORD'S RIGHT TO OBTAIN INSURANCE. In the event that TENANT fails to procure or maintain the insurance required hereunder, within fifteen (15) days following written notice from LANDLORD indicating TENANT'S failure to procure or maintain the required insurance, then TENANT shall be in default under this Lease. In addition to any other remedies available at law or in equity, LANDLORD may, at LANDLORD'S election, procure the required insurance and TENANT shall pay LANDLORD'S costs and expenses in obtaining such insurance with the next due monthly installment of Rent. Notwithstanding the foregoing, it is expressly covenanted and agreed that payment by LANDLORD of any such insurance premium shall not be deemed to waive or release any of TENANT'S obligations with respect to insurance.

15. DESTRUCTION OF PREMISES.

15.1 TENANT'S DUTY TO RESTORE. In the event of a total or partial destruction of the improvements, from any cause covered by the insurance which is to be maintained by TENANT, TENANT shall forthwith repair the same immediately upon receipt of the insurance proceeds or clear the PREMISES of all debris and damaged structures and remit to LANDLORD all insurance proceeds allocated to real property and LANDLORD'S interest (but not to TENANT'S property) therein received, less any sums used to clear the PREMISES and remove TENANT'S property; but such destruction shall not annul or void this Lease. Subject to Paragraph 15.3, the rents, reserved to be paid hereunder, shall be equitably adjusted according to the amount and value of the undamaged space.

15.2 ELECTION TO TERMINATE. If the improvements on the PREMISES are damaged by any insured casualty to the extent of at least thirty percent (30%) of the replacement cost (to repair or replace at the time of loss without deduction for physical depreciation) during the term of this Lease, or to any extent by an insured cause at any time during the Lease term, or by an insured or uninsured cause during the extension or renewal of the Lease term, or to any extent by an uninsured cause at any time during the Lease term; LANDLORD shall, within not more than thirty (30) days after such damage, notify TENANT of LANDLORD'S election to terminate this Lease, or to restore the improvements on the PREMISES as in LANDLORD'S sole discretion is necessary to create an economically feasible unit. If LANDLORD elects to repair or restore the damaged improvements, then with respect to the PREMISES, LANDLORD and TENANT shall each restore them in the same manner and to the same extent as work was done by each of them in the original construction and fixturization of the improvements, and the damaged improvements of the balance of the PREMISES shall be restored likewise. If LANDLORD elects not to restore as stated, this Lease shall terminate effective as of the date of such damage, upon the notice of election by LANDLORD as stated. If LANDLORD elects to restore, or fails to give notice of its election as stated, then this Lease shall remain in full force and effect. Any restoration required hereunder by LANDLORD shall be commenced within 45 days of such loss and LANDLORD will use the best effort possible to insure completion of restoration without unreasonable delays. If LANDLORD fails to undertake such restoration then TENANT shall have the right to elect to terminate this Lease. Such elections shall be on notice of ninety (90) days.

15.3 RENTAL ADJUSTMENT. If this Lease is not terminated, as provided for herein Paragraph 15.2; then during the period of repair and restoration, the rents due hereunder shall be equitably adjusted, according to the amount and value of the undamaged space.

15.4 TENANT'S OBLIGATION TO RESTORE. Notwithstanding the foregoing provisions, in the event the PREMISES, or a portion thereof, shall be damaged by fire or other casualty due to the fault or negligence of TENANT, its agents, employees, service providers, contractors, SUBTENANTS, licensees, customers or business invitees; then, without prejudice to any of the rights and remedies of LANDLORD, this Lease shall not terminate, the damage shall be repaired by TENANT at their sole expense and there shall be no apportionment or abatement of any rent.

15.5 INSURANCE PROCEEDS. All insurance proceeds payable under any fire and extended coverage risk insurance shall be payable solely to LANDLORD and TENANT shall have no interest therein, except to the extent that the proceeds are reimbursement for trade fixtures. TENANT shall in no event be entitled to compensation for damages on account of any annoyance or inconvenience in making repairs under any provision of this Lease. Except to the extent provided for in this Paragraph 15.5, neither the Rent payable by TENANT nor any of TENANT'S other obligations under any provision of this Lease shall be affected by any damage or destruction of the PREMISES or any portion thereof by any cause whatsoever.

16. INDEMNIFICATION AND WAIVER.

16.1 INDEMNIFICATION. TENANT, as a material part of the consideration to be rendered to LANDLORD, hereby waives all claims against LANDLORD and its managers, partners, officers, trustees,

19. INSOLVENCY.

19.1 BREACH OF LEASE. The filing of any petition, by or against TENANT, under any chapter of the Bankruptcy Act, or any successor statute thereto, or the adjudication of TENANT as a bankrupt or insolvent, or the appointment of a receiver or trustee to take possession of all, or substantially all, of the assets of TENANT, or a general assignment by TENANT for the benefit of creditors, or any other action taken or suffered by TENANT under any state or federal insolvency or bankruptcy act; shall constitute a default under and a breach of this Lease by TENANT, regardless of TENANT'S compliance with other provisions of this Lease. LANDLORD may, at its option by written notice to TENANT, exercise all rights and remedies provided for in Article 21, including termination of this Lease, effective on service of such notice, without the necessity of further notice under Paragraph 21.4.

19.2 OPERATION OF LAW. Neither this Lease, nor any interest or estate created hereby, shall pass by operation of law under any state or federal insolvency or bankruptcy act, to any trustee, receiver, assignee for the benefit of creditors or any other person whatsoever. **This Lease shall not be considered an asset of TENANT in regard to any bankruptcy proceedings.** Any purported transfer, in violation of the provisions of this Article 19, shall constitute a default under and a breach of this Lease, regardless of TENANT'S compliance with the other provisions of this Lease and LANDLORD, at its option by written notice to TENANT, may exercise all rights and remedies provided for in Paragraph 21.1, including the termination of this Lease, effective upon service of such notice, without the necessity of further notice under Paragraph 21.4.

19.3 NO WAIVER. The acceptance of rent at any time by LANDLORD, from TENANT, as debtor in possession or from a transferee of the type mentioned in Paragraphs 19.1 and 19.2, shall not preclude LANDLORD from exercising its rights under Article 21, at any time thereafter.

19.4 OPTION TO TERMINATE. LANDLORD may, as its option, if the above occurs, immediately take possession of the PREMISES and terminate this Lease. Upon such termination, all installments of rent, earned to the date of termination and unpaid, shall at once become due and payable. In addition, LANDLORD shall have all rights provided by the bankruptcy laws, relative to the proof of claims, on an anticipatory breach of an executory contract.

20. FINANCIAL STATEMENTS.

TENANT shall, within ten (10) business days after written notice from LANDLORD, deliver to LANDLORD such financial statements or other documents, as LANDLORD may reasonably require, to verify the financial condition of TENANT, or any assignee, SUB-TENANT or guarantor of TENANT. In addition, TENANT shall deliver to any mortgagee or prospective mortgagee of LANDLORD, any financial statements required by the mortgagee, to facilitate the financing or refinancing of the property of which the PREMISES are a part. LANDLORD shall keep all financial information, regarding TENANT, strictly confidential.

20.1 CREDIT AGENCY REPORTING. If TENANT should fail to fully perform the covenants of this Lease, as required by law, and a judicial determination is made thereof, TENANT is hereby notified that a negative credit reference reflecting on TENANT'S credit report may be submitted to any and all credit reporting agencies. TENANT herein authorizes LANDLORD to periodically check TENANT'S credit, in the event of delinquency in payment of Rent and Additional Rent.

21. TENANT'S DEFAULT.

The occurrence of any of the following shall constitute a Default by TENANT:

A. If TENANT makes, or has made, any materially false statements, representations, accounts or reports to LANDLORD, in connection with this Lease.

B. If TENANT fails to pay, when due, any installment of Rent or Additional Rent and such failure continues for a period of seven (7) business days, following receipt, by TENANT, of written notice from LANDLORD to TENANT, of such failure.

C. If there is a breach, default or expiration of any license and/or permit, permitting TENANT to operate the PREMISES, in the manner authorized; or if such license and/or permit otherwise terminates or expires and such breach, default, expiration or termination continues for a period of thirty (30) days, following receipt, by TENANT, of written notice from LANDLORD of such breach, default, expiration or termination.

D. If TENANT abandons or vacates the PREMISES: Failure to occupy the PREMISES for Fourteen (14) consecutive days without removal of property or vacation of PREMISES with removal of property, for Three (3) consecutive days, with rent due, shall be deemed an abandonment.

E. **If TENANT exercises the option to become delivery only or close doors to the public but has not paid rent, additional rent, utilities, taxes and insurances and the premises are not maintained.**

F. If TENANT fails to perform any non-monetary obligation under this Lease and such failure continues for a period of thirty (30) days, following receipt by TENANT of written notice from LANDLORD to TENANT of such failure. Provided, however, that if such failure is of a type that cannot reasonably be cured within such thirty (30) day period and TENANT commences the cure within the thirty (30) day period and diligently prosecutes the cure to completion, TENANT shall have an additional reasonable period of time to complete the cure.

G. If TENANT receives two (2) separate notices from LANDLORD, to cure the same or related defaults or violations of this Lease, during any twelve (12) month period.

H. If a threat or danger to public health or safety (under environmental laws or otherwise) results, from the maintenance or operation of the PREMISES, unless compliant with state regulations and statutes governing the TENANT'S intended use.

21.1 NOTICE AND REMEDIES. As a material inducement to LANDLORD, executing this Lease, in the event of any Default and with or without any notice or demand except the notice prior to default required pursuant to this Lease, or such other notice as may be required by statute and cannot be waived by TENANT (all other notices being hereby waived), LANDLORD shall be entitled to exercise, at its option and after the expiration of all applicable notice and cure periods, concurrently, successively or in any combination, all remedies available at law or in equity, including without limitation any one or more of the following:

days are required for performance, LANDLORD shall not be in default if LANDLORD commences performance within such thirty (30) day period and thereafter diligently prosecutes the same to completion. In no event shall TENANT have the right to terminate this LEASE as a result of LANDLORD'S default; TENANT'S remedies shall be limited to damages and/or an injunction.

23. RIGHT OF ACCESS AND ENTRY BY LANDLORD.

LANDLORD, and its authorized representatives, shall have the right to enter the PREMISES, at all reasonable times, for any business purpose including:

(a) to inspect the PREMISES and determine whether TENANT is in compliance with Lease obligations;

(b) to serve legal notice relieving LANDLORD from responsibility for the acts of the TENANT. For notices served personally or by courier, service shall be conclusively deemed made at the time of such personal service or refusal to accept service;

(c) to post "For Sale, Rent, or Lease" signs during any period;

(d) to show the PREMISES to prospective agents, buyers or tenants, at any time during the term;

(e) to maintain, improve or perform repairs, which are LANDLORD'S obligation under this Lease and to do any other act necessary for the safety or preservation of the PREMISES;

(f) to erect scaffolding and protective barricade about the PREMISES, but not obstruct entry to the PREMISES.

LANDLORD shall conduct his activities on the PREMISES in a manner that will cause the least inconvenience to TENANT. LANDLORD shall not be liable in any manner for any disturbance, inconvenience, loss of business, nuisance or other damage arising out of LANDLORD'S entry onto the PREMISES, as provided herein. TENANT shall not be entitled to an abatement or reduction of rent if LANDLORD exercises any rights reserved in this Article 23. For the aforesaid purposes, LANDLORD shall, without liability to TENANT, have the right to use any means that LANDLORD may deem proper, to obtain entry to the PREMISES. Entry to the PREMISES obtained by LANDLORD, by any reasonable means, shall not be construed to be an unlawful entry into the PREMISES or an eviction of TENANT.

24. ASSIGNMENT AND SUBLETTING.

24.1 RESTRICTIONS. TENANT shall not assign, mortgage, hypothecate or encumber TENANT'S interest in this Lease or the PREMISES, or sublease all or any portion thereof, or allow any other person or entity (except TENANT'S authorized representatives, employees or invitees) to occupy any part of the PREMISES, without prior written consent of the LANDLORD, which shall not be unreasonably withheld nor automatically granted. TENANT agrees and acknowledges that LANDLORD shall have no express or implied duty, whatsoever, to consent to any such assignment, encumbrance or sublease and that LANDLORD may reasonably withhold such consent. The consent by LANDLORD, to any matter or event requiring LANDLORD'S consent, shall not constitute a waiver of the necessity for consent to any subsequent matter or event. Any attempt at voluntary or involuntary assignment, encumbrance or subletting, without consent of LANDLORD, shall be void and shall constitute a material breach of this Lease. TENANT shall pay all expenses, including administration charges and reasonable attorneys' fees that may be incurred by LANDLORD, in administering any request of TENANT, for LANDLORD'S consent. If this Lease be assigned, or if the PREMISES or any part thereof be sublet or occupied by any one other than TENANT, LANDLORD may collect rent from the assignee, SUBTENANT or occupant and apply the net amount collected to the rent herein reserved. However, no such assignment, subletting, occupancy or collection shall be deemed a waiver of this Paragraph 24.1; nor shall the acceptance of the assignee, SUBTENANT or occupant as TENANT, be deemed a release of TENANT from the further performance by TENANT, of covenants on the part of TENANT herein contained, unless expressly released by LANDLORD in writing. No interest of TENANT, in this Lease, shall be assignable by involuntary assignment through operation of law (including without limitation the transfer of this Lease by testacy or intestacy).

Sub-leasing of 30% or more of the PREMISES shall be deemed an assignment within the meaning of this Paragraph 24.1. In addition, TENANT agrees that if TENANT assigns this Lease or sub-leases PREMISES for a greater rent than TENANT is obligated to pay hereunder, all rent payable to TENANT, pursuant to such assignment or sub-lease, including any increased rent or other cash consideration paid to TENANT by any assignee or SUB-TENANT, as consideration for such assignment or sublease, shall be the property of LANDLORD and shall be paid to LANDLORD by TENANT or, at LANDLORD'S option, shall be paid directly to LANDLORD by such assignee or sub-tenant. **LANDLORD may require a Five (5)% rent acceleration, upon sale of the business, a percentage of the business or assignment of this Lease (voluntary, involuntary or by operation of law) under this Article 24**: In the event of an assignment, any and all Base or Additional Rent, deferred throughout the entire term and any extensions hereof, shall become due and payable to the LANDLORD.

24.2 CHANGE IN CORPORATE ENTITY. If TENANT exists as a partnership; the withdrawal or change (voluntary, involuntary or by operation of law) of any partner, or the dissolution of the partnership, or the sale of at least forty percent (40%) of the business or value of the assets of TENANT, shall be deemed a voluntary assignment. If TENANT consists of more than one person, a purported assignment (voluntary, involuntary or by operation of law), from one person to the other, shall be deemed a voluntary assignment. If TENANT is a corporation, the issuance of any additional stock and/or the transfer, assignment or hypothecation of any stock or interest in such corporation, in the aggregate in excess of twenty-five percent (25%), or any dissolution, merger, consolidation or other reorganization of TENANT, or sale or other transfer of a controlling percentage of the capital stock of TENANT, or the sale of at least forty percent (40%) of the value of the assets of TENANT, shall be deemed a voluntary assignment. The phrase "controlling percentage" means ownership of and right to vote stock, possessing at least fifty percent (50%) of the total combined voting power of all classes of TENANT'S capital stock issued, outstanding and entitled to vote for election of directors. This Paragraph 24.2 shall not apply to corporations, the stock of which is traded through an exchange or over the counter.

24.3 SUB-TENANCIES. The voluntary or other surrender of this Lease, by TENANT, or mutual cancellation thereof, or the termination of this Lease by LANDLORD, pursuant to any provision contained

address, if the TENANT cannot be located in person. Either party hereto may, from time to time, change its mailing address upon ten (10) days written notice to the other.

30. SUCCESSORS AND ASSIGNS.

The terms, covenants and conditions herein contained shall inure to the benefit of, and be binding upon, the heirs, administrators, executors, successors and assigns of each of the parties hereto. This Lease shall be binding upon all assignees, SUBTENANTS, licensees and concessionaires of TENANT.

31. FORCE MAJEURE.

Whenever a period of time is appointed, in which either party is required to complete any act or matter, the time for the completion thereof by such party shall be extended by a period of time equal to the number of days during which the completion of such act is unreasonably interfered with, because of labor disputes, acts of terrorism, civil commotion, war, warlike operations, sabotage, governmental regulations or control, fire or other casualties, inability to obtain any material or to obtain fuel or energy, weather, acts of God or other acts beyond such parties reasonable control (financial inability excepted). However, nothing contained herein shall excuse TENANT from the prompt payment of any rent or charge required of TENANT, nor excuse TENANT from the performance of any of the covenants set forth herein.

32. REMEDIES CUMULATIVE.

The various rights, options, elections and remedies of LANDLORD and TENANT, contained in this Lease, shall be cumulative and no one of them shall be construed as exclusive of any other or of any right, priority or remedy allowed, or provided for, by law and not expressly named in this Lease.

33. ATTORNEYS' FEES.

In the event that any legal proceedings, including Constable fees, are necessary to enforce the terms of this Lease, LANDLORD shall be entitled to recover from TENANT all costs and expenses of such proceedings, including reasonable attorneys' fees and expenses, whether or not any proceedings are prosecuted to judgment. In the event of the bringing of any other action by either party hereto, or by reason of the breach of any term, covenant or condition on the part of the other party, or arising out of this Lease; the prevailing party shall be entitled to recover from the other party, reasonable attorneys' fees to be fixed by the court which renders such judgment.

34. NO PARTNERSHIP.

LANDLORD shall not in any way, or for any purpose, be deemed a partner or a member of any joint enterprise with TENANT. TENANT'S surrender of this Lease, or a mutual cancellation thereof, shall not result in a merger of LANDLORD'S and TENANT'S estates, and shall, at the option of LANDLORD, either terminate any existing subleases or operate as an assignment to LANDLORD of all of such subleases.

35. REMOVAL OF PROPERTY.

Upon the expiration of the term of this Lease, or upon any earlier termination thereof, TENANT shall remove, at its own expense, all trade fixtures, equipment, merchandise and personal property (collectively called "TENANT Property" in this Lease) which are installed by TENANT or any SUBTENANT, concessionaire or licensee in or upon the PREMISES; but if TENANT is in default, TENANT shall not remove TENANT Property, unless notified by LANDLORD so to do. In case of any injury or damage to the building or any portion of the PREMISES, resulting from the removal of TENANT Property, TENANT shall promptly repair or pay to LANDLORD the cost of repairing such injury or damage (including damage from sign removal). TENANT shall be liable for pro-rated payment of rent, until PREMISES are vacated (in clean condition and good repair) and keys returned to LANDLORD, as provided herein. TENANT shall complete such removal by the time provided in this Article 35 and any TENANT Property not so removed from the PREMISES by TENANT, may be construed by LANDLORD as abandoned by TENANT and title thereto shall thereupon vest in LANDLORD, without the execution of documents of sale or conveyance by TENANT. LANDLORD may also order TENANT to remove such TENANT Property from the PREMISES or alternatively have it removed and stored at TENANT'S expense in a public warehouse. TENANT shall pay upon demand, to LANDLORD the actual expense of such removal and storage, together with interest from the date of payment by LANDLORD, until repayment by TENANT.

36. INTERPRETATION.

The captions, by which the Articles and Paragraphs of this Lease are identified, are for convenience only and shall not affect the interpretation of this Lease. Where the context so requires, the singular and/or neuter gender shall include the plural, masculine and feminine genders. If there is more than one signatory hereto as TENANT, the liability of such signatories shall be joint and several.

37. SEVERABILITY.

The invalidity of any provision of this Lease as determined by a court of competent jurisdiction, shall in no way affect the validity of any other provision hereof. The waiver by either party hereto, of any breach of any term, covenant or condition of this Lease to be performed by the other, shall not be deemed to be a waiver of any subsequent breach thereof.

38. CONSENT OF LANDLORD.

LANDLORD shall not be deemed to have given any assent or consent to any matter, requiring LANDLORD'S prior consent, unless such consent is in writing.

39. WAIVER AND AMENDMENT.

No provision of this Lease shall be deemed waived or amended, except by a written instrument unambiguously setting forth the matter waived or amended and signed by both parties, including the party against

have the right to either compel specific performance by, or to obtain injunctive relief against, TENANT with respect to any such breach.

50. DISCLOSURE.

TENANT acknowledges LANDLORD'S disclosure, that the Managing Members of 1807 WC LLC are Real Estate Licensees. Nevada Real Estate Division Form 525, "Duties Owed by a Nevada Real Estate Licensee", is attached hereto as "ADDENDUM A", as required by law.

IN WITNESS WHEREOF, on the day and year first above written, LANDLORD and TENANT have duly executed this Lease.

TENANT:
OMNIA PHARMACY INC

BY: _____
Aly Molokhia
Title: President
211 E Becon St Unit A
Alhambra, CA 91801
480-577-7919 direct

ADDRESS:
1807 W Charleston Blvd. Suite 110
Las Vegas, NV 89102
480-444-6612 Sam (Manager)

alymolokhia@hotmail.com
evergreenpharmacy20c@gmail.com

LANDLORD:
1807 WC LLC

BY: _____
Adele Josephs Matthews
Title: Managing Member

ADDRESS:
5395 Polaris Ave. Suite #100
Las Vegas, NV 89118
(702) 385-2474 phone
(702) 385-5275 fax

josephsproperties@yahoo.com
jackie@josephsproperties.com

State of
County of

This instrument was acknowledged before me on _____ by

_____.

_____
Signature of Notarial Officer

Notarial Seal

State of
County of

This instrument was acknowledged before me on _____ by

_____.

_____
Signature of Notarial Officer

Notarial Seal

DUTIES OWED BY A NEVADA REAL ESTATE LICENSEE

This form does not constitute a contract for services nor an agreement to pay compensation.

In Nevada, a real estate licensee is required to provide a form setting forth the duties owed by the licensee to:
a) Each party for whom the licensee is acting as an agent in the real estate transaction, and
b) Each unrepresented party to the real estate transaction, if any.

Licensee: The licensee in the real estate transaction is Shelly Tabaczynski whose license number is S.0075910. The Licensee is acting for 1807 WC LLC who is/are the [X] Seller/Landlord; [ ] Buyer/Tenant.
Broker: The broker is Adele Josephs, whose company is Josephs Properties.
Are there additional licensees involved in this transaction? **[X] Yes [ ] No If yes, Supplemental form 525A is required.**

Licensee's Duties Owed to All Parties:
A Nevada real estate licensee shall:
1. Not deal with any party to a real estate transaction in a manner which is deceitful, fraudulent or dishonest.
2. Exercise reasonable skill and care with respect to all parties to the real estate transaction.
3. Disclose to each party to the real estate transaction as soon as practicable:
   a. Any material and relevant facts, data or information which licensee knows, or with reasonable care and diligence the licensee should know, about the property.
   b. Each source from which licensee will receive compensation.
4. Abide by all other duties, responsibilities and obligations required of the licensee in law or regulations.

Licensee's Duties Owed to the Client:
A Nevada real estate licensee shall:
1. Exercise reasonable skill and care to carry out the terms of the brokerage agreement and the licensee's duties in the brokerage agreement;
2. Not disclose, except to the licensee's broker, confidential information relating to a client for 1 year after the revocation or termination of the brokerage agreement, unless licensee is required to do so by court order or the client gives written permission;
3. Seek a sale, purchase, option, rental or lease of real property at the price and terms stated in the brokerage agreement or at a price acceptable to the client;
4. Present all offers made to, or by the client as soon as practicable, unless the client chooses to waive the duty of the licensee to present all offers and signs a waiver of the duty on a form prescribed by the Division;
5. Disclose to the client material facts of which the licensee has knowledge concerning the real estate transaction;
6. Advise the client to obtain advice from an expert relating to matters which are beyond the expertise of the licensee; and
7. Account to the client for all money and property the licensee receives in which the client may have an interest.

Duties Owed By a broker who assigns different licensees affiliated with the brokerage to separate parties.
Each licensee shall not disclose, except to the real estate broker, confidential information relating to client.

Licensee Acting for Both Parties:

The Licensee
MAY [_____/_____] OR MAY NOT [_____/_____]
in the future act for two or more parties who have interests adverse to each other. In acting for these parties, the licensee has a conflict of interest. Before a licensee may act for two or more parties, the licensee must give you a "Consent to Act" form to sign.

I/We acknowledge receipt of a copy of this list of licensee duties, and have read and understand this disclosure.

~~*Seller*~~/*Landlord*: _____ *Date*: _____ *Time*: _____

~~*Seller*~~/*Landlord*: _____ *Date*: _____ *Time*: _____

OR

~~*Buyer*~~/*Tenant*: _____ *Date*: _____ *Time*: _____

~~*Buyer*~~/*Tenant*: _____ *Date*: _____ *Time*: _____

PHARMACY ADDENDUM TO LEASE

This Addendum ("Addendum") is made to that certain 1807 W Charleston Commercial Lease dated December 10, 2021 ("the Lease") by and between 1807 WC LLC, hereinafter ("LANDLORD") and Aly Molokhia, President d/b/a Omnia Pharmacy Inc, hereinafter ("TENANT"), with regard to the following:

A. LANDLORD is the Owner of that certain real property located at 1807 W Charleston Blvd Suite 110 Las Vegas, NV 89102, in which TENANT has Leased approximately 1,215 square feet (the Leased PREMISES"); and
B. LANDLORD and TENANT desire to clarify the Lease with respect to LANDLORD'S ability to access the Leased PREMISES.

NOW THEREFORE, in consideration of the above facts, the mutual covenants and conditions below, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree to as follows:

LANDLORD and TENANT, notwithstanding any to the contrary contained in Article 23 of the Lease, or any other term contained therein, and by way of clarification of the LANDLORD'S right to enter the Leased PREMISES, (i) neither LANDLORD nor any agent of LANDLORD may enter or remain in the Leased PREMISES unless a registered pharmacist or authorized representative of LANDLORD is present at all times, and (ii) no person, other than a pharmacist or authorized representative of LANDLORD, may have possession of a key to the Leased PREMISES. Nothing contained herein shall be construed as an impediment preventing LANDLORD from taking such action as may be reasonable and necessary to protect its property and the safety of its TENANTS, therefore, LANDLORD may have access to a key to the Leased PREMISES secured in a tamper-proof container, available to LANDLORD if emergency entry is required. In the event of an inconsistency between the language set forth herein and that contained in the Lease, the language of this Addendum shall control.

In all other regards, the Lease including any other Addenda thereto remains unchanged, and enforceable according to its terms. In the event of any conflict between the previsions of this Addendum and the printed provisions of the Lease, or any other addendum or addenda, this Addendum shall control.

IN WITNESS WHEREOF, LANDLORD and TENANT have caused this Addendum to be executed.

LANDLORD: 1807 WC LLC

By: _____ Date: _____
Adele Josephs Matthews, Managing Member

TENANT: OMNIA PHARMACY INC

By: _____ Date: _____
Aly Molokhia, President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Omnia Pharmacy Inc

Physical Address 1807 W Charleston Blvd Suite 110

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (480)577-7919 Website _____

Licensing Company Email alymolokhia@hotmail.com

Section 2: Personal Information

First Nazokat Middle _____ Last Nigmatova

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Green Cedar Dr

City Las Vegas State NV Zip 89123

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials NN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences			
Address	**City**	**State**	**Zip**
11 Sunset way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/20-Current	[redacted] Green Cedar Dr	Las Vegas	NV	89123
8/17- 4/20	2675 Windmill pkw apt1512	Henderson	NV	89074
4/17-8/17	40Hollowglen	Irvine	CA	92604
4/16 - 4/17	40 Palatine apt 113	Irvine	CA	92612
7/15-4/16	45 Palatine apt 442	Irvine	CA	92612
8/13 – 6/15	3130 Brighton 6th str. apt 4J	Brooklyn	NY	11235
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Evergreen Pharmacy		4/21 – 12/21
Business Address	**City**	**State / Zip**
4110 S Maryland Pkwy	Las Vegas	NV 89119
Phone	**Title**	**Number of Employed Hours**
(702)-462-6262	Pharmacist	6400 hrs

Description of Duties
- Dispense Prescriptions - Manage staff - Review prescriptions for accuracy
- Communicate w/ Prescribers - Counsel patients.

Business Name		From - To (MM/YY – MM/YY)
CVS Pharmacy Target		8/20 – 3/2021
Business Address	**City**	**State / Zip**
6371 N Decatur Blvd	Las Vegas	NV 89130
Phone	**Title**	**Number of Employed Hours**
(702)-575-8541	Staff Pharmacist	2000 hrs

Description of Duties
- Dispense prescriptions - Manage staff
- Communicate w/ prescribers - Review Prescriptions for accuracy
- Vaccenate patients - Counsel patients.

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials NA

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/28/2021
Date

Applicant's Initials NN

I, Nazokat Nigmatova, **certify that as the designated representative for** Omnia Pharmacy Inc., **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nazokat Nigmatova
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-28-2021
Date

Applicant's initials NN

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nazokat Nigmatova
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-28-2021
Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Nazokat Nigmatova, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-28-2021
Date

Subscribed and Sworn to before me this 28 day of December.

Notary Public Signature

MEGAN AU
Notary Public, State of Nevada
No. 21-7625-01
My Appt. Exp. Oct. 21, 2025

(Seal)

Applicant's initials NN

4EE

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- [x] Nevada
- [ ] Out-of-State

Type of Application (check applicable box)

- [x] New Pharmacy
- [ ] Ownership Change*
- [ ] Location Change *
- [ ] Name Change*

* If making a change, provide current license number:

PH_____

Ownership Type (check applicable box)

- [ ] Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- [ ] Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- [ ] Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- [x] Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: QHR PHARMACY 3

Physical Address: 3375 E. Russell Rd # 1G

City: Las Vegas State: NV Zip: 89120

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-331-6796 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-629-7130 Contact Email: orockmaLih@hotmail.com

Website: www.qhrpharmacyLV.com

Nevada Business License # (if applicable) NV20212252652

Supervising/Managing Pharmacist Name (NRS 639.220): Edward S. Tambi ok

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17269 ef. 1/6/23

Type of Pharmacy (check all applicable)

- [x] Retail/Community
- [ ] Hospital (# beds _____)
- [ ] Internet
- [ ] Nuclear
- [ ] Other: _____

Services the Pharmacy will Provide (check all applicable)

- [x] Retail/Community
- [ ] Non-sterile Compounding
- [ ] Sterile Compounding
- [ ] Mail-Order Service
- [ ] Off-site Cognitive Services
- [ ] Long Term Care
- [ ] Hospital
- [ ] Other:

Days of Operation

- [x] Monday
- [x] Tuesday
- [x] Wednesday
- [x] Thursday
- [x] Friday
- [ ] Saturday
- [ ] Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: MOLIH DROCK	NV Pharmacist Registration #: 16501
Name: MONA MATAR	NV Pharmacist Registration #: 20104
Name: EDWARD S. TAMBI	NV Pharmacist Registration #: 17269
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.) N/A

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation N/A

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company N/A

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: MOLIH OROCK

Business Name: QHR PHARMACY 3, LLC

Business Address: 3375 E. Russell Rd # 1G

City: Las Vegas State: NV Zip: 89120

Telephone: 702-331-6796 Email: orockmolih@hotmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for QHR Pharmacy 3, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

MOLIH OROCK

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/11/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, MOLIH DROCK hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for QHR Pharmacy 3, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11th day of Nov., 2021

Notary Public

Notary Public - State Of Nevada
COUNTY OF CLARK
SATVIR S. DEOL
My Appointment Expires
July 20, 2025
No. 17-3622-1

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: EDWARD S. TAMBI Pharmacist Registration #: 17269

Pharmacy Name: QHR PHARMACY 3

Initial each statement below to indicate you have read and agree with the following:

EST I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

EST I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

EST I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

EST I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

EST I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Edward Tambi

Original signature of Managing Pharmacist (copies or stamps not accepted)

11/12/21

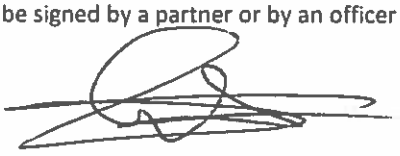
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MOLIH BROCK

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

11/11/2021

Date

Board Use Only	Date Received: _____	Amount: $500 CC Processed 11/15/21

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MOLIH O. OROCK, R.PH
Certificate of Registration No.: 16501
Respondent.
_____/

NOTICE OF INTENDED ACTION AND ACCUSATION
Case No. 08-046-RPH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Orock is a registered pharmacist with the Board.

II.

Mr. Orock checked his pharmacist license renewal application indicating he had completed 22.5 CEU's. During a random continuing education audit it was revealed he had only completed 1.0 CE units between November 1, 2005 and October 31,2007.

FIRST CAUSE OF ACTION

III.

By indicating on his renewal application that he had completed 22.5 CEU's during the biennial period November 1, 2005 to October 31, 2007 when he actually had not completed any CEU's, Mr. Orock violated NRS 639.210(4) and (9) and 639.2174(2) and Nevada Administrative Code (NAC) 639.330 and 639.390.

on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of July, 2008.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

11/14/2021

Case No. 08-046-RPH-S

To Whom It May Concern:

This letter is an acknowledgement of the fact that in 2008, I had a citation from the Nevada Board of pharmacy. The citation was as a result of my inability to provide the board, upon request, proof of completion of continuing education (CE) for the period November 1, 2005 to October 31, 2007.

Sincerely,

Molih Orock, PharmD

[redacted]

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

QHR Pharmacy 3, LLC

Nevada Business Identification # NV20212252652
Expiration Date: 10/31/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/14/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110142070841
You may verify this certificate online at http://www.nvsos.gov

FFN - #: 202110281016702 - Fees: $25.00 - 10/28/2021 06:07:35 PM - Receipt #: 1345827 - Filed By: NEFFR - Pgs: 1 - LYNN MARIE GOYA, CLARK COUNTY CLERK

Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:
☒ New Application
☐ Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: QHR Pharmacy

Mailing Address: 3375 E Russell Rd #1G Las Vegas, NV, 89120
(Mailing Address for notification of renewal) Mailing Address City, State, Zip

Owner (Sole Proprietor or Registered Legal Entity): QHR Pharmacy 3, LLC
(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Molih Orock
Full Name of Authorized Signer — Signature — Date

[redacted] Westcliff Drive Las Vegas, NV, 89145
Street Address of Business or Residence — City, State, Zip

Signed By: (Use if needed)
Full Name of Authorized Signer — Signature — Date

Street Address of Business or Residence — City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF NEVADA }
COUNTY OF CLARK } SS:

This instrument was acknowledged before me on OCTOBER 14, 2021 (Date)

by MOLIH OROCK
(Name of individual(s) whose signature(s) is/are being notarized)

ANDREA J HUGHES
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 17-3356-1
MY APPT. EXPIRES AUGUST 18, 2025

Andrea J Hughes
Signature of Notary Public/Deputy Clerk

RECEIVED
OCT 28 2021
COUNTY CLERK

RECEIVED
OCT 18 2021
COUNTY CLERK

Mail to: Lynn Marie Goya, County Clerk, Attn. FFN, Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of $25.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope.

Rev 08/2019

11.18429

FFN - #: 202110281016702 - Fees: $25.00 - 10/28/2021 06:07:35 PM - Receipt #: 1345827 - Filed By: NEFFR - Pgs: 1 - LYNN MARIE GOYA, CLARK COUNTY CLERK

Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:
☒ New Application
☐ Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: QHR Pharmacy

Mailing Address: 3375 E Russell Rd #1G Las Vegas, NV, 89120
(Mailing Address for notification of renewal) Mailing Address City, State, Zip

Owner (Sole Proprietor or Registered Legal Entity): QHR Pharmacy 3, LLC
(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Molih Orock
Full Name of Authorized Signer — Signature — Date

[redacted]Westcliff Drive Las Vegas, NV, 89145
Street Address of Business or Residence — City, State, Zip

Signed By: (Use if needed)
Full Name of Authorized Signer — Signature — Date

Street Address of Business or Residence — City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF NEVADA }
COUNTY OF CLARK } SS:

This instrument was acknowledged before me on OCTOBER 14, 2021 (Date)

by MOLIH OROCK
(Name of individual(s) whose signature(s) is/are being notarized)

ANDREA J. HUGHES
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 17-3356-1
MY APPT. EXPIRES AUGUST 18, 2025

Andrea J Hughes
Signature of Notary Public/Deputy Clerk

RECEIVED
OCT 28 2021
COUNTY CLERK

RECEIVED
OCT 18 2021
COUNTY CLERK

Mail to: Lynn Marie Goya, County Clerk, Attn. FFN, Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of $25.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope.

Rev 08/2019

17-18429

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E18220602021-2
Secretary of State	Filing Number
State Of Nevada	20211822059
	Filed On
	10/14/2021 08:57:06 AM
	Number of Pages
	2

Formation - Limited-Liability Company

- ☑ NRS 86 - Articles of Organization Limited-Liability Company
- ☐ NRS 86.544 - Registration of Foreign Limited-Liability Company
- ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company
- ☐ NRS 86 555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
QHR Pharmacy 3, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: 3b) Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☑ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

KPS Leslie, LLC
Name of Registered Agent OR Title of Office or Position with Entity

3275 S Jones Blvd, Suite 105	Las Vegas	Nevada	89146
Street Address	City		Zip Code
3275 S Jones Blvd	Las Vegas	Nevada	89146
Mailing Address (If different from street address)	City		Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Kimberly Stein — 10/14/2021
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☑ Manager(s) OR ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing

1) Molih Orock
Name

[redacted] Westcliff Drive	Las Vegas	NV	89145
Address	City	State	Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See instructions

Molih Orock	United States
Name	Country

[redacted] Westcliff Drive	Las Vegas	NV	89145
Address	City	State	Zip/Postal Code

X Molih Orock

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

QHR Pharmacy 3, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of	Business Number
Barbara K. Cegavske	E18220602021-2
	Filing Number
	20211822061
Secretary of State	Filed On
State Of Nevada	10/14/2021 08:57:07 AM
	Number of Pages
	2

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGER:

Name	Country
Molih Orock	USA

Address	City	State	Zip/Postal Code
[redacted] Westcliff Drive	Las Vegas	NV	89145

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Molih Orock
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Manager
Title

10/14/2021
Date

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **QHR Pharmacy 3, LLC** did, on 10/14/2021, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/14/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202110142070840
You may verify this certificate
online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler QHR pharmacy 3

Physical Address 3375 E. Russell Rd #1G

City Las Vegas State NV Zip 89120

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-331 6796 Website www.qhrpharmacylv.com

Licensing Company Email orockmolih@hotmail.com

Section 2: Personal Information

First EDWARD Middle Samba Last TAMBI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] E. Dorchester Dr

City Jacksonville State FL Zip 32259

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials EST

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University (College of Pha			
Address	City	State	Zip
921 S. 8th Avenue	pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctor of pharmacy (pharm D)			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/20 - present	[redacted] E. Dorchester Dr	Jacksonville	FL	32259
3/18 3/20	824 Buckeye Ln W	Jacksonville	FL	32259
3/16 3/18	4387 pebble brook Dr	Jacksonville	FL	32224
3/15 3/16	1275 Hunt club Rd N	Jacksonville	FL	32224
3/14 3/15	10128 French pine Ave	Las Vegas	NV	89128
3/07 3/14	2508 Emblem ct	Reno	NV	89436

Applicant's initials EDT

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: CVS pharmacy			From - To (MM/YY – MM/YY): 3/2015 – present
Business Address: 470 Stevens Rd 13	City: Jacksonville	State: FL	Zip: 32259
Phone: 904 287 6369	Title: pharmacist	Number of Employed Hours: 41	
Description of Duties: pharmacist			

Business Name: CVS pharmacy			From - To (MM/YY – MM/YY): 2/2014 - 3/2015
Business Address: 4411 E Bonanza Rd	City: Las Vegas	State: NV	Zip:
Phone: 702 452 5652	Title: pharmacy mgr	Number of Employed Hours: 40	
Description of Duties: CVS pharmacy			

Business Name: CVS pharmacy			From - To (MM/YY – MM/YY): 11/2007 - 2/2014
Business Address: 5485 Sunvalley Blvd	City: Reno	State: NV	Zip: 89436
Phone: 775 674 1544	Title: pharmacy Mgr	Number of Employed Hours: 40	
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:	Number of Employed Hours:	
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:	Number of Employed Hours:	
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/07/21
Date

Applicant's initials

I, Edward S. Tambi, **certify that as the designated representative for**

_____,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Edward, Tambi

Print Name (First, Last)

Edward Tambi

Original Signature (electronic, copies or stamps not accepted)

12/7/2021

Date

Applicant's initials EDT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

EDWARD, TAMBI

Print Name (First, Last)

Edward Tambi

Original Signature (electronic, copies or stamps not accepted)

12/07/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of St. Johns

I, Courtney Cooper/EDWARD TAMBI being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Edward Tambi

Original Signature

12/07/2021

Date

Subscribed and Sworn to before me this 7 day of December.

Notary Public Signature

Notary Public State of Florida
Courtney Cooper
My Commission
HH 183919
Exp. 10/9/2025

(Seal)

Applicant's initials GT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler QHR Pharmacy

Physical Address 3375 E russell Rd #1G

City Las Vegas State NV Zip 89120

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-331-6796 Website www.qhrpharmacylv.com

Licensing Company Email pharmacy@qhrpharmacylv.com

Section 2: Personal Information

First Molih Middle Etienne Ojong Last Orock

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] rising smoke ct

City Las Vegas State Nv Zip 89183

Telephone 702-372-1635 Email orockmolih@hotmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials MO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho state University		1998 to 2004	
Address	**City**	**State**	**Zip**
921 S. 8th Avenue	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctor of pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
St. Joseph College Sasse High school		1991 to 1994	
Address	**City**	**State**	**Zip**
Sasse. (Cameroon) West Africa	Buea		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
St. Joseph College Sasse Junior High		1986 to 1991	
Address	**City**	**State**	**Zip**
Sasse (Cameroon) West Africa	Buea		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2011 to Present	[redacted] rising smoke ct	Las Vegas	NV	89183
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MO

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
QHR Pharmacy			10/2010 to present
Business Address	**City**	**State**	**Zip**
7512 westcliff dr	Las Vegas	NV	89145
Phone	**Title**		
702-331-6796	Manager/ Owner		

Description of Duties

Pharmacy manager in charge of managing the day to day running of the pharmacy with a total of 5 staff. Pharmacy provides services to walk-in patients, clients in group homes and hospice facilities. Also task with administering vaccines

Business Name			From - To (MM/YY – MM/YY)
QHR Pharmacy			08/2016 to Present
Business Address	**City**	**State**	**Zip**
765 N Nellis Blvd #7	Las Vegas	NV	89110
Phone	**Title**		
702-331-6388	Owner		

Description of Duties

Responsible for hiring and staffing the pharmacy and providing the necessary framework for the day to day running of the pharmacy. Managing account payable and account receivable. Dealing with wholesaler, insurance companies and other vendors.

Business Name			From - To (MM/YY – MM/YY)
Advanced Care Rx Pharmacy, 2 LLC			03/2011 to 01/2016
Business Address	**City**	**State**	**Zip**
4161 S. Eastern ave	Las Vegas	NV	89119
Phone	**Title**		
702-331-0278	Part Owner (50 % Ownership)		

Description of Duties

Very limited duties at this pharmacy other than being a 50% part Owner.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/29/2008			Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
08-045-RPH-S		Nevada State Board Of Pharmacy		
Reason/Charge				
Lack of proof of completion of Continuing Education (CE)				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See attached documents..

Original Signature (electronic, copies or stamps not accepted)

11/14/2021
Date

Applicant's initials MO

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MOLIH O. OROCK, R.PH
Certificate of Registration No.: 16501
Respondent.

NOTICE OF INTENDED ACTION AND ACCUSATION
Case No. 08-046-RPH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Orock is a registered pharmacist with the Board.

II.

Mr. Orock checked his pharmacist license renewal application indicating he had completed 22.5 CEU's. During a random continuing education audit it was revealed he had only completed 1.0 CE units between November 1, 2005 and October 31,2007.

FIRST CAUSE OF ACTION

III.

By indicating on his renewal application that he had completed 22.5 CEU's during the biennial period November 1, 2005 to October 31, 2007 when he actually had not completed any CEU's, Mr. Orock violated NRS 639.210(4) and (9) and 639.2174(2) and Nevada Administrative Code (NAC) 639.330 and 639.390.

on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of July, 2008.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

11/14/2021

Case No. 08-046-RPH-S

To Whom It May Concern:

This letter is an acknowledgement of the fact that in 2008, I had a citation from the Nevada Board of pharmacy. The citation was as a result of my inability to provide the board, upon request, proof of completion of continuing education (CE) for the period November 1, 2005 to October 31, 2007.

Sincerely,

Molih Orock, PharmD

[redacted]

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MOLIH O ORDEK
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/13/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, MOLIH ORDEK, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/13/2021
Date

Subscribed and Sworn to before me this 13 day of November, 2021.

Notary Public Signature

MICHAEL TURNER
Notary Public - State of Nevada
County of Clark
APPT. NO. 12-9075-1
My App. Expires Oct. 12, 2024

(Seal)

Applicant's initials MO

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 02288

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AcariaHealth Pharmacy #26, Inc.

Physical Address: 8715 Henderson Road, Tampa FL 33634

Mailing Address: 8735 Henderson Road

City: Tampa State: Florida Zip Code: 33634

Telephone: 866-458-9246 Fax: 866-458-9245

Toll Free Number: 866-458-9246 (Required per NAC 639.708)

E-mail: exactus@wellcare.com Website: acariahealth.envolvehealth.com

Managing Pharmacist: ~~Samuel A. Medure~~ Valerie Migueira License Number: ~~PS 33539~~ Temp. 21542 exp. 4/6/22

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☐ Other: Mail Order	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Stephen D. Jensen

Print Name of Authorized Person

8/3/21

Date

Board Use Only Date Processed:_____ Amount: $500 check # 0260509762

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: AcariaHealth, Inc.

Mailing Address: 8427 South Park Circle, Suite 400

City: Orlando State: FL Zip: 32819

Telephone: 800-511-5144 Fax: 877-541-1503

Contact Person: Noelle Berard, Supervisor

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Not applicable
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? 7/16/2021

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: Not Applicable %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy: **Monday to Thursday: 8am to 7pm, Friday: 8am to 6pm

Monday thru Friday ** am ** pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours N/A - on call pharmacist available 24 hours a day

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Stephen D. Jensen

Responsible Person of AcariaHealth Pharmacy #26, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Stephen D. Jensen
Print Name of Authorized Person

8/3/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Hillsborough COUNTY)

I, Stephen D. Jensen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for AcariaHealth Pharmacy #26, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Stephen D. Jensen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of August, 2021.

NOTARY PUBLIC

NOELLE C. BERARD
Notary Public - State of Florida
Commission # HH 099333
My Comm. Expires Jun 25, 2025
Bonded through National Notary Assn.

Note:

Pre-Name change and Stock Transfer effective 7/16/2021

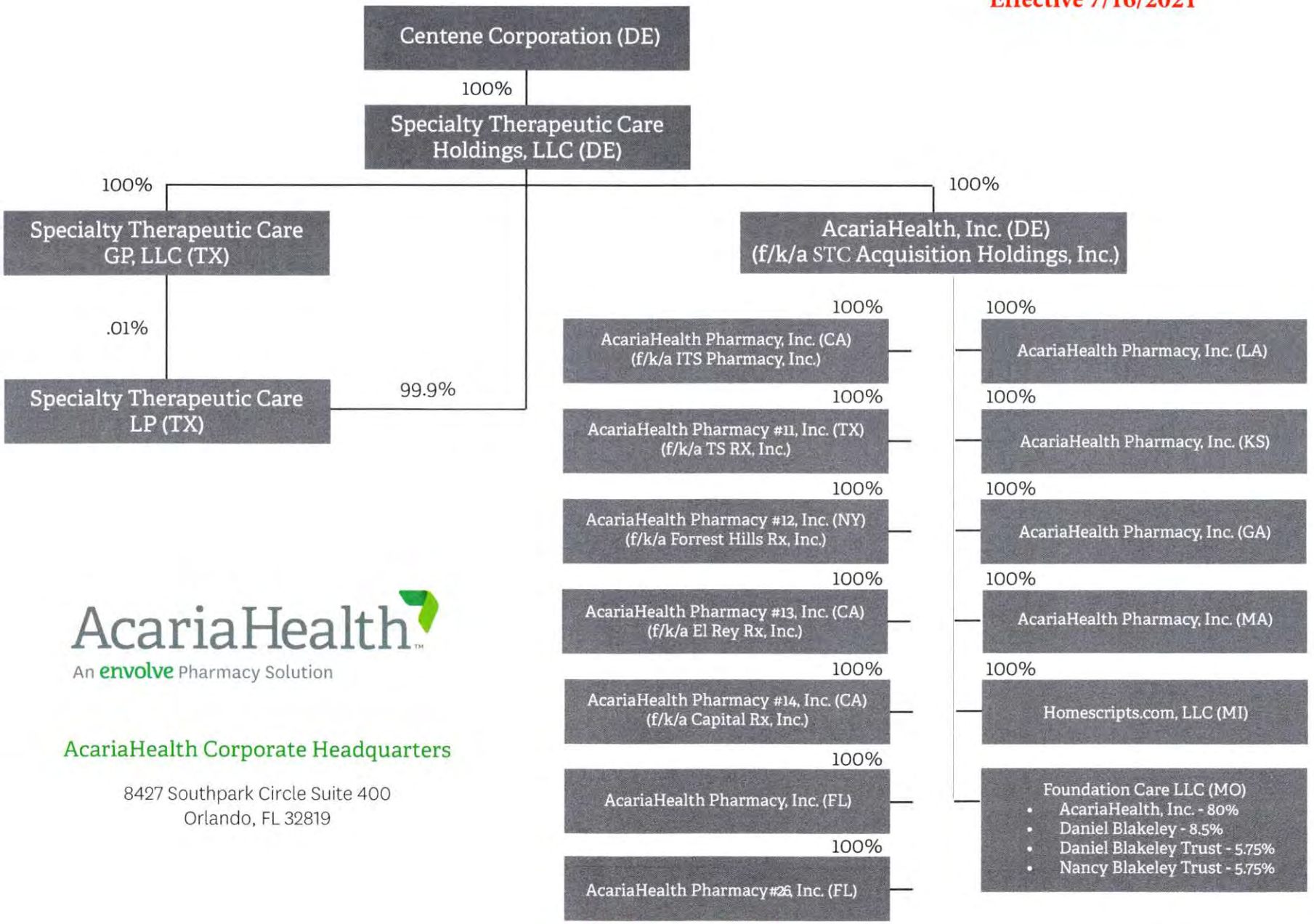
Organizational Chart
Exactus Pharmacy Solutions, Inc.

Note:
Ultimate parent, Centene Corporation, is a multi-billion dollar Medicaid managed care and health plan holding company. Please advise if further information is required

KEY:

Ownership of subsidiary companies is 100% unless otherwise indicated

Effective 7/16/2021



AcariaHealth™
An envolve Pharmacy Solution

AcariaHealth Corporate Headquarters

8427 Southpark Circle Suite 400
Orlando, FL 32819

8715 Henderson Road
Tampa, FL 33634

© 2021 AcariaHealth 03/21

1406

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AcariaHealth Pharmacy #26, Inc.

Physical Address 8715 Henderson Road

City Tampa State FL Zip 33634

Mailing Address (if different from physical address) 8735 Henderson Road

City Tampa State FL Zip 33634

Telephone 866-458-9246 Website www.acariahealth.envolvehealth.com

Licensing Company Email exactus@wellcare.com

Section 2: Personal Information

First Valerie Middle Gail Last Mugavero

Alias(es, nicknames, name changes, etc.) Williams (maiden name)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Glen Lake Circle N

City St. Petersburg State FL Zip 33702

Telephone [redacted] Email Valerie.Mugavero@Wellcare.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		x

Applicant's initials [signature]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Massachusetts College of Pharmacy		09/85 - 06/88	
Address	**City**	**State**	**Zip**
179 Longwood Avenue	Boston	MA	02115
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
St. Petersburg College		9/82 - 6/85	
Address	**City**	**State**	**Zip**
6605 5th Avenue N	St. Petersburg	FL	33710
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Lakewood High School		9/78 - 6/82	
Address	**City**	**State**	**Zip**
1400 54th Avenue S	St. Petersburg	FL	33705
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/02 - Present	[redacted] Glen Lake Circle N	St. Petersburg	FL	33702
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
AcariaHealth Pharmacy #26, Inc. f/k/a Exactus Pharmacy Solutions, Inc.			01/14 - Present
Business Address	**City**	**State**	**Zip**
8715 Henderson Road	Tampa	FL	33634
Phone	**Title**	**Number of Employed Hours**	
866-458-9246	Sr. Manager Pharmacy Operations	16,293	
Description of Duties			
Oversee all departments to ensure continuous work flow and prescriptions are dispensed timely and correctly			

Business Name			From - To (MM/YY – MM/YY)
CVS/Caremark (Formerly Eckerd Drugs)			01/09/-01/14
Business Address	**City**	**State**	**Zip**
15800 SW 25 Street	Miramar	FL	33027
Phone	**Title**	**Number of Employed Hours**	
Permanently Closed	Pharmacy Manager	11,638	
Description of Duties			
Managed all CVS Mail Service work at home pharmacists in the state of Florida			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Applicant's initials _____

n/a

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Valerie G

Original Signature (electronic, copies or stamps not accepted)

11/4/21

Date

Applicant's initials VG

I, Valerie Mugavero, **certify that as the designated representative for**

AcariaHealth Pharmacy #26, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Valerie Mugavero

Print Name (First, Last)

Valerie Mugavero

Original Signature (electronic, copies or stamps not accepted)

11/4/21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Valerie Mugavero

Print Name (First, Last)

Valerie Mugavero 11/4/21

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Hillsborough

I, Valerie Mugavero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Valerie Mugavero 11/4/21

Original Signature **Date**

Subscribed and Sworn to before me this 4th day of November, 2021.

Noelle C. Berard

Notary Public Signature

NOELLE C. BERARD
Notary Public - State of Florida
Commission # HH 099333
My Comm. Expires Jun 25, 2025
Bonded through National Notary Assn.

(Seal)

Applicant's initials VM

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EXACTUS PHARMACY SOLUTIONS, INC.", CHANGING ITS NAME FROM "EXACTUS PHARMACY SOLUTIONS, INC." TO "ACARIAHEALTH PHARMACY #26, INC.", FILED IN THIS OFFICE ON THE SEVENTH DAY OF JULY, A.D. 2021, AT 9:39 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SIXTEENTH DAY OF JULY, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

4290519 8100
SR# 20212649447

Authentication: 203629489
Date: 07-08-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:39 PM 07/07/2021
FILED 09:39 PM 07/07/2021
SR 20212649447 - File Number 4290519

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF INCORPORATION
OF
EXACTUS PHARMACY SOLUTIONS , INC.

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

FIRST: That the Board of Directors of said corporation, by the unanimous written consent of its members, filed with the minutes of the Board, a resolution proposing and declaring advisable the following amendment to the Certificate of Incorporation of said corporation:

> **RESOLVED**, that the Certificate of Incorporation of this corporation be amended by changing Article thereof numbered "First" so that, as amended, said Article shall be and read as follows:
>
> The name of the corporation is: AcariaHealth Pharmacy #26, Inc."

SECOND: That in lieu of a meeting and vote of stockholders, the stockholders have given unanimous written consent to said amendment in accordance with the provisions of Section 228 of the General Corporation Law of the State of Delaware.

THIRD: That the aforesaid amendment was duly adopted in accordance with the applicable provisions of Sections 242 and 228 of the General Corporation Law of the State of Delaware.

FOURTH: That this Certificate of Amendment of the Certificate of Incorporation shall be effective on July 16, 2021.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed by Tricia Dinkelman, its Vice President, Tax this 13th day of April, 2021.

Exactus Pharmacy Solutions, Inc.

By:/s/Tricia Dinkelman
Tricia Dinkelman, Vice President, Tax

ASSIGNMENT/TRANSFER OF STOCK CERTIFICATE

This assignment ("Assignment") is made by and between WellCare Pharmacy Benefits Management, Inc., a Delaware corporation, (hereinafter known as "Assignor") and AcariaHealth, Inc., a Delaware corporation, (hereinafter known as "Assignee").

WHEREAS, the Assignor, (a corporation/individual), hereby assigns, transfers and conveys all of Assignor's right, title and interest in and to all of Assignor's interest in Exactus Pharmacy Solutions, Inc., a Delaware corporation, (hereinafter known as the "Company") to Assignee, (an individual/corporation) effective as of July 16, 2021. Such interest amounts to the following percentage of ownership, one hundred (100) percent, being all the issued and outstanding shares of common stock (one thousand (1,000) shares), along with voting rights in the Company, and this Assignment shall leave Assignor with no interest in the Company. The action to which the Assignee does hereby accept this Assignment,

WHEREAS, the Assignment is effective as of and is made for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged.

WHEREAS, the Assignor hereby represents and warrants and that Assignor has good title to the interest conveyed herein and that Assignor has no limitations on making such assignment, such as any security interest, lien, or encumbrance.

WHEREAS, the Assignor further represents and warrants that it will take any steps to perfect Assignee's receipt of the interest in the Company as required.

WHEREAS, this Assignment shall be valid and binding upon all of Assignor and Assignees successors, transferees, heirs, and assigns.

IN WITNESS WHEREOF, Assignor and Assignee have caused this Assignment to be executed on the 10th day of March, 2021.

AcariaHealth, Inc.:

By: Christopher A. Koster (Mar 10, 2021 11:25 CST)
Name: Christopher A. Koster
Title: Secretary

WellCare Pharmacy Benefits Management, Inc.:

By: Michael Haber (Mar 10, 2021 10:44 EST)
Name: Michael W. Haber
Title: Vice President

CONSENT TO ASSIGNMENT/TRANSFER OF STOCK CERTIFICATE

The shareholder (also referred to herein as the "Assignor") of Exactus Pharmacy Solutions, Inc., a Delaware corporation, hereby consents to the assignment, transfer and conveyance of interest in Exactus Pharmacy Solutions, Inc. made by the attached Assignment/Transfer of Stock Certificate. The shareholder further agrees that AcariaHealth, Inc. (also referred to herein as "Assignee"), is a shareholder of Exactus Pharmacy Solutions, Inc. and Assignor retains no further interest in Exactus Pharmacy Solutions, Inc. effective as of July 16, 2021.

Assignee shall have all the rights and powers of a shareholder henceforth.

This consent is made on the 10th day of March, 2021

Shareholder/Assignor:

WellCare Pharmacy Benefits Management, Inc.:

By Michael Haber (Mar 10, 2021 10:44 EST)
Name: Michael W. Haber
Title: Vice President

NUMBER 1

ORGANIZED UNDER THE LAWS OF THE STATE OF DELAWARE

SHARES - 1,000 -

ACARIAHEALTH PHARMACY #26, INC.

See Reverse for Certain Definitions

This is to certify that ACARIA HEALTH, INC. is the owner of

- ONE THOUSAND - fully paid and non-assessable shares of the above Corporation transferable only on the books of the Corporation by the holder thereof in person or by a duly authorized Attorney upon surrender of this Certificate properly endorsed.

Witness, the seal of the Corporation and the signatures of its duly authorized officers.

Dated JULY 16, 2021

STEPHEN JENSEN, PRESIDENT

JUSTIN STUBSTAD, SECRETARY

CORPKIT NEW YORK

1419

The following abbreviations, when used in the inscription on the face of this certificate, shall be construed as though they were written out in full according to applicable laws or regulations:

TEN COM	— as tenants in common	UNIF GIFT MIN ACT — _____ Custodian _____ (Cust) (Minor) under Uniform Gifts to Minors Act _____ (State)
TEN ENT	— as tenants by the entireties	
JT TEN	— as joint tenants with right of survivorship and not as tenants in common	

Additional abbreviations may also be used though not in the above list.

For value received ____ *hereby sell, assign and transfer unto*

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

_____

_____

(PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS INCLUDING POSTAL ZIP CODE OF ASSIGNEE)

_____

_____

_____ *Shares*

represented by the within Certificate, and do hereby irrevocably constitute and appoint

_____ *Attorney*

to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.

Dated _____

In presence of

_____

_____

THE NAME AS WRITTEN UPON THE FACE OF THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR WITHOUT ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATEVER.

1421

	NAME OF STOCKHOLDER	PLACE OF RESIDENCE	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original Issue Enter As Such)	AMOUNT PAID THEREON	DATE OF TRANSFER OF SHARES	TO WHOM SHARES ARE TRANSFERRED	CERTIFICATES SURRENDERED	
				CERTIF NOS.	NO. SHARES					CERTIF. NOS.	NO. SHARES
A	AcariaHealth, Inc.	8427 South Park Circle #400, Orlando, FL 32819	7/16/2021	1	1,000	Original Issue					
B											
C											
D											
E											

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

August 3, 2021

AcariaHealth Pharmacy #26, Inc.
Noelle Berard
8715 Henderson Road
Tampa, FL 33634

RE: License Certification for Acariahealth Pharmacy #26, Inc.

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH22669
ORIGINAL CERTIFICATION:	04/23/2007
EXPIRATION DATE:	02/28/2023
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Susan Harris

Susan Harris
Operations Analyst I

/sh

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX: (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

C# 10460219

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/13/2021	PH 22669	128635

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2023**
ACARIAHEALTH PHARMACY #26, INC.
EXACTUS PHARMACY SOLUTIONS, INC.
8715 HENDERSON ROAD
TAMPA, FL - 33634

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 10460219

DATE	LICENSE NO.	CONTROL NO.
07/13/2021	PH 22669	128635

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date : FEBRUARY 28, 2023
ACARIAHEALTH PHARMACY #26, INC.
EXACTUS PHARMACY SOLUTIONS, INC.
QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 22669. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW0246846	06-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-09-2019

ACARIAHEALTH PHARMACY #26, INC
8715 HENDERSON RD
TAMPA, FL 33634

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW0246846	06-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-09-2019

ACARIAHEALTH PHARMACY #26, INC
8715 HENDERSON RD
TAMPA, FL 33634

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

www.FloridaHealth.gov

File # 15194
Insp # 179881

NAME	PERMIT NUMBER	DATE OF INSPECTION
AcariaHealth Pharmacy #26, Inc.	22669	07/29/2021
DOING BUSINESS AS		
ACARIAHEALTH PHARMACY #26, INC.		
STREET ADDRESS	**TELEPHONE #**	**EXT**
8715 Henderson Road	866-458-9246	
CITY	**COUNTY**	**STATE/ZIP**
TAMPA	HILLSBOROUGH	FL/33634

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours
Monday Y	Monday Hours 8AM-7PM
Tuesday Y	Tuesday Hours 8AM-7PM
Wednesday Y	Wednesday Hours 8AM-7PM
Thursday Y	Thursday Hours 8AM-7PM
Friday Y	Friday Hours 8AM-6PM
Saturday N	Saturday Hours
Sunday N	Sunday Hours

Registered Pharmacist / Intern / Tech

License # 40584	Licensee Name Anna-Benessa Belen Silva
License Type Registered Pharmacists	
License # 50046	Licensee Name Phuong Dihn-Vu
License Type Registered Pharmacists	
License # 50534	Licensee Name Lee Ho
License Type Registered Pharmacists	
License # 33539	Licensee Name Samuel Medure
License Type Registered Pharmacists	
License # 42657	Licensee Name Susan Mui
License Type Registered Pharmacists	
License # 24218	Licensee Name Valerie Williams Mugavero
License Type Registered Pharmacists	
License # 3521	Licensee Name Faith Burgwin
License Type Pharmacy Tech	
License # 23875	Licensee Name Lorena Daplin
License Type Pharmacy Tech	
License # 49183	Licensee Name Amber Everett
License Type Pharmacy Tech	
License # 44006	Licensee Name Kayla Morton
License Type Pharmacy Tech	
License # 63505	Licensee Name MariaElena Ortega
License Type Pharmacy Tech	
License # 13700	Licensee Name Yolamis Riera
License Type Pharmacy Tech	
License # 11174	Licensee Name Giselle Taveras
License Type Pharmacy Tech	
License # 35969	Licensee Name Tess Mai Vuong

INV359 - Community Requirements

Insp # 179881 — AcariaHealth Pharmacy #26, Inc. — File # 15194

License Type Pharmacy Tech	
License # 18946	Licensee Name Kathleen Yetto
License Type Pharmacy Tech	
License # 54589	Licensee Name Madhuri Patel
License Type Registered Pharmacists	
License # 43325	Licensee Name Purvi Patel
License Type Registered Pharmacists	
License # 3508	Licensee Name Beatriz Lanes
License Type Pharmacy Tech	
License # 34026	Licensee Name Barbara Green
License Type Pharmacy Tech	
License # 70044	Licensee Name Leila Jahanshahlou
License Type Pharmacy Tech	
License # 52428	Licensee Name Joshua Gillispie
License Type Pharmacy Tech	
License # 55437	Licensee Name James Wobensmith
License Type Pharmacy Tech	
License # 40721	Licensee Name Hillary Ramoutar
License Type Pharmacy Tech	
License # 63088	Licensee Name Elizabeth Damato
License Type Pharmacy Tech	
License # 26081	Licensee Name Daniel Cousins
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FW0246846	

License Relations

Pharmacy Affiliate

ASHER, ANDREW L	License #
DINKELMAN, TRICIA	License #
JENSEN, STEPHEN D	License #

RX DPT MGR/COR/POR

MEDURE, SAMUEL A	License # 33539

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	Yes

INV359 - Community Requirements

Insp # 179881 AcariaHealth Pharmacy #26, Inc. File # 15194

Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.] *No CS*	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.] *Techs working from home, acknowledgements are digital*	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *5/1/21 Opening No CS*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *AmerisourceBergen*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy. *Has a written contract with PBM for filling*	Yes
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	Yes
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	Yes

INV359 - Community Requirements

Insp # 179881 | AcariaHealth Pharmacy #26, Inc. | File # 15194

The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	Yes
If a controlled substance, the word "central fill" appears on the face of the original prescription.	N/A
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

No CS at time of inspection

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

GORDON, TAKARA

Date:7/29/2021

Representative:

Sam Medure

Date:7/29/2021

ACARIAHEALTH PHARMACY #26, INC.

f/k/a EXACTUS PHARMACY SOLUTIONS, INC.,
f/k/a WELLCARE SPECIALTY PHARMACY, INC.

DISCIPLINARY ACTIONS AGAINST PHARMACY LICENSURE

CALIFORNIA (Non Resident Pharmacy Permit #NRP 851)

AcariaHealth Pharmacy #26, Inc. f/k/a Exactus Pharmacy Solutions, Inc. ("Exactus") received two citations dated May 3, 2012, from the California Board of Pharmacy including allegations of violation of California pharmacy laws and a fine of $500 for each citation.

The citations were: (1) a violation of the Business and Professions Code Section Section 4076 (a) that a pharmacist shall not dispense any prescription except in a container that meets all the requirements and is correctly labeled. Specifically, the pharmacy received seven prescriptions written by Dr. Claire Bolotaulo and abeled under Dr. Manikanda Raja's name instead of Dr. Bolotaulo's name which is a violation of pharmacy law; and
(2) a violation of California Code or Regulations Section 1761 (a) stating a pharmacist shall review a patient's drug therapy and medication record before each prescription drug is delivered. Specifically, the patient informed the pharmacy that benazepril 40mg and been discontinued, which was documented in the chart. However, a faxed prescription was received the following day by the pharmacy for the discontinued drug and it was dispensed without documentation of review. The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. Payment of the fines described herein does not constituted an admission of the violations charged. Payment in full of the fines assessed is considered satisfactory resolution of the matter. Exactus paid the fines to conclude the matter.

Copy of the citation as well as the letter of satisfactory resolution from the California Board of Pharmacy is attached.

COLORADO (Prescription Drug Outlet Out of State Permit #OSP.0005720)

The Colorado Department of Regulatory Agencies, Division of Registrations took an action against Exactus. The Colorado State Board of Pharmacy (the "Board") found reasonable cause that Exactus failed to submit data to the Colorado Prescription Drug Monitoring Program ("PDMP") in a timely manner for the December 1-10, 2011 reporting period, as required by Board regulations. Exactus filed this report on December 13, 2011, three days late. As a result of its findings, the Board used a Stipulation and Final Agency Order, a copy of which is attached for reference, with a total fine amount of $5,500.00 and agreement to comply with the PDMP reporting requirements going forward. Exactus signed the Stipulation and Final Agency Order and paid the fine in order to conclude the matter. Exactus has implemented a robust monitoring system.

HAWAII (Miscellaneous Permit #PMP-531)

The Board of Pharmacy, Department of Commerce and Consumer Affairs, State of Hawaii took an action against Exactus in November 2015. As described above In late 2011 and 2012, Exactus was fined by the Boards of Pharmacy for Colorado and California for code violations which resulted in total fines of $6,500.00. The Hawaii Board of Pharmacy fined the Pharmacy $1,500.00 for failing to report these violations within 30 days as required under Hawaii Revised Statutes (HRS) Section 436B-19(13). On December 8, 2015, Exactus signed a Settlement Agreement and paid a fine of $1,500.00 in order to settle the matter. The Hawaii Board of Pharmacy approved the Settlement Agreement at its meeting on January 21, 2016.

Copy of the settlement agreement and acceptance letter from the Hawaii Board of Pharmacy is attached.

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

June 11, 2012

WELLCARE SPECIALTY PHARMACY, INC
ATTN: ALEXANDER CUNNINGHAM, CEO
6015 BENJAMIN RE STE 302
TAMPLA, FL 33634

RE: CI 2011 49180
WELLCARE SPECIALTY PHARMACY INC
NRP 851

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Associate Enforcement Analyst, Christina Metzen at (916) 574-7924.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2011 49180	WELLCARE SPECIALTY PHARMACY INC, NRP 851

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1716/Bus. & Prof. Code § 4076 subd. (a)(4)	Variation from prescription/Prescription container requirements for labeling - Name of the prescriber	$500.00
CCR, Title 16, § 1761 subd. (a)/CCR, Title 16, § 1707.3	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission.../Duty to review drug therapy	$500.00

CONDUCT:

WellCare Specialty pharmacy was not in compliance with the California Code of Regulations 1716 which states a pharmacist shall not deviate from the requirements of a prescription except upon prior consent of the prescriber as it relates to the Business and Professions Code section 4076(a)(4) which stated a pharmacist shall not dispense any prescription except in a container that meets all the requirements and is correctly labeled with all the following: the name of the prescriber. Specifically, on 5/26/11 at WellCare Specialty Pharmacy, Inc. located at 6015 Benjamin Road, Suite 302 in Tampa Bay, Florida, the pharmacy received seven prescriptions for C.B. written on 5/26/11 by Dr. Bolotaulo and filled under RX 7058289, RX 7058292, RX 7058293, RX 7058294, RX 7058297, RX 7058298, and RX 7058299 were labeled incorrectly under Dr. Raja's name instead of Dr. Bolotaulo. This is a violation of pharmacy law.

WellCare Specialty Pharmacy Inc. was not in compliance with the California Code of Regulations 1761(a) which states no pharmacist shall dispense any prescription which contains any significant uncertainty and upon receipt of any such a prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription as it relates to the California Code of Regulation 1707.3 which states the pharmacist shall review a patient's drug therapy and medication record before each prescription drug is delivered. Specifically, on 5/11/11 at WellCare Specialty Pharmacy, Inc. located at 6015 Benjamin Road, Suite 302 in Tampa Bay, Florida, patient C.B. informed WSP which was documented in her chart that her benazepril 40mg prescription had been discontinued yet a faxed prescription dated 5/26/11 was received by the pharmacy for the discontinued drug benazepril and dispensed on 5/27/11without documentation that the prescriber was contacted to clarify this uncertain prescription. This is a violation of pharmacy law.

CITATION ISSUED ON: May 03, 2012	TOTAL AMOUNT OF FINE(S): $1,000.00
PAYMENT OF FINE(S) DUE BY: June 02, 2012	

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2012-002097

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WELLCARE SPECIALTY PHARMACY, INC., REGISTRATION NO. OSP 5720,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and WellCare Specialty Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2012-002097 as follows:

1. On October 29, 2007, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5720 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2010), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 6010 Benjamin Road, Suite 302, Tampa, Florida 33634.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On December 27, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period of December 16 through December 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period of December 1 through December 10, 2011, and did not submit a "zero" report indicating no dispensing transactions for said reporting period as required by Board rule.

13 DEC 24 P

EXHIBIT "2"

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(o) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. Acknowledgments. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmaceuticals and Pharmacists Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceutical and pharmacists in the State of Colorado.

13. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon signature of a Board member or representative.

13 DEC 24 P 4:10

ACCEPTED AND AGREED BY

Authorized Agent of Respondant Pharmacy

Dated: February 15, 2012

Subscribed and sworn to before me in the County of Hillsborough, State of Florida, this 15th day of February, 2012 by Michael T. LaBranque, in his/her capacity as an authorized agent of WellCare Specialty Pharmacy, Inc.

My commission expires: August 10, 2012

Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Kumarie Jagnirain
Commission # DD913068
Expires: AUG. 10, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 28th DAY OF February, 2012.

State Board of Pharmacy

BY:
Wendy Anderson
Program Director

'13 DEC 24 P4:16

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LIEUTENANT GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

CELIA C. SUZUKI
LICENSING ADMINISTRATOR

STATE OF HAWAII
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801
http://cca.hawaii.gov/pvl

January 22, 2016

Exactus Pharmacy Solutions Inc.
c/o Blair Todt, SVP & Secretary
8735 Henderson Road
Tampa, Florida 33634

Daria A. Loy-Goto, Staff Attorney
John T. Hassler, Staff Attorney
Regulated Industries Complaints Office
Department of Commerce & Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813

Re: In the Matter of the Miscellaneous Permit of
Exactus Pharmacy Solutions Inc.; PHA 2015-11-L

Dear Mr. Todt, Ms. Loy-Goto and Mr. Hassler:

The Board of Pharmacy, at its meeting on January 21, 2016, approved the above-referenced Settlement Agreement.

Very truly yours,

Lei S. Fukumura

LEI S. FUKUMURA
Special Deputy Attorney General

LSF:jaf

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2015 DEC 15 A 9:53
DEPT OF COMMERCE & CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2015 JAN 21 P 2:00
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of EXACTUS PHARMACY SOLUTIONS INC., Respondent.	)	PHA 2015-11-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" AND "2"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent EXACTUS PHARMACY SOLUTIONS INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under license number PMP 531. The

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

license was issued on or about September 4, 2007. The license will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is c/o 8735 Henderson Road, Tampa, Florida 33634.

3. RICO received a request for investigation from the Board of Pharmacy after Respondent reported disciplinary action taken by the States of Colorado and California on a December 17, 2013 renewal application submitted in Hawaii.

4. Respondent attached a copy of a May 3, 2012 Citation and Fine issued by the California Board of Pharmacy (hereinafter "the California Order") (Exhibit "1").

5. The California Order was based on allegations Respondent's pharmacist deviated from the requirements of a prescription. The Colorado Order imposed a $500.00 fine.

6. Respondent also attached a copy of a February 28, 2012 Stipulation and Final Agency Order issued by the Colorado State Board of Pharmacy (hereinafter "the Colorado Order") (Exhibit "2").

7. The Colorado Order was based on Respondent's failure to submit required data to the Colorado prescription drug monitoring program and assessed a $5,000.00 fine.

8. RICO alleges that disciplinary action was taken against Respondent by the States of California and Colorado and that Respondent failed to timely report the action.

9. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report).

10. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the May 3, 2012 Citation and Fine issued by the California Board of Pharmacy.

6. Respondent represents Exhibit "2" is a true and correct copy of the February 28, 2012 Stipulation and Final Agency Order issued by the Colorado State Board of Pharmacy.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2015-11-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE HUDNRED AND NO/100 DOLLARS ($1,500.00). Payment shall be made by Company check ~~cashier's check or money order~~ **made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of

notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

//

//

//

//

//

//

//

//

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: 12 - 8 - 2015.

EXACTUS PHARMACY SOLUTIONS INC.
Respondent

By: _____
Its SVP & Secretary

DATED: Honolulu, Hawaii, December 14, 2015.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF EXACTUS PHARMACY SOLUTIONS INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-11-L; EXHIBITS "1" AND "2"

STATE OF Florida)
) SS.
COUNTY OF Hillsborough)

On this 8th day of Dec, 2015, before me personally appeared Blair Todt, to me known to be the person described, and who executed the foregoing instrument on behalf of Exactus Pharmacy Solutions, Inc. as its SVP & Secretary, and acknowledged that he/she executed the same as his/her free act and deed.

This 15 -page Settlement Agreement document dated Nov. 13, 2015 was acknowledged before me by Blair Todt this 8th day of December, 2015, in the City of Tampa, in the County of Hillsborough, in the State of ~~Hawaii~~. Florida

Name:
Notary Public, State of Florida
My Commission expires: 2/27/2018

Notary Public State of Florida
Milagros Roman
My Commission FF 096638
Expires 02/27/2018

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF EXACTUS PHARMACY SOLUTIONS INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-11-L; EXHIBITS "1" AND "2"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

1/21/16
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

ACARIAHEALTH PHARMACY #26, INC.
8715 HENDERSON ROAD
TAMPA, FL 33634
DELAWARE CORPORATION
FEIN: 20-8420512

OFFICERS AND DIRECTORS LISTING

NAME	TITLE	CONTACT ADDRESS	PERCENTAGE OWNERSHIP
AcariaHealth, Inc.	Direct Corporate Owner	8427 South Park Circle, Suite 400, Orlando FL 32819	100%
Andrew Lynn Asher	Director, Chief Executive Officer	8715 Henderson Road Tampa, FL 33634	0%
Stephen Douglas Jensen	Director, President	8715 Henderson Road Tampa, FL 33634	0%
Merrill John Hausenfluck	Director, Chief Financial Officer	8715 Henderson Road Tampa, FL 33634	0%
Justin Charles Stubstad	Director, Secretary	8715 Henderson Road Tampa, FL 33634	0%
Tricia Lynn Dinkelman	Vice President, Tax	8715 Henderson Road Tampa, FL 33634	0%

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04323	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Allergy Partners, PLLC d/b/a Allergy Partners Therapeutics

Physical Address: 10 Herman Avenue Ext., Suite C

City: Asheville State: NC Zip: 28803

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-768-4092 Toll Free # (NAC 639.708, NRS 639.23286): 888-768-4092

Fax: 844-230-5200 Contact Email: kbshort@allergypartners.com

Website: www.allergypartners.com

Nevada Business License # (if applicable) NV20201713398

Supervising/Managing Pharmacist Name (NRS 639.220): Kelly Bridgers Short

Supervising/Managing Pharmacist NV Pharmacist Registration #: Temporary Pharmacist Registration Applied For

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Nonresident

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ■ Other: Home Infusion

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

On Saturday and Sunday, the pharmacy is closed, but an on-call pharmacist who has access to patient record is available through the toll-free number 24/7.

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Kelly Bridgers Short	NV Pharmacist Registration #: Applied For
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: North Carolina

Parent Company (if any): N/A

Corporation/Organization Name: Allergy Partners, PLLC d/b/a Allergy Partners Therapeutics

Mailing Address: 1978 Hendersonville Road, Suite 130

City: Asheville State: NC Zip: 28803

Telephone: 828-277-1300 Email: kbshort@allergypartners.com

Contact Person Name: David Brown

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Allergy Partners, PLLC d/b/a Allergy Partners / Therapeutics (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

David Brown

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/9/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, David Brown hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Allergy Partners, PLLC d/b/a Allergy Partners /Therapeutics (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 4th day of November, 20 21

Notary Public

JENNIFER J. KILLOUGH
NOTARY PUBLIC
McDowell County
North Carolina
My Commission Expires July 15, 2024

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

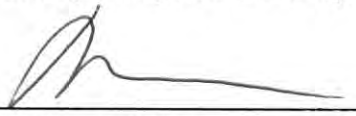
Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.



Original signature of Managing Pharmacist (copies or stamps not accepted)

11/4/2021

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Brown, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

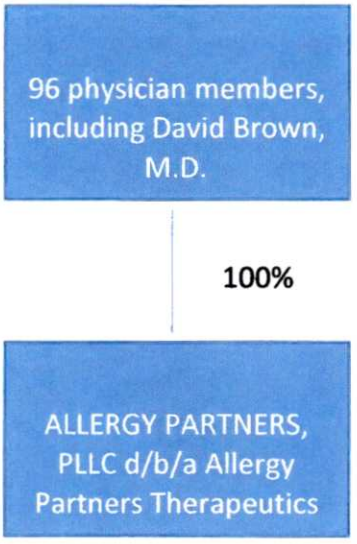
11/4/2021

Date

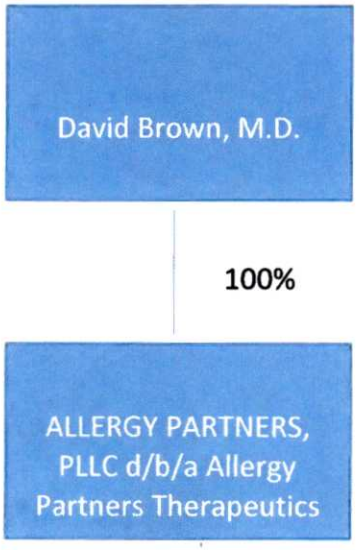
Board Use Only	Date Received: _____	Amount: $500 check 442923

Exhibit A

Before Effective Date:



As of Effective Date:



ALLERGY PARTNERS, PLLC
d/b/a Allergy Partners Therapeutics
10 Herman Avenue Extension, Suite C
Asheville, NC 28803

VIA OVERNIGHT DELIVERY

November 4, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Pharmacy Application for Change of Ownership
Nonresident Pharmacy License PH04323

Dear Sir/ Madam:

We hereby enclose an Application for a Nonresident Pharmacy Application for Change of Ownership with respect to Nonresident Pharmacy License PH04323. We are also enclosing a Temporary Pharmacist Registration Request Application for Kelly B. Short, the supervising/ managing pharmacist. Please note that Allergy Partners, PLLC d/b/a Allergy Partners Therapeutics ("Allergy Partners") has not dispensed any prescriptions into the State of Nevada pursuant to its existing license.

Allergy Partners is currently owned by 96 members. As a result of a transaction, David Brown, one of the current 96 members, will become the sole member and own one hundred percent (100%) of the issued and outstanding membership interests of Allergy Partners. Allergy Partners will continue to operate the pharmacy at the same location under its current name, Allergy Partners Therapeutics. The anticipated effective date of this transaction is December 1, 2021 (the "Effective Date"). An organizational chart showing the ownership of Allergy Partners before the Effective Date and as of the Effective Date is attached as Exhibit A.

Please note that there will not be a change in tax identification number of Allergy Partners, and there will not be a change in the entity that operates the pharmacy or a change in the pharmacy's address, personnel (including but not limited to the supervising/ managing pharmacist), policies and procedures, or operations as a result of this change of ownership.

If you have any questions, please contact Kelly B. Short, the supervising/ managing pharmacist, at 919-720-9432. Thank you for your assistance with this matter.

Sincerely,

David Brown, President

List all Officers and Directors

David A. Brown, M.D.	Director, President, CEO, Secretary
Stephen W. Shield, M.D.	Chairman of the Board
Gervinder K. Deogun, M.D.	Director
Nabeel N. Farooqui, M.D.	Director
Colin D. Freccia, M.D.	Director
Joel M. Hartman, M.D.	Director
Ingrid M. Hoffmann, M.D.	Director
Duane Keitel, M.D.	Director
Theodore T. Kim, M.D.	Director
Charles J. Lane, M.D.	Director
Adrienne M. Tiñana, M.D.	Director
Denise C. Yarborough, J.D.	General Counsel
Larry M. Armor	Chief Operating Officer
Jennifer Killough	Chief Financial Officer
Brad K. Powers	Chief Information Officer
William A. McCann, M.D.	Director, CMO, Vice President
R.G. Johnstone, M.D.	Treasurer

List <u>all stockholders</u> who hold 10% or more of the shares

David Brown, 100% owner

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ALLERGY PARTNERS, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 25th day of September, 1979.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of October, 2021.

Elaine F. Marshall

Secretary of State

Certification# 111365957-1 Reference# 17816493-ACH Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Allergy Partners, PLLC d/b/a Allergy Partners Therapeutics

Physical Address 10 Herman Ave Ext, Suite C

City Asheville State NC Zip 28803

Mailing Address (if different from physical address) ~~list Corporate Office?~~ NO KBS

City _____ State _____ Zip _____

Telephone 888-768-4092 Website www.allergypartners.com

Licensing Company Email _____

Section 2: Personal Information

First Kelly Middle Bridgers Last Short

Alias(es, nicknames, name changes, etc.) Kelly Bridgers Armstrong (Maiden)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Glen Cove Road

City Arden State NC Zip 28704

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials KBS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
New England College	Aug 2020 - Oct 2021		
Address	**City**	**State**	**Zip**
98 Bridge St	Henniker	NH	03242
Diploma/Degree obtained, if any			
MBA, Healthcare Management			

School Name	From - To (MM/YY – MM/YY)		
ECU - East Carolina University	Aug ~~2018~~ 2018 - Aug 2019		
Address	**City**	**State**	**Zip**
E 5th St	Greenville	NC	27858
Diploma/Degree obtained, if any			
—			

School Name	From - To (MM/YY – MM/YY)		
University of North Carolina at Chapel Hill	- 5/1999		
Address	**City**	**State**	**Zip**
301 Pharmacy Lane	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			
Doctorate of Pharmacy, PharmD.			

School Name	From - To (MM/YY – MM/YY)		
University of North Carolina at Chapel Hill	8/1988 - 5/1993		
Address	**City**	**State**	**Zip**
301 Pharmacy Lane	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			
Bachelors of Science, Pharmacy			

School Name	From - To (MM/YY – MM/YY)		
Plymouth High School	Aug/1984 - June/1988		
Address	**City**	**State**	**Zip**
800 East Main Street	Plymouth	NC	27962
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - Present	[redacted] Glen Cove Rd	Arden	NC	28704
6/2008 / 07/20	1910 Stoneytrace Ct	Raleigh	NC	27614

Applicant's initials KPM

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Allergy Partners Therapeutics			From - To (MM/YY – MM/YY): 8/2020 - present	
Business Address: 10 Herman Avenue Ext, Suite C	City: Asheville		State: NC	Zip: 28803
Phone: 888-768-4092	Title: Pharmacy Manager		Number of Employed Hours: 2600	
Description of Duties: Oversight of day to day pharmacy operations, prepare + dispense prescription medications, HR responsibilities - oversight technical support				
Business Name: Diplomat Specialty Infusion Group			From - To (MM/YY – MM/YY): 09/2019 - 12/2019	
Business Address: 140 Northway Court	City: Raleigh		State: NC	Zip: 27615
Phone: 919-847-9001	Title: Staff Pharmacist - Contract short term		Number of Employed Hours: 520	
Description of Duties: Prepared + dispensed specialty pharmacy medications				
Business Name: UNC REX Hospital			From - To (MM/YY – MM/YY): 01/2011 - 09/2019	
Business Address: 4420 Lake Boone Trail	City: Raleigh		State: NC	Zip: 27607
Phone: 919-784-3100	Title: Clinical Coordinator		Number of Employed Hours: 17960	
Description of Duties: Clinical Pharmacist specializing in Surgery + Neurology hospital, decentralized practice Policy Development. HR oversight Pharmacist team				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials KMS

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials KMH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✓	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1&3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/6/1997	11/17/97	NC	Wrightsville Beach	New Hanover County
Case #	**Governing, licensing, Arresting, Presiding Body/Agency/Court**			
97CR26985	Clerk of Superior Court Wilmington - NH Cty			
Reason/Charge				
possession of malt beverage on beach community sidewalk				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Martinez A - Wrightsville Bch Police	fine			
Name of Business/Industry/Entity				
self				

Provide explanation below:

see attached - letter/copy of case

Kelley B Short

Original Signature (electronic, copies or stamps not accepted)

11/2/21

Date

Applicant's initials KBS

STATE OF NORTH CAROLINA
GENERAL COURT OF JUSTICE
CLERK OF SUPERIOR COURT

JAN G. KENNEDY
EX OFFICIO JUDGE OF PROBATE

NEW HANOVER COUNTY
WILMINGTON

Marion Warren, DIRECTOR
Phyllis M. Gorham,
SENIOR RESIDENT JUDGE

RE: Armstrong, Kelly **FILE #:** 97CR26985

DOB: 9/7/1970 **OFFENSE DATE:** 9/6/1997

I, Shauna Nixon, ASST/DEP CLERK OF SUPERIOR COURT for NEW HANOVER COUNTY, NORTH CAROLINA do hereby certify that the case above has been destroyed or purged from our system, in record retention and disposition schedule of Archives and History, Department of Cultural Resources and endorsed by the Administrative Office of the Court.

WITNESS MY HAND AND SEAL THIS 11 DAY OF December, 2020.

Shauna Nixon

Asst/Dep Clerk of Superior Court

640 NEW HANOVER ICA INQUIRY 01 97CR 026985 FILM:
DISPOSED R S DOB/AGE CR FILING DATE: 103097
CITATION W F [redacted] DL#: [redacted] NC
ARMSTRONG,KELLY,BRIDGERS CIT#: C7810276 TRIAL DATE: 112597
[redacted]E GREENSBORO ST APT [redacted] CSLR: CSLRC: AM
WRIGHTSVILLE BE NC 28480 DEF ATTY: WAIVED TYP: W VRA:
CHG/ARRN OFFN: M POSS/CONS BEER/WINE PUBLIC ST LOCAL ORDINANC
COMPLAINANT: MARTINEZ,A CPD ISSUED: 090697 SERVED: 090697
OFFN DATE: 090697 ARRN DATE: MOTIONS DATE: DISP DATE: 111797
CONT. D: S: C: NR: INT?: FRM: RSONCO: GANG REL: DV CV: N

PLEA	VER	MOD	FINE	COSTS	WCC	REST	JUDGE	PAID	TO-BE-PAID
GU	GU	WM	$ 00010.00	$ 80.00		$		YES	

CONV OFFN: M POSS/CONS BEER/WINE PUBLIC ST LOCAL ORDINANC CAB:
SENT LEN: - SENT TYPE: CONS F/JGMT:
PROB: WITHDRAWN: APPEALED TO SUPERIOR:
AREA CD: ACCD: HWY: V LIC: TRANS TO SUPERIOR:
CDL: N CMV: N HAZ: N TRP/DIST: V ST: V TYP: APPELLATE:

ARREST DATE: CHECK DIGIT: SID: LID:
NEXT#: PF2 - NAME INQUIRY ADDTL CHARGES:

A TRUE COPY
CLERK OF SUPERIOR COURT
NEW HANOVER COUNTY
BY: *Shauna L. Nixon*
Deputy Clerk of Superior Court

I, Kelly Short, **certify that as the designated representative for** Allergy Partners PLLC DBA Allergy Partners Therapeutics **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kelly Short
Print Name (First, Last)

Kelley B Short
Original Signature (electronic, copies or stamps not accepted)

11/2/21
Date

Applicant's initials KBS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kelly Short
Print Name (First, Last)

Kelly B Short
Original Signature (electronic, copies or stamps not accepted)

11/4/21
Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Buncombe

I, Kelly Short, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kelly B Short
Original Signature

11/4/21
Date

Subscribed and Sworn to before me this 4th day of November 2021

Brent A Jennings
Notary Public Signature

BRENT A JENNINGS
NOTARY PUBLIC
Buncombe County
North Carolina
My Commission Expires Nov. 25, 2023

(Seal)

Applicant's initials KBS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Allergy Partners, PLLC d/b/a Allergy Partners Therapeutics

Physical Address: 10 Herman Avenue Ext. Suite C

City: Asheville State: NC Zip: 28803

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-768-4092 Website: www.allergypartners.com

Licensing Company Email: dbrown@allergypartners.com

Section 2: Personal Information

First: David Middle: Allen Last: Brown

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]Busbee Road

City: Asheville State: NC Zip: 28803

Telephone: [redacted] Email: dbrown@allergypartners.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Clarke Central High School		09/1972-05/1974	
Address	City	State	Zip
Milledge Road	Athens	GA	30601
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina		08/1974-05/1976	
Address	City	State	Zip
Cameron Avenue	Chapel Hill	NC	27514
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of Georgia		08/1976-05/1978	
Address	City	State	Zip
220 S. Jackson Street	Athens	GA	30602
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Medical College of Georgia		08/1978-05/1982	
Address	City	State	Zip
Laney Walker Blvd.	Augusta	GA	30904
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/1992-Present	[redacted] Busbee Road	Asheville	NC	28803
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Allergy Partners, PLLC			08/1987-Present	
Business Address		**City**	**State**	**Zip**
1978 Hendersonville Road, Suite 130A		Asheville	NC	28803
Phone	**Title**			
828-277-1300	President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/4/2021
Date

Applicant's initials _____

Allergy Partners, PLLC d/b/a Allergy Partners Therapeutics ("AP") is a physician practice that specializes in allergy, asthma, and immunology. It was originally incorporated in 1979. It has more than 100 locations in 17 states. In June 2020, AP first obtained a pharmacy permit from the State of North Carolina and is now licensed in 16 states, including the State of Nevada. (Note that AP has not dispensed any prescriptions into the State of Nevada).

AP has not been involved in any lawsuits, arbitrations, administrative proceedings or other actions related to its pharmacy operations, the practice of pharmacy, prescription drugs and/or controlled substances. AP has not been the subject of any administrative proceeding by a state pharmacy board or a state medical board. As would be anticipated for a business of its size, AP has been involved from time to time in lawsuits and arbitrations related to its physician practice operations, including commercial disputes, employment matters, and actions alleging professional malpractice unrelated to the pharmacy. AP has not filed for bankruptcy at any time.

Dr. Brown joined the practice in 1987 and currently serves as its president. (Note that Dr. Brown does not have a Nevada medical license.) He has not been involved individually in any lawsuits, arbitrations, administrative proceedings or other actions related to pharmacy operations, the practice of pharmacy, prescription drugs and/or controlled substances. Dr. Brown has not been the subject of any administrative proceeding by a state pharmacy board or a state medical board nor has he filed for bankruptcy. From time to time, in his capacity as president of AP, he has been named as a plaintiff or defendant in lawsuits and arbitrations involving AP's physician practice operations.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David A Brown, MD

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/4/2021

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Buncombe

I, David A. Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/4/2021

Date

Subscribed and Sworn to before me this 4 day of November 2021

Notary Public Signature

JENNIFER J. KILLOUGH
NOTARY PUBLIC
McDowell County
North Carolina
My Commission Expires July 15, 2024

(Seal)

Applicant's initials _____

North Carolina Board of Pharmacy

Enforcement
5.0.22.2

Inspection Details

Name	Allergy Partners Therapeutics	**Case #**	N/A	**Permit**	14424
		Person Providing Info	Kelly Bridgers Short #12086	**Inspection Date**	10/15/2020
Address	10 Herman Avenue Extension Asheville, NC 28803	**Person In Charge**	Kelly Bridgers Short #12086	**Inspection User**	Bissell, Megan
		Rx Volume/Date	1/month	**Inspection District**	DISTRICT2
# RPhs	1	**Hours**	M-F 8:30a-5p		
# Techs	1	**Office**	No		
Follow-Up CAP	Yes	**Commercial Use**	No		
CAP Requested	No	**Ship to Other States**	No		
CAP Documentation Received	No	**States Shipped To**			
Non-Sterile Compounding Levels					
Sterile Compounding Levels					

Comments

Pharmacy Notes: The pharmacy opened on August 3, 2020, and inspections were completed on October 5, 2020 and October 15, 2020. The pharmacy did not dispense controlled substances and was in the process of acquiring a DEA permit. The pharmacy had one (1) patient at the time of the inspections, who was dispensed two (2) doses of medication.

The pharmacy was owned by Allergy Partners in a joint venture with Diplomat Specialty Pharmacy (Optum Infusion). RPh. Short stated that Allergy Partners, a physician-owned group of medical offices, owned the pharmacy space. Diplomat Specialty Pharmacy provided the contract employees of the pharmacy and other support. Specifically, Diplomat Specialty Pharmacy provided HR and quality assurance support, such as reviewing adverse events and assisting with quarterly cold chain monitoring. Diplomat Specialty Pharmacy also provided nurses for patients who infused at home. Allergy Partners provided a team to complete an intake and benefits investigation. This team worked in a corporate office adjacent to the pharmacy.

This inspection was a follow-up to the previous inspection on October 5, 2020. After consulting with Jeremy Evans from the Department of Agriculture, it was determined that the pharmacy was not participating in a distribution or wholesale process with Allergy Partners. No violations were noted.

General

	Answer	Question
1)		90-85.23- PM license, permit and current renewal shall be posted. Licenses and renewals of each RPh. are readily available for inspection.
2)		90-85.25 (b)- PM shall report within 10 days any disaster, accidant, theft.
3)		.1410 (a) - Pharmacy must be directed by a legally qualified pharmacist referred to as Pharmacy Manager (PM).
4)		(b) - Sufficient number of pharmacists and supportive personnel to operate pharmacy competently.
5)		(c) - PM must develop and implement written policies and procedures to specify the duties to be performed by pharmacists.
6)		(d) - Qualified, trained, adequately supervised supportive personnel to provide technical services. Supervising pharmacist must be fully aware of and responsible for all activities involved in the preparation and dispensing of medication.
7)		.1411 (a) - The PM shall establish written procedures for the safe and effective distribution of pharmaceutical products. Procedures periodically reviewed. Copy should be readily available in pharmacy.
8)		(b)(3) - PM is responsible for participation in development and maintenance of a drug formulary when required by the health care facility.
9)		(b)(6) - drugs disp. only by RPh. or others allowed by law & supportive personnel are directed & supervised.
10)		(b)(7) - Policy & Procedure that d/c drugs, outdated drugs, recalled drugs, containers w/ worn, illegible or missing labels are rtnd. to pharmacy for disposition.
11)		(b)(8) - PM must maintain records and reports to ensure patient health, safety & welfare.

General

	Answer	Question
12)	Not Applicable	.1411 (b)(9) - Reports of controlled substance discrepancies including report of action, steps taken to prevent recurrence, recurring losses or mishandling of significant quantities must be reported to the DEA.
13)	Not Applicable	(b)(10) - aux med inventories are inspected.
14)	Not Applicable	(b)(12) - Maintain policy and procedure regarding drug samples and patient's personal medications.
15)		.1412 - Sufficient floor space to ensure that drugs are prepared in sanitary, well lighted, and enclosed places.
16)		(1-2) - Compounding and dispensing areas; physically separate parenteral solution additive area when parenteral solutions are compounded.
17)		(3) - Area for receiving and storage.
18)		(4) - Packaging and repackaging area.
19)		(5) - Office space sufficient to allow for administrative function without interference with the safe compounding and dispensing of medication and security of pharmacy.
20)		(6) - All drugs shall be stored in designated areas within the pharmacy or decentralized pharmacy sufficient to provide sanitation to prevent contamination. Controlled Substances shall be stored in compliance with Federal and State laws and regulations.
21)		(7) - Security: All areas in the pharmacy, including auxiliary drug supplies and unit dose carts, shall remain secure at all times.
22)		.1413 (a)(2) - Authorized personnel allowed in the pharmacy after -hours.
23)		.1414 (a)(1) - Policy and procedure to establish a time frame in which oral medication order shall be put into writing and signed.
24)		(a)(2) - Medication orders must contain: patient name, location, medication name, strength, dosage form, route of and directions for administration, date of order written, and prescriber signature.
25)		(a)(3) - Policy and Procedure established for continuing therapy. Information required for patient profile includes patient's name, location, clinical information (height, weight, sex, age, and allergies), medication, strength, dosage form, route of and directions, medication start date, medication discontinue date, and identification of pharmacist responsible.
26)		(a)(4) - Abbreviations used in medication orders shall be agreed to, jointly adopted, and published by the medical, nursing, pharmacy, and medical records staff of the health care facility.
27)		(a)(5) - Protect health care facility patients from indefinite, open-ended medications orders.
28)		(c)(1)- Drugs are labeled and can be identified up to point of administration.
29)	Not Applicable	(d)(1-7) - Auxiliary Medication Inventories
30)		(j)(1) - PM shall develop system of daily accountability for medication compounding & dispensing that permits the identification of the responsible RPh. & pharmacy technicians. Readily retrievable records shall be maintained for thirty (30) days. The system shall identify all personnel who preform these activities & the RPh responsible for: (A-G) (j)(1)(A) - Interpretation & appropriateness of new med orders. (j)(1)(B) - Profile entry of new med orders. (j)(1)(C) - Disp. of new med orders including stat doses. (j)(1)(D) - Daily cart fills.
31)	Not Applicable	(j)(1)(G) - Preparation & release of drugs for replenishment of aux. med inventories & Auto. Disp. Devices in locations outside the pharmacy.
32)		(j)(2) - Documentation of med errors.
33)		(j)(3) - In case of death of patient retain all documents, physical evidence and internal investigative reports related to event; all items made available to North Carolina Board of Pharmacy upon request.
34)	Not Applicable	(j)(4) - Records of ordering, receiving, and dispensing or transferred of controlled substances.
35)	Not Applicable	(j)(4)(E) - Perpetual inventory shall be maintained on all controlled substances awaiting destruction.
36)		.1414 (j)(6) - Records must be maintained for three (3) years.
37)	Not Applicable	.1415 (b)(1) - Drugs will only be dispensed to registered patients of the emergency department
38)	Not Applicable	(b)(2) - The PM develop and supervise a system of control and accountability of all drugs administered in or dispensed from the Emergency Dept.
39)	Not Applicable	(b)(3) - The pharmacy manager in conjunction with the appropriate committee responsible in the emergency department shall develop an emergency department formulary which may be dispensed to patients receiving care from the emergency department. Medications must be limited to no more than a twentyfour (24) hour

General

	Answer	Question
		supply or the smallest commercially available quantity.
40)	Not Applicable	(b)(4) - Drugs shall be prepackaged in safety closure containers and pre-labeled by the pharmacist. Prior to dispensing, the following information must be on the label of the medication: name, address, telephone number of the health care facility pharmacy, dispensing date, full name of patient, generic or trade name, directions for use, the name of physician prescribing and dispensing, and cautionary information for the safety of the patient.
41)	Not Applicable	.1418(b) - PM shall develop written policies and procedures that: (1) - permit a validating technician to validate only the following functions: (A)- stocking of patient care unit medication inventories; (B)- stocking of ancillary drug cabinet inventories (C)- stocking of automated dispensing or drug supply devices; (D)- stocking of emergency kits (E)- prepackaging of prescription drugs within the Hospital pharmacy; (2) - parameters for RPh. supervision of pharmacy technician validation functions; ((3) - facility specific training for technician validation functions; (4) - evaluation and assessment program to ensure functions are performed safely and accurately (5) - recordkeeping system that shall permit the identification of the validating technician. Records are readily retrievable and kept for 3 years.
42)	[illegible]	.1601(a)(3) - Obtaining and maintaining equipment in the pharmacy adequate to meet the pharmaceutical needs of patients. Pharmacy reference library should include medical dictionary, drug interaction reference books, If IV services are provided a reference book on Parenteral Incompatibilities.
43)	[illegible]	(a)(4) - Pharmacy is equipped with sanitary appliances including lavatory with hot and cold running water, well lighted, kept in a clean, and sanitary condition.
44)	[illegible]	(e) - Pharmacy permit is countersigned by rph-mgr. as represented in the application
45)	[illegible]	.2502 (b) - Present in the pharmacy for half the hours open or thirty- two (32) hours a week, whichever is less. Temporary pharmacist in charge should not exceed ninety (90) days, must be present twenty (20) hours a week in the pharmacy.
46)	Not Applicable	(d) - Develop and implement system of inventory record keeping and control to enable detection of shortage or discrepancies of controlled substance medication at earliest time.
47)	[illegible]	(e) - Maintain authority and control over all keys to pharmacy and responsible for security of pharmacy. Pharmacy secured to prohibit entry if no pharmacist in pharmacy for ninety (90) minutes or more.
48)	[illegible]	(j) - Prepare disaster plan.
49)	[illegible]	(k) - Separate drug products more than six (6) months out of date.
50)	[illegible]	(l) - Reporting death of a patient or customer to North Carolina Board of Pharmacy within fourteen (14) days of becoming aware of incident.
51)	Not Applicable	CFR 1301.75 (b) - controlled substances listed in II, III, IV, and V shall be stored in a substantially constructed cabinet, or disbursed throughout the non-controlled substances.
52)	Not Applicable	CFR 1304.04 (2)(h)(1) - inventories and records of Sch. I & II substances maintained separate from all other records. (2)(h)(2)- paper prescriptions for Sch. II substances maintained in separate file.
53)	Not Applicable	CFR 1304.11 (a) - complete/accurate inventory of all cs meds and maintained at the registered location. (c) - Biennial inventory.
54)	Not Applicable	CFR 1305.05 (a) - power of attorney on file at registered location.
55)	Not Applicable	CFR 1305.12 (b) - purchaser shall record 1 item on each numbered line. (c) - name/address of supplier on form. Only 1 supplier on any form. (d)- DEA Form 222 properly signed and dated.
56)	Not Applicable	CFR 1305.13 (e) - purchaser must record the number of commercial or bulk containers furnished on each item and dates on which the containers are received.
57)	Not Applicable	CFR 1305.22 Procedure for filling electronic orders. (g) - purchaser receives shipment, purchaser must create a record of the quantity of each item received and date received. Record must be electronically linked to the original order and archived.
58)	Not Applicable	CFR 1305.27 Preservation of electronic orders. (a) purchaser must, for each order filled, retain the original signed order and all linked records for that order for 2 years. Purchaser must also retain all copies of each unaccepted or defective order and each linked statement. (b) supplier must retain each original order filled and the linked records for 2 years. (c) If electronic order records are maintained on a central server, records must be readily retrievable at the registered location. Note: Federal law requires 2 years NC Law requires 3 years
59)	Not Applicable	CFR 1306.05 (a) - all cs prescriptions shall bear full name and address of the patient along with date, drug, strength, dosage form, quantity, dirs. for use, and name, address and registration number of practitioner. (d) - computer generated prescription that is printed or faxed must be manually signed
60)	Not Applicable	CFR 1306.08 (3)(b) - pharmacy may fill electronically transmitted prescription for a cs med provided the

General

	Answer	Question
		pharmacy complies with all requirements.
61)	Not Applicable	CFR 1306.11 (a) - a Sch. II order signed by the practitioner.
62)	Not Applicable	CFR 1306.14 (a) - prescription vials labeled for Sch. II display pharmacy name and address, rx #, initial fill date, patient name, practitioner name, dirs. for use and any cautionary statements.
63)	Not Applicable	CFR 1306.21 (a) - order for Sch. III, IV, or V that is a facsimile is signed by practitioner.
64)	Not Applicable	CFR 1306.22 (b) - cs refills entered on a medication record or electronic record must be uniformly maintained and readily retrievable.
65)	Not Applicable	CFR 1306.24 (a) - prescription vials labeled for Sch. III, IV, or V display pharmacy name and address, rx #, initial fill date, patient name, practitioner name, dirs. for use and any cautionary statements.
66)	Not Applicable	CFR 1311.10 Eligibility to obtain a CSOS digital certificate. (a) - person who signed the most recent DEA registration application or renewal application and a person authorized to sign a registration application. (b) - person granted power of attorney by a DEA registrant to sign orders for one or more schedules of controlled substances.
67)	Not Applicable	CFR 1311.30 Requirements for storing and using a private key for digitally signing orders. (a) - Only the certificate holder may access or use his or her digital certificate and private key. (b) - The certificate holder must provide FIPSapproved secure storage for the private key, as discussed by FIPS 140-2, 180-2, 186-2, and accompanying change notices and annexes, as incorporated by reference in §1311.08. (c) - A certificate holder must ensure that no one else uses the private key. While the private key is activated, the certificate holder must prevent unauthorized use of that private key.
68)	Not Applicable	CFR 1311.35 Number of CSOS digital certificates needed. A purchaser of Schedule I and II controlled substances must obtain a separate CSOS certificate for each registered location for which the purchaser will order these controlled substances.

NORTH CAROLINA BOARD OF PHARMACY

Facility: Allergy Partners Therapeutics
Address: 10 Herman Avenue Extension Suite C
Asheville, NC 28803
Permit Type: Pharmacy
Permit #: 14424
Re-Issue Date: 11/29/2020
Expiration Date: 12/31/2021
Pharmacy Manager: Kelly Bridgers Short (#12086)

NC Law requires notification of address change within 30 days.

PLEASE NOTIFY BOARD OF NAME AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN ANY COMMUNICATION

Permit #: 14424

NORTH CAROLINA BOARD OF PHARMACY

Pharmacy

This is to certify that

Allergy Partners, PLLC

doing business as

Allergy Partners Therapeutics

10 Herman Avenue Extension Suite C Asheville, NC 28803 Buncombe

Has been renewed for the year ending December 31st 2021, as required by law and is issued to the pharmacist-manager pursuant to the representations made in application therefore. The issuance of this renewal permit is not complete and the permit is not valid until countersigned in the space indicated below by the pharmacist-manager as represented in the application. THIS PERMIT CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED IN THE PHARMACY TO WHICH IT APPLIES. Pharmacy permits are not transferable and may be revoked for the causes specified in the Law and the Rules and Regulations of the Board.

Kelly B Short
Kelly Bridgers Short (#12086)

Ashley H. Duggins 11/29/2020
Re-Issued

PRESIDENT

EXECUTIVE DIRECTOR

North Carolina Board of Pharmacy

License Verification

Only the top 250 records are shown

This serves as Primary Source Verification of the credential issued by the North Carolina Board of Pharmacy

Name:

Allergy Partners Therapeutics

Permit Number:

14424

Address:

10 Herman Avenue Extension
Suite C

Permit Status:

Active

City:

Asheville

Issue Date:

06/15/2020

State/Zip:

NC 28803

Expire Date:

12/31/2021

Manager:

Kelly Bridgers Short

Discipline:

No

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9814585	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-30-2020

ALLERGY PARTNERS, PLLC
DBA ALLERGY PARTNERS THERAPEUTICS
10 HERMAN AVENUE EXT STE C
ASHEVILLE, NC 288038103

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9814585	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-30-2020

ALLERGY PARTNERS, PLLC
DBA ALLERGY PARTNERS THERAPEUTICS
10 HERMAN AVENUE EXT STE C
ASHEVILLE, NC 288038103

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 03211	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ARJ Infusion Services, LLC

Physical Address: 7930 Marshall Drive

City: Lenexa State: KS Zip: 66214

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 866-451-8804 Toll Free # (NAC 639.708, NRS 639.23286): 866-451-8804

Fax: 877-451-8955 Contact Email: info@arjinfusion.com

Website: https://www.arjinfusion.com/locations/kansas-city-missouri/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Amber Kyle

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21530

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Specialty (Closed Door)

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Monday-Friday 8:30am-5:00pm
Saturday-Sunday On call 24/7

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Amber M. Kyle

Date: 10/06/2021
Amount:
License #: 21530

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/06/2022

Amber M. Kyle

License #
21530
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21530

Expires: 04/06/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Amber M. Kyle

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Amber Kyle	NV Pharmacist Registration #: 21530
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non Publicly Traded Corporation or Company

State of Incorporation/Organization: Kansas

Parent Company (if any): PromptCare Infusion Buyer, Inc. (sole member of applicant ARJ Infusion Services, LLC)

Corporation/Organization Name: ARJ Infusion Services, LLC

Mailing Address: 7930 Marshall Drive

City: Lenexa State: KS Zip: 66214

Telephone: 866-451-8804 Email: info@arjinfusion.com

Contact Person Name: Cintrá Glenn

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for ARJ Infusion Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Andrew Copeland

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2021

Date

Section 10: Affidavit for Pharmacies MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Amber Kyle hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for ARJ Infusion Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22 day of November, 2021

Notary Public

KAREN McFARLAND
Notary Public-State of Kansas
My Appt. Expires 03/08/2025

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)** SEE ATTACHMENT	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)** SEE ATTACHMENT	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)** SEE ATTACHMENT	✓	✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.** WILL BE PROVIDED WHEN LLC IS FORMED AS PART OF THE CHANGE OF OWNERSHIP TRANSACTION	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner. NOT APPLICABLE BECAUSE THE APPLICANT (ARJ INFUSION SERVICES, LLC) IS 100% DIRECTLY OWNED BY A CORPORATION, PROMPTCARE INFUSION BUYER, INC. SEE ATTACHED ORGANIZATION CHART		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a) CURRENT COPY PROVIDED, BUT IS SUBJECT TO PENDING RESIDENT STATE CHANGE OF OWNERSHIP APPLICATION; UPDATED VERSION WILL BE PROVIDED WHEN ISSUED	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g) LICENSE VERIFICATION WILL BE PROVIDED WHEN NEW/UPDATED RESIDENT LICENSE IS ISSUED PURSUANT TO CHANGE OF OWNERSHIP APPLICATION	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** CURRENT COPY PROVIDED, BUT IS SUBJECT TO PENDING DEA CHANGE OF OWNERSHIP APPLICATION; UPDATED VERSION WILL BE PROVIDED WHEN ISSUED	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Copeland, Vice President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2021

Date

Board Use Only	Date Received: _____ Amount: _____

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2878270

Entity Name: ARJ INFUSION SERVICES, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on May 12, 2000, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of December 21, 2021

Scott Schwab

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1201810 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@pharmacy.ks.gov
www.pharmacy.ks.gov

2-116397
KYLE, AMBER MICHELLE
ARJ Infusion Services, LLC
7930 Marshall Drive
Lenexa, KS 66214

Schedules 2, 2n, 3, 3n, 4, 5

STATE OF KANSAS
STATE BOARD OF PHARMACY

N° 2-116397

PHARMACY REGISTRATION

This registration Must Be Renewed Annually by **June 30th.**

ARJ INFUSION SERVICES, LLC *as owner*

and KYLE, AMBER MICHELLE *as P.I.C.*

has complied with the Pharmacy Act of the State of Kansas providing for the registration or licensing of ***Pharmacies or Drug Store*** *within the State of Kansas, and is hereby granted a registration to establish and maintain a pharmacy*

to be known as **ARJ Infusion Services, LLC**

at **7930 MARSHALL DRIVE** **LENEXA** **KANSAS**

from this date until **6/30/2022** *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

The original registration issued **November 22, 2021.**

LICENSED PHARMACIST IN CHARGE

Name KYLE, AMBER MICHELLE *Certificate No.* 1-14794

Date of Change: **12/13/2021**

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

Kansas Board of Pharmacy
License Portal

Facility/Provider Information

Search Again

Board of Pharmacy Home | License Verification | Exam Scores | Submit a Complaint

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board. Note Pharmacy Technicians issued after January 1, 2019 will now have a 24- prefix for their registration number until they provide proof of passage of the PTCB or ExCPT certification examination.

General

License #:	2-116397	Status:	Active
Name or Business:	ARJ Infusion Services, LLC	Issue Date:	11/22/2021
Business Owner:	ARJ INFUSION SERVICES, LLC		
Address:	7930 Marshall Drive Lenexa, KS 66214	Expiration Date:	6/30/2022
Classification:	Pharmacy/Facility	On Probation:	**No**
License Type:	Pharmacy	Discipline on File:	**No** Submit Complaint

Licenses

L/P/R #	Description	Effective	Issued	Expires	Status
2-116397	Pharmacy Permit	12/23/2021	11/22/2021	6/30/2022	Active

Notes

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1024253	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-09-2021

ARJ INFUSION SERVICES, LLC
7930 MARSHALL DR
LENEXA, KS 66214

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1024253	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-09-2021

ARJ INFUSION SERVICES, LLC
7930 MARSHALL DR
LENEXA, KS 66214

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BA6894504	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-06-2021

ARJ INFUSION SERVICES INC
7930 MARSHALL DR
LENEXA, KS 662141562

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BA6894504	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-06-2021

ARJ INFUSION SERVICES INC
7930 MARSHALL DR
LENEXA, KS 662141562

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

ARJ Infusion Services, LLC
Nevada Pharmacy Application – Ownership Change and Name Change
ATTACHMENT

• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)

ARJ Infusion Services, LLC – Officers and Directors		
Name	**Officer Title**	**Director**
Paul Edward Jardina	Executive Chairman	Yes
Thomas Voorhees	President	Yes
David Evans	CFO and Treasurer	No
Joseph Poliseo	COO and Secretary	No
Andrew Patrick Copeland	Vice President	No

• List the top four stockholders and their percent ownership. NRS 639.231(3)

ARJ Infusion Services, LLC is directly owned 100% by PromptCare Infusion Buyer, Inc. Please reference the attached organization chart reflecting the ownership structure.

• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)

ARJ Infusion Services, LLC is directly owned 100% by PromptCare Infusion Buyer, Inc. Please reference the attached organization chart reflecting the ownership structure.

PROMPTCARE INFUSION BUYER, INC.

CLOSING CERTIFICATE

December 23, 2021

This Certificate (this "Certificate") is provided pursuant to Section 2.2(e) of that certain Equity Purchase Agreement (as amended, restated, modified, supplemented or waived from time to time, the "Purchase Agreement"), dated as of October 12, 2021, by and among ARJ Infusion Services, Inc., a Kansas corporation (the "Company"), PromptCare Infusion Buyer, Inc., a Delaware corporation ("Buyer"), STB Enterprises of Kansas, Inc., a Kansas corporation ("Seller"), and the Founders identified therein. All capitalized terms used but not defined in this Certificate shall have the meanings set forth in the Purchase Agreement.

The undersigned, solely in their capacity as an officer of Buyer, hereby certifies in the name and on behalf of Buyer and not in any personal capacity, that:

1. Each of the representations and warranties contained in Article V of the Purchase Agreement are true and correct as of the date hereof (except to the extent any such representation and warranty expressly relates to an earlier time or date (in which case it was true and correct as of such earlier time or date)), in each case except to the extent the failure to be so true and correct has not resulted in a material adverse effect on the ability of Buyer to consummate the purchase of the Equity as contemplated by the Purchase Agreement; and

2. Buyer has performed in all material respects all the covenants and agreements required to be performed by it thereunder prior to the date hereof.

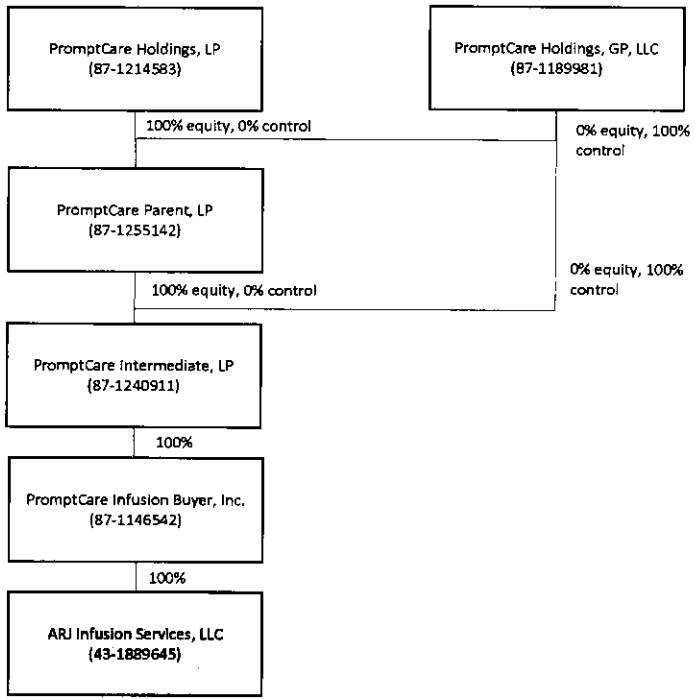
[*Signature page follows*]

IN WITNESS WHEREOF, this Certificate has been executed as of the date first written above.

PROMPTCARE INFUSION BUYER, INC.

By: _____
Name: Paul Jardina
Title: Executive Chairman

ARJ Infusion Services, LLC
Post-Closing Org Chart
Proprietary and Confidential



CVD 53-44 KANSAS SECRETARY OF STATE
Certificate of Conversion to a Kansas Entity

Kansas Office of the Secretary of State:
Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

4655 01
053 044
$240.00 4

FILED BY KS SOS
12-20-2021
04:20:50 PM
FILE#: 2878270

06102665

This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

Converting Entity

1. **Business entity ID number** Not Federal Employer ID Number (FEIN).	2878270
2. **Entity name**	ARJ Infusion Services, Inc.
3. **Type of entity**	☒ For-Profit Corporation ☐ Not-for-Profit Corporation ☐ General Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Limited Partnership
4. **State or Country of organization**	Kansas

New Entity

5. **Entity name**	ARJ Infusion Services, LLC
6. **Type of entity**	☐ For-Profit Corporation ☐ Not-for-Profit Corporation ☐ General Partnership ☒ Limited Liability Company ☐ Limited Liability Partnership ☐ Limited Partnership
7. **Effective date** If future date is chosen, must be within 90 days of filing.	☒ Upon filing ☐ Future effective date: Month: Day: Year:

The formation document and fee for the converted entity are attached. This conversion is approved in accordance with K.S.A. 17-78-401 through 17-78-406 or by the laws of the appropriate foreign jurisdiction.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Person of the converting entity	Month	Day	Year
X Mary Lisa Sackuvich	12	20	2021
Name of Signer (printed or typed): Mary Lisa Sackuvich	Title: President		

1 / 1 K.S.A. 17-78-401 - 17-78-406 Rev. 1/21/21 nw

Please review to ensure completion.

DL 51-09

KANSAS SECRETARY OF STATE
Limited Liability Company
Articles of Organization, Kansas

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
ksaos@ks.gov
https://sos.kansas.gov

THIS SPACE FOR OFFICE USE ONLY

1. **Name of the limited liability company:** ARJ Infusion Services, LLC

2. **Name of resident agent and address of registered office in Kansas:**
Must be a Kansas street address. A P.O. Box or Rural Route/Box is unacceptable.

Name: MARY LISA SACKUVICH
Street Address: 7930 Marshall Drive
City: Lenexa | State: KS | Zip: 66214

3. **Mailing address:**
Address will be used to send official mail from the Secretary of State's Office.

Attention Name: Andy Copeland
Address: 7930 Marshall Drive
City: Lenexa | State: KS | Zip: 66214 | Country: Johnson

4. **Tax closing month:** (December is default) December

5. **I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.** (The signature of one or more authorized persons to form the limited liability company is required.)

Signature of Authorized Person: Mary Lisa Sackuvich
Signature of Authorized Person

Please review to ensure completion.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ARJ Infusion Services, LLC

Physical Address 7930 Marshall Drive

City Lenexa State KS Zip 66214

Mailing Address (if different from physical address) (Same as physical address)

City _____ State _____ Zip _____

Telephone 866-451-8804 Website https://www.arjinfusion.com/locations/kansas-city-missouri/

Licensing Company Email info@arjinfusion.com

Section 2: Personal Information

First Amber Middle Michelle Last Kyle

Alias(es, nicknames, name changes, etc.) Maiden Name: Sawyer

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Sand Creek Road

City Wellsville State KS Zip 66092

Telephone [redacted] Email amberk@arjinfusion.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Missouri-Kansas City School of Pharmacy		08/02-05/08	
Address	**City**	**State**	**Zip**
2464 Charlotte St.	Kansas City	MO	64108
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Fort Osage High School		08/97-05/00	
Address	**City**	**State**	**Zip**
2101 N. Twyman Rd.	Independence	MO	64058
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16-current	[redacted] Sand Creek Rd.	Wellsville	KS	66092
05/15-05/16	2020 W. 72nd St	Prairie Village	KS	66208
05/12-05/15	3860 N. Mulberry Drive #5306	Kansas City	MO	64116
08/11-05/12	3626 NE. Basswood Dr	Lee's Summit	MO	64064
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ARJ Infusion Services			03/16-11/21	
Business Address		**City**	**State**	**Zip**
7930 Marshall Drive		Lenexa	KS	66214
Phone	**Title**		**Number of Employed Hours**	
866-451-8804	Director of Pharmacy		~11,000	
Description of Duties				
Supervision of pharmacy personnel; oversight of pharmacy operations and regulatory compliance; ensure ongoing clinical oversight and monitoring of all patients				

Business Name			From - To (MM/YY – MM/YY)	
University of Kansas Medical Center			08/11-4/16	
Business Address		**City**	**State**	**Zip**
3901 Rainbow Blvd.		Kansas City	KS	66160
Phone	**Title**		**Number of Employed Hours**	
913-588-5000	Antibiotic Management Coordinator		~11,000	
Description of Duties				
Oversight and management of the Antibiotic Stewardship Program, Antibiotic Subcommittee Co-Chair, P&T Committee Coordinator, ACLS Instructor, Residency Preceptor, ICU and Infectious Disease prescription/order verification				

Business Name			From - To (MM/YY – MM/YY)	
University of Missouri Hospital and Clinics			08/10-07/11	
Business Address		**City**	**State**	**Zip**
1 Hospital Dr		Columbia	MO	65212
Phone	**Title**		**Number of Employed Hours**	
573-882-4141	Clinical Pharmacy Specialist, Critical Care		~2000	
Description of Duties				
ICU patient monitoring, order verification, Residency Preceptor				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name N/A		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Amber Kyle, **certify that as the designated representative for**

ARJ Infusion Services, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Amber Kyle

Print Name (First, Last)

Amber Kyle

Original Signature (electronic, copies or stamps not accepted)

11/17/21

Date

Applicant's initials AK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amber Kyle

Print Name (First, Last)

Amber Kyle

Original Signature (electronic, copies or stamps not accepted)

11/17/21

Date

Please have this section completed in the presence of a Notary Public.

State of Kansas, ss. County of Johnson

I, Amber Kyle, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amber Kyle

Original Signature

11/17/21

Date

Subscribed and Sworn to before me this 17 day of November.

Notary Public Signature

KAREN McFARLAND
Notary Public-State of Kansas
My Appt. Expires 03/28/2025

(Seal)

Applicant's initials AK

Kansas Board of Pharmacy

Kansas Board of Pharmacy
800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
P:785-296-4056
F:-785-296-8420

INSPECTION REPORT FOR: 2-09948

ARJ Infusion Services, Inc. 7930 Marshall Drive Lenexa, KS 66214	Original Date: 7/21/2004 On Probation: No Discipline on File: No
INSPECTION REPORT	Inspection Date: 2/26/2019 Inspector: Melissa Martin

This inspection report is not intended as an exhaustive listing of all pharmacy conditions. There may be deficiencies, non-compliance, or violation(s) of Kansas laws or regulations not detected, observed, or noted in this report.

General Information	
Registrations displayed: State, DEA, & PSE -KSA 65-1645(e)	Y
DEA Number BA6894504	
PSE Certificate Expire N/A	
Medicare Poster	N/A
KTRACS Poster	Y
Pharmacist in Charge Kyle, Amber Michelle	
Pharmacist(s) License(s) posted – KSA 65-1641	Y
Pharmacists: Stacie Colson, Chi Doan Nguyen and Marjorie Hunt	
Technician(s) Registration(s) posted. - KSA 65-1663(h)	Y
Maintain a list of the names of pharmacy technicians. KSA 65-1663(g)	Y
Name tags - KAR 68-2-15	Y
Is the facility accredited by a national accreditation organization	Y
If so, by whom URAC and CHAP	
340B participant	N/A
Qualifying 340b Entity	
Facilities	
Pharmacy clean, well lit, etc.-KSA 65-625 & 65-656(o)	Y
Drugs stored/manufacturer – KAR 68-1634	Y
Room Temp Buffer 67*F Ante 63*F Ful	
Refrigerator Temp Cooler 1 43.6*F Cooler 2	
No outdated, mislabeled or adulterated drugs 65-1634 KSA65-657(a)(b)	Y
Records	
Duration of Record Keeping - KSA 65-1642(b)(c)(3) & KAR 68-20-16(a)	Y
Review of Prescription files - Of those observed	
Files (C-2 separate) 21CFR 1304.04(h) & KAR 68-20-16(a)	Y
Scheduled: no preprinted blanks KAR 68-20-18(c)	Y
C-2 properly canceled – KAR 68-20-19(e)	Y
CS not filled past expiration KAR 69-20-19 & KAR 68-20-20	Y

No date changes on CII scripts.	Y
Issuance of Multiple CII Prescriptions 21 CFR 1306.12	Y
Strict conformity – KSA 65-1637(a)	Y
Proper substitution – KSA 65-1637(a)(2) & 65-657(o)	Y
No Post Office Boxes KAR68-9-1, 68-20-18(c)	Y
Fax /agent ID KSA 65-1637(b) KAR 68-20-18(d)	Y
First and last name of the agent KSA 65-1637b(b)	Y
APRN/PA supervising doctor KSA 65-28a08(d), KSA 65-1130(d), KAR 100-28a-13(e) & KAR 60-11-104a	Y
LTCF/Hospice identified 21CFR 1306.11(e, f, & g)	N/A
Electronic certification for E-scripts	Y
Review of Inventory and Invoice Records	
ANNUAL Inventory of CS – KAR 68-20-16	Y
Date: 5/18/2018	
C-2 inventory filed separately KAR 68-20-16	Y
C-2 invoices filed separately KAR 68-20-16	Y
DEA 222 forms completed 21 CFR 1305.12(e)	Y
DEA 222 forms for C-2 transfers KAR 68-20-17	Y
CSOS in lieu of above	Y
Power of Attorney 21 CFR 1305.05	Y
Review of invoices –noncontrolled + controlled	Y
Other Records	
(requires sig) Daily Print-outs or log Book-KAR68-9-1(a)(9) 21CFR 1306.22(f)(3)	Y
Log Book for C-5 (ie. cough syrups) KAR 68-20-22	N/A
KTRACS reporting	Y
C-5 PSE sales KSA65-1643(j)	
Electronic (PSE)	N/A
POS	N/A
LogBook Sig	N/A
Valid driver's license, time, gm quantity, no POBox	N/A
Pharmacist in Charge Responsibilities	
All personnel registered / licensed	Y
Incident reports completed timely	Y
Policy and procedures	Y
Child poof packaging – FDA Poison Prevention Packaging Act	Y
Observation of Counseling -KAR 68-2-20(a)(5) & (b)	Y
Oxygen dispensed	N/A
Transfilled By:	
Prescription Labels – KAR 68-7-14	
Name, Address & Phone number of Pharmacy	Y
Name of Prescriber or PA/APRN	Y
Full name of Patient	Y
Prescription number	Y
Date filled or refilled	Y
Adequate directions for use	Y
Beyond Use Date	Y
Brand Name or Generic Name of the Drug	Y
Name of Manufacturer or distributor	Y
Strength of Drug	Y

Quantity dispensed	Y
Auxiliary labels if needed	Y
Does Pharmacy give Medication Guides	Y
Does Pharmacy dispense to LTCF?	N
E-Kit supply and maintenance KAR68-7-10(d)	N/A
Automation housed at LTCF.	N/A
Stocked By:	
Controlled substance in Automation at LTCF	N/A
DEA # of Automation:	
Prepackaging/Repackaging KAR 68-7-15	
Type of packaging used:	
Proper storage as Manufacturer recommends	Y
Labels: KAR 68-7-16 | Proper control system for recall purposes	Y
Brand or Generic Name/Manu or/Distributor name	Y
Strength and quantity	Y
Lot number, date repackaged and person responsible for repackaging or suitable record if not on label	Y
Expiration Date	Y
Auxiliary labels if necessary	Y
Incident Reports KAR 68-7-12b(c)	
Timely preparation	Y
Name, address, age & phone number of complainant	Y
Name and license number of all employees involved	N
Signature of all employees involved	N
Date of incident	Y
Date of Report	Y
Description of the incident	Y
Prescriber's name	Y
Prescriber was contacted	Y
CQI Reports	
CQI meeting KAR 68-19-1 Meets quarterly	Y
Preventative steps for each reportable incident	N
Technicians	
Ratio During Inspection 4:4 KAR 68-5-16	
Technician Training Course KAR 68-5-15(b)	Y
Documentation of Annual Review 68-5-15(d)	Y
Necessary Equipment/Library	
Reference material available KAR 68-7-11(i)	Y
Access to KS Pharmacy Laws/Regulations	Y
Necessary Equipment	Y
Compounded Sterile Product –797 compliant KAR68-13-1	Y
Compounding limited quantities / prescription FDA	Y
Security	
Secure when Pharmacist not on duty KAR 68-2-11	Y
Keys only with pharmacists	Y
Controlled drugs locked or dispersed - 21CFR1301.75	Y
Pharmacist Responsibilities	
Med. Profile Review KSA 65-1642(c)&KAR68-2-20(a)(9)	Y

Supervise Technicians KSA 65-1626(g)	Y
Perform the final check KSA 65-1626(g)	Y
Document verification KAR 68-2-20(a)(4)	Y
Automated Pharmacy System KAR 68-9-1	
Daily Back-up of system	Y
Maintain the original prescription	Y
Prevent modification / Manipulation	Y
Type of Automation	
Vaccinations / IMMUNIZATIONS	
Vaccination protocol KSA 65-1626(jj)	N/A
Documentation of training KSA 65-1635a +CPR certification	N/A
Written record & reporting KSA 65-1635(b)	N/A
Review Of Vac Recs	
Problems with VAC records	N/A
Collaborative Practice	
In date (signed within last 2 years)	N/A
All required elements	N/A

NOTES

Spoke with Amber PIC and Edie VP of Clinical Operations

Jim K., Carly H., Reyne K. and myself performed the inspection

sIPA 70% was not observed to be found in the buffer room for daily cleaning. It was observed in the ante room.

Be observant of hard to reach areas and ledges in the ante, buffer, containment and direct contact areas for cleaning purposes. A ladder was not observed dedicated to the compounding area.

Preventative steps were documented on incident report. It is required on the CQI report for steps to prevent a reoccurrence to be documented. The documentation should be progressive, insightful and creative with prevention steps to limit the risks of the same incident occurring once more.

Incident report form failed to document license number of all employees nor their signatures.

This report created on: 2/26/2019

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 03785	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ARJ Infusion Services, LLC

Physical Address: 3730 S. 149th St., Suite 102

City: Omaha State: NE Zip: 68144

Mailing Address (if different from physical address): (Same as physical address)

City: _____ State: _____ Zip: _____

Telephone: 866-451-8804 Toll Free # (NAC 639.708, NRS 639.23286): 866-451-8804

Fax: 877-451-8955 Contact Email: info@arjinfusion.com

Website: https://www.arjinfusion.com/locations/omaha-nebraska/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Angela Pepin

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21173 temp exp 3/14/22

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Specialty (Closed Door)

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Monday-Friday 8:30am-5:00pm
Saturday-Sunday On call 24/7

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy? (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Angela R. Pepin	NV Pharmacist Registration #: 21173
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-S) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Kansas

Parent Company (if any): PromptCare Infusion Buyer, Inc. (sole member of applicant ARJ Infusion Services, LLC)

Corporation/Organization Name: ARJ Infusion Services, LLC (owns the applicant pharmacy located in Omaha, NE)

ARJ headquarters address in Kansas

Mailing Address: 7930 Marshall Drive

City: Lenexa State: KS Zip: 66214

Telephone: 866-451-8804 Email: info@arjinfusion.com

Contact Person Name: Cintra Glenn

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President (title) for ARJ Infusion Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Andrew Copeland

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Angela Pepin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for ARJ Infusion Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Angela Pepin
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22 day of Nov, 2021

Notary Public

General Notary - State of Nebraska
DANIEL H FITZPATRICK
My Comm. Expires Feb. 13, 2024

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)** SEE ATTACHMENT	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)** SEE ATTACHMENT	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)** SEE ATTACHMENT		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.** WILL BE PROVIDED WHEN LLC IS FORMED AS PART OF THE CHANGE OF OWNERSHIP TRANSACTION	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner. NOT APPLICABLE BECAUSE THE APPLICANT (ARJ INFUSION SERVICES, LLC) IS 100% DIRECTLY OWNED BY A CORPORATION, PROMPTCARE INFUSION BUYER, INC. SEE ATTACHED ORGANIZATION CHART		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a) CURRENT COPY PROVIDED, BUT IS SUBJECT TO PENDING RESIDENT STATE CHANGE OF OWNERSHIP APPLICATION; UPDATED VERSION WILL BE PROVIDED WHEN ISSUED	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g) LICENSE VERIFICATION WILL BE PROVIDED WHEN NEW/UPDATED RESIDENT LICENSE IS ISSUED PURSUANT TO CHANGE OF OWNERSHIP APPLICATION	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** CURRENT COPY PROVIDED, BUT IS SUBJECT TO PENDING DEA CHANGE OF OWNERSHIP APPLICATION; UPDATED VERSION WILL BE PROVIDED WHEN ISSUED	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Copeland, Vice President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2021

Date

Board Use Only	Date Received: _____	Amount: 500 check #34872

Processed 12/7/21

State of Nebraska

Department of Health and Human Services
Division of Public Health

PROVISIONAL PHARMACY LICENSE

This is to certify that **ARJ Infusion Services, LLC**

Is issued Provisional Pharmacy License No. **816** to operate a Pharmacy at:

3730 S 149th St Suite 102, Omaha NE 68144

ARJ Infusion Services, LLC

Angela Renae Pepin, PharmD In Charge

Issued under the name and Seal of the Department of Health and Human Services, Division of Public Health, State of Nebraska, on **11/16/2021.**

Expiration Date: 11/16/2022

SEAL

State of Nebraska

Department of Health and Human Services
Division of Public Health

ARJ Infusion Services, Inc

ARJ Infusion Services, Inc

3730 S 149th Street Ste 102, Omaha, NE

Community Pharmacy License

License #: 3124 **Expiration:** 07/01/2022

Status: Active

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA0007597	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-03-2021

ARJ INFUSION SERVICES
3730 S 149TH ST STE 102
OMAHA, NE 681445557

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA0007597	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-03-2021

ARJ INFUSION SERVICES
3730 S 149TH ST STE 102
OMAHA, NE 681445557

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

ARJ Infusion Services, LLC
Nevada Pharmacy Application – Ownership Change and Name Change
ATTACHMENT

• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)

ARJ Infusion Services, LLC – Officers and Directors		
Name	**Officer Title**	**Director**
Paul Edward Jardina	Executive Chairman	Yes
Thomas Voorhees	President	Yes
David Evans	CFO and Treasurer	No
Joseph Poliseo	COO and Secretary	No
Andrew Patrick Copeland	Vice President	No

• List the top four stockholders and their percent ownership. NRS 639.231(3)

ARJ Infusion Services, LLC is directly owned 100% by PromptCare Infusion Buyer, Inc. Please reference the attached organization chart reflecting the ownership structure.

• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)

ARJ Infusion Services, LLC is directly owned 100% by PromptCare Infusion Buyer, Inc. Please reference the attached organization chart reflecting the ownership structure.

PROMPTCARE INFUSION BUYER, INC.

CLOSING CERTIFICATE

December 23, 2021

This Certificate (this "Certificate") is provided pursuant to Section 2.2(e) of that certain Equity Purchase Agreement (as amended, restated, modified, supplemented or waived from time to time, the "Purchase Agreement"), dated as of October 12, 2021, by and among ARJ Infusion Services, Inc., a Kansas corporation (the "Company"), PromptCare Infusion Buyer, Inc., a Delaware corporation ("Buyer"), STB Enterprises of Kansas, Inc., a Kansas corporation ("Seller"), and the Founders identified therein. All capitalized terms used but not defined in this Certificate shall have the meanings set forth in the Purchase Agreement.

The undersigned, solely in their capacity as an officer of Buyer, hereby certifies in the name and on behalf of Buyer and not in any personal capacity, that:

1. Each of the representations and warranties contained in Article V of the Purchase Agreement are true and correct as of the date hereof (except to the extent any such representation and warranty expressly relates to an earlier time or date (in which case it was true and correct as of such earlier time or date)), in each case except to the extent the failure to be so true and correct has not resulted in a material adverse effect on the ability of Buyer to consummate the purchase of the Equity as contemplated by the Purchase Agreement; and

2. Buyer has performed in all material respects all the covenants and agreements required to be performed by it thereunder prior to the date hereof.

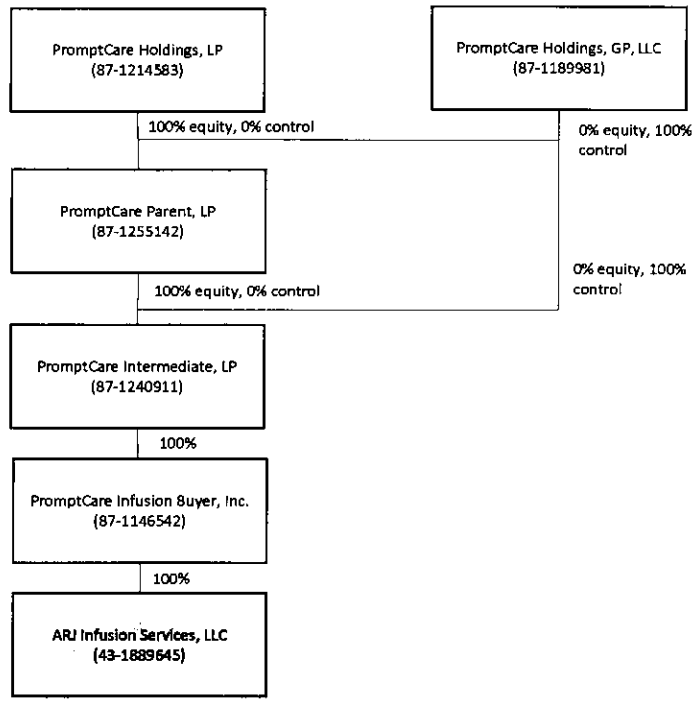
[*Signature page follows*]

IN WITNESS WHEREOF, this Certificate has been executed as of the date first written above.

PROMPTCARE INFUSION BUYER, INC.

By: _____
Name: Paul Jardina
Title: Executive Chairman

ARJ Infusion Services, LLC
Post-Closing Org Chart
Proprietary and Confidential



STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2878270

Entity Name: ARJ INFUSION SERVICES, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on May 12, 2000, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of December 21, 2021

Scott Schwab

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1201810 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

CVD 53-44

KANSAS SECRETARY OF STATE
Certificate of Conversion to a Kansas Entity

4655 01
053 044
$240.00 4

FILED BY KS SOS
12-20-2021
04:20:50 PM
FILE#: 2878270

06102665

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

Converting Entity

1. **Business entity ID number** Not Federal Employer ID Number (FEIN).	2878270	
2. **Entity name**	ARJ Infusion Services, Inc.	
3. **Type of entity**	☒ For-Profit Corporation	☐ Limited Liability Company
	☐ Not-for-Profit Corporation	☐ Limited Liability Partnership
	☐ General Partnership	☐ Limited Partnership
4. **State or Country of organization**	Kansas	

New Entity

5. **Entity name**	ARJ Infusion Services, LLC	
6. **Type of entity**	☐ For-Profit Corporation	☒ Limited Liability Company
	☐ Not-for-Profit Corporation	☐ Limited Liability Partnership
	☐ General Partnership	☐ Limited Partnership

7. **Effective date** If future date is chosen, must be within 90 days of filing.		Month	Day	Year
	☒ Upon filing ☐ Future effective date:			

The formation document and fee for the converted entity are attached. This conversion is approved in accordance with K.S.A. 17-78-401 through 17-78-406 or by the laws of the appropriate foreign jurisdiction.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Person of the converting entity	Month	Day	Year
X Mary Lisa Sackuvich	12	20	2021
Name of Signer (printed or typed)	Title		
Mary Lisa Sackuvich	President		

1 / 1 K.S.A. 17-78-401 - 17-78-406 Rev. 1/21/21 nw

Please review to ensure completion.

DL 51-09

KANSAS SECRETARY OF STATE
Limited Liability Company
Articles of Organization, Kansas

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@ks.gov
https://sos.kansas.gov

THIS SPACE FOR OFFICE USE ONLY

1. **Name of the limited liability company:** ARJ Infusion Services, LLC

2. **Name of resident agent and address of registered office in Kansas:**
Must be a Kansas street address. A P.O. Box or Rural Route/Box is unacceptable.

Name: MARY LISA SACKUVICH
Street Address: 7930 Marshall Drive
City: Lenexa | State: KS | Zip: 66214

3. **Mailing address:**
Address will be used to send official mail from the Secretary of State's Office.

Attention Name: Andy Copeland
Address: 7930 Marshall Drive
City: Lenexa | State: KS | Zip: 66214 | Country: Johnson

4. **Tax closing month:** (December is default) December

5. **I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.** (The signature of one or more authorized persons to form the limited liability company is required.)

Signature of Authorized Person: Mary Lisa Sackuvich
Signature of Authorized Person

Please review to ensure completion.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1 – Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ARJ Infusion Services, LLC

Physical Address 3730 S. 149th St., Suite 102

City Omaha State NE Zip 68144

Mailing Address (if different from physical address) (Same as physical address)

City _____ State _____ Zip _____

Telephone 866-451-8804 Website https://www.arjinfusion.com/locations/omaha-nebraska/

Licensing Company Email info@arjinfusion.com

Section 2 – Personal Information

First Angela Middle Renae Last Pepin

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] S 167th St

City Omaha State NE Zip 68130

Telephone [redacted] Email angelap@arjinfusion.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3 – Military Service

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4 – Child Support Information

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials KP

School Name		From - To (MM/YY – MM/YY)	
University of Wyoming School of Pharmacy		08/07-05/11	
Address	City	State	Zip
1000 E University Ave	Laramie	WY	82071
Diploma/Degree obtained, if any			
Doctor of Pharmacy (Pharm.D.)			

School Name		From - To (MM/YY – MM/YY)	
University of Wyoming		08/05-05/07	
Address	City	State	Zip
1000 E University Ave	Laramie	WY	82071
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Green River High School		08/01-05/05	
Address	City	State	Zip
1615 Hitching Post Dr	Green River	WY	82935
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/21-current	[redacted] S 167th St	Omaha	NE	68130
05/15-04/21	5010 Cuming Street	Omaha	NE	68132
07/12-05/15	7438 S Louise Ave, Apt 103	Sioux Falls	SD	57108
06/11-07/12	2002 Battlecreek Drive, Apt 15106	Fort Collins	CO	80528

Applicant's initials JP

Business Name			From - To (MM/YY – MM/YY)
ARJ Infusion Services			10/15-current
Business Address		**City**	**State** / **Zip**
3730 S 149th St, Suite 102		Omaha	NE / 68144
Phone	**Title**		**Number of Employed Hours**
866-451-8804	Pharmacist; Pharmacist-in-charge (as of Feb. 2021)		7600

Description of Duties

-dispense prescription medications; -counsel patients; -maintain medication inventory; -oversee pharmacy opperations, including technician; collaborate with patient care teams specialty medication therapy; ensure compliance with laws and

Business Name			From - To (MM/YY – MM/YY)
Sanford USD Medical Center			08/12-09/15
Business Address		**City**	**State** / **Zip**
1305 W 18th St		Sioux Falls	SD / 57117
Phone	**Title**		**Number of Employed Hours**
605-333-1000	Pharmacist		6240

Description of Duties

-inpatient pharmacy (order review, dispensing, medication therapy monitoring); clinical duties including rounding with inpatient medical teams and staffing units for pharmacist consultation / pharmacy liaison

Business Name			From - To (MM/YY – MM/YY)
UCHealth Poudre Valley Hospital			07/11-07/12
Business Address		**City**	**State** / **Zip**
1024 S Lemay Ave		Fort Collins	CO / 80524
Phone	**Title**		**Number of Employed Hours**
970-495-7000	Pharmacist; Pharmacy Resident PGY1		2080

Description of Duties

-inpatient pharmacy (order review, dispensing, medication therapy monitoring); clinical duties including rounding with inpatient medical teams and staffing units for pharmacist consultation / pharmacy liaison; pharmacy projects and

Business Name			From - To (MM/YY – MM/YY)
Business Address		**City**	**State** / **Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address		**City**	**State** / **Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

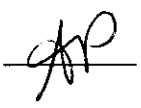
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Angela Pepin, **certify that as the designated representative for** ARJ Infusion Services (Omaha, NE),

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Angela Pepin

Print Name (First, Last)

Angela Pepin

Original Signature (electronic, copies or stamps not accepted)

11/17/21

Date

Applicant's initials AP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Angela Pepin

Print Name (First, Last)

Angela Pepin

Original Signature (electronic, copies or stamps not accepted)

11/17/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Douglas

I, Angela Pepin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Angela Pepin

Original Signature

11/17/21

Date

Subscribed and Sworn to before me this 17 day of Nov .2021

Notary Public Signature

General Notary - State of Nebraska
DANIEL H FITZPATRICK
My Comm. Expires Feb. 13, 2024

(Seal)

Applicant's initials AP

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: #3124 Exp. Date: 7/1/19

DEA registration Number: FA0007597 Exp. Date: 6/30/21

Owner's Name: ARJ Infusion Services, Inc.

Pharmacy Name: ARJ Infusion Services, Inc.

Pharmacy Street Address: 3730 S 149th Street, Suite 102

Pharmacy City, State, Zip Code Omaha, NE 68144

Pharmacy Telephone #: (866) 451-8804 Pharmacy Fax #: (402) 991-3199

Pharmacy E-mail: info@arjinfusion.com

Pharmacy Hours: M-F 8:30am to 5pm

List Pharmacy Personnel:

Name of Pharmacist-In-Charge: Kristen Ritchie RP License #14065

Staff Pharmacists & Interns Name & NE RPh. License # Or NE Intern Registration #	**Pharmacy Technicians Name & NE Registration #**	**Technician Certifying Body, Certification # if applicable, & Certification Expiration Date**
Angela Pepin RP #14879	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____ #_____	_____ #_____	_____ #_____ _____
_____	_____	_____

SOFTWARE: CPR+ RX'S PER DAY: ~10

Dean Willson, RP
(Pharmacy Inspector)

8/2/18
(Date of Inspection

Pharmacy Quality Assurance Report (Revised 1/1/17)
Pharmacy License# 3124 Date of Inspection 8/2/2018

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	C = In Compliance NC = Not in Compliance NA = Not Applicable			
175 NAC 8-003.01A	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☒	☐	☐
175 NAC 8-006.02C NRS 28-410, CFR 1301.71	2. Adequate security is maintained for the prescription inventory and prescription records.	☒	☐	☐
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored under proper conditions. Storage conditions shall be monitored regularly.	☒	☐	☐
175 NAC 8-007.02	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner;	☒	☐	☐
NRS 38-2866	b. open for the practice of pharmacy only when a pharmacist is physically present.	☒	☐	☐
175 NAC 8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.	☒	☐	☐
175 NAC 8-007.01 USP 795 USP 797	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☒	☐	☐
175 NAC 8-006.04H NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☒	☐	☐
NRS 38-2869 (2)(a)	8. The pharmacy maintains documentation of a patient's refusal of counseling.	☒	☐	☐
175 NAC 8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern.	☒	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☒	☐	☐
NRS 28-414.02 CFR 1304, 1306 CFR 1311.305	11. All computer or electronic record keeping requirements are met including requirements for electronic prescriptions for controlled substances.	☒	☐	☐
175 NAC- 8-005.03A5	12. The poison control phone number is posted in the pharmacy.	☒	☐	☐
CFR 1305 CFR 1311.45 CFR 1311.60	13. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent. Power of Attorney forms completed and filed when applicable.	☐	☐	☒
NRS 28-411(4) CFR 1304.21 CFR 1304.22(c)	14. The pharmacy maintains complete and accurate records of all controlled substances received and/or distributed.	☐	☐	☒

Pharmacy Quality Assurance Report (Revised 1/1/17)
Pharmacy License# 3124 Date of Inspection 8/2/2018

Section Cited	Requirement	C	NC	NA
NRS 28-414.05 CFR 1304.22 CFR 1317	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☐	☐	☒
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☒	☐	☐
175 NAC-8-006.04C, .04D, .04E NRS 38-28,107	17. The pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☒
175 NAC-8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☒
NRS 28-410 CFR 1304.11	19. All requirements pertaining to the inventory of controlled substances are met. **Date of Current Inventory: _____** Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages.	☐	☐	☒
NRS 28-410(4)	20. All controlled substances are properly stored.	☐	☐	☒
CFR 1306.05 NRS 28-414 NRS 28-414.01 NRS 71-2478	21. All prescriptions contain the required information prior to being filled.	☒	☐	☐
175 NAC-8-006.04B.9a, 172 NAC-128-014.01(9a), CFR 1306.22	22. All refill requirements for prescriptions are in compliance.	☒	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	23. Partial fillings of controlled substances are recorded and dispensed appropriately.	☐	☐	☒
CFR 1306.05(f) NRS 38-179(13)	24. The pharmacy is not utilizing pre-populated request forms for controlled substance prescriptions.	☐	☐	☒
175 NAC 8-006.05D CFR-1306.11(d)(1,2,3,4) NRS 28-414	25. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☒
NRS 28-414 NRS 28-1437 NRS 38-2870	26. All requirements for filling electronic prescriptions (e-prescribing) and faxed prescriptions are followed. A manual "wet" signature is required for all written or faxed controlled substance prescriptions.	☒	☐	☐

Pharmacy Quality Assurance Report (Revised 1/1/17)
Pharmacy License# 3124 Date of Inspection 8/2/2018

Section Cited	Requirement	C	NC	NA
NRS 28-414.03 NRS 28-415 NRS 38-2867.01 NRS 71-2451, 2479	27. All prescription containers are properly labeled.	☒	☐	☐
NRS 71-5401 to NRS 71-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.	☒	☐	☐
175 NAC- 8-006.03A1, NRS 28-414(3a)(3c)	31. A two or three file system for prescriptions is used and maintained.	☐	☐	☒
NRS 71-2413(1) CFR 1306.11 CFR 1306.21	32. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box. Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☒
NRS 38-2847 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128- 012.04	33. All requirements and documentation are met for the utilization of Pharmacy Technicians, including: a. documentation of training by the pharmacist in charge. b. pharmacy technicians are identified as technicians. c. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people. d. verification confirmation of a pharmacy technician's acts, tasks, or functions undertaken to assist the pharmacist in the practice of pharmacy. e. all technicians are registered with NE DHHS. f. all technicians are certified (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☐	☐	☒
175 NAC 8-006.07	34. Pharmacy has written disaster preparedness policies and procedures.	☒	☐	☐
175 NAC 128-013	35. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the physician and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every 12 months.	☐	☐	☒

Pharmacy Quality Assurance Report (Revised 1/1/17)
Pharmacy License# 3124 Date of Inspection 8/2/2018

Section Cited	Requirement	C	NC	NA
NRS 38-2867.01 USP 795	36. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☐	☐	☒
USP 797	37. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☒
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	38. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☒
NRS 71-7444(2)(d) NRS 71-7454(1)	39. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of sales as provided in section 71-7454.	☐	☐	☒
NRS 71-7444 (2)(a-h); NRS 71-7454	40. All prescription drugs purchased or received are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☒	☐	☐

Pharmacy Quality Assurance Report (Revised 1/1/17)
Pharmacy License# 3124 Date of Inspection 8/2/2018

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

2018 Random Inspection: Inspection OK. According to Pharmacist-In-Charge Kristen Ritchie, no controlled substances have been or are currently carried by this pharmacy. According to PIC Ritchie, this pharmacy does not perform any drug compounding activities.

a)

b)

c)

d)

4JJ

4KK

4LL

4MM

4NN

400

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 04110

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Golden Gate Veterinary Compounding Pharmacy, LLC

Physical Address: 8 Digital Drive, Ste 104

Mailing Address: 8 Digital Drive, Ste 104

City: Novato State: CA Zip Code: 94949

Telephone: 415-455-5590 Fax: 415-455-9039

Toll Free Number: 888-855-6337 (Required per NAC 639.708)

E-mail: erik.clausen@bluerabbit.vet Website: www.ggvcp.pharmacy

Managing Pharmacist: Erik Matthew Clausen License Number: 60873

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☑	☐ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☑	☐ Other: Veterinary	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services:

****If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Benjamin Shaw
Print Name of Authorized Person

11/12/21
Date

Board Use Only Date Processed: 9/2/21 Amount: $500.00

CK#1035

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION / LLC

State of Incorporation: Delaware

Parent Company if any: GGVCP HoldCo, LLC

Mailing Address: 2 Union Street, Ste 500

City: Portland State: ME Zip: 04101

Telephone: 415-455-5590 Fax: 415-455-9039

Contact Person: Benjamin Shaw

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) n/a, company is a Limited Liability Company
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. n/a, LLC

3) What was the price paid per share? n/a, LLC

4) What date did the corporation actually receive the cash assets? n/a, LLC

5) Provide a copy of the corporation's stock register evidencing the above information n/a

List any physician shareholders and percentage of ownership.

Name: n/a, company is a Limited Liability Company %: _____

Name: n/a %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Erik M. Clausen

Date: 09/30/2021
Amount:
License #: 21382

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/30/2022

Erik M. Clausen

License #
21382
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21382

Expires: 03/30/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Erik M. Clausen

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

GOLDEN GATE VETERINARY
COMPOUNDING PHARMACY

phone (888) 855-6337
Fax (415) 455-9039
8 Digital Dr, Ste 104, Novato CA 94949

5/3/2021

Officer Information

Benjamin Shaw
President
[redacted] Sunny Bank Road
Cape Elizabeth, ME 04107

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	GOLDEN GATE VETERINARY COMPOUNDING PHARMACY LLC
California Name:	GOLDEN GATE VETERINARY COMPOUNDING PHARMACY LLC
File Number:	202109610798
Registration Date:	03/22/2021
Entity Type:	FOREIGN LIMITED LIABILITY COMPANY
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of November 17, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 18, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YDEWQLR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ERIK MATTHEW CLAUSEN

Responsible Person of GOLDEN GATE VETERINARY COMPOUNDING PHARMACY LLC hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

ERIK CLAUSEN
Print Name of Authorized Person

11/15/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Maine)
) ss.
Cumberland COUNTY)

I, Benjamin Shaw, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Golden Gate Veterinary Compound Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Benjamin Shaw, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12 day of November, 2021.

NOTARY PUBLIC

MAUREEN C. VALENTINE
Notary Public Maine
My Commission Expires July 18, 2027

Posted April 1, 2020

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Erik Clausen Pharmacist Registration #: 21382

Pharmacy Name: Golden Gate Veterinary Compounding Pharmacy LLC

Initial each statement below to indicate you have read and agree with the following:

EC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

EC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

EC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

EC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

EC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:
Minor in Possession of Alcohol	MT	11/21/1999	TK-115-1999-35918	Gallatin	Bozeman Municipal

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

11/17/2021
Date

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58192

NAME: GOLDEN GATE VETERINARY COMPOUNDING PHARMACY

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

8 DIGITAL DR STE 104
NOVATO CA 94949
MARIN COUNTY

ISSUANCE DATE

MAY 24, 2021

EXPIRATION DATE

MAY 1, 2022

CURRENT DATE / TIME

DECEMBER 9, 2021
10:55:26 AM

LICENSE RELATIONSHIPS

NAME: CLAUSEN, ERIK MATTHEW

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 60873 **PRIMARY STATUS:** CLEAR

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X | Hospital Pharmacy | Clinic | Exempt Hospital | Wholesaler | Hypodermic

Date: 11/18/2019 Inspector: Sara Mullen

Firm: GOLDEN GATE VETERINARY COMPOUNDING PHARMACY IN Phone: (415) 455-5590

Address: 8 DIGITAL DR STE 104 City: NOVATO Zip: 94949

Ownership: CORPORATION

Permit #: PHY55535 Permit Exp: 10/1/2020 DEA#: FG5950224 DEA Exp: 9/30/2021

Date of Self Assessment Form: 8/2/2019 Other Permit #: N/A Date of DEA Inventory: 7/31/2019

Hours M-F: 8AM-6PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC **NICOLE M LOFHOLM CLAUSE** RPH60056 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
ERIK M CLAUSEN	RPH60873	**ERIC RODRIGUEZ**	TCH167919
ALAN P CHAN	RPH59202	**KATHERINE A MCCLURE**	TCH143756
MARJORIE ANNE T GUILLE	RPH75020	**MAE S WONG**	TCH163540
SAMIRA KELLEY	RPH60237	**MARQUES J WILLIAMS**	TCH141055
REBECCA E WILD	RPH73324	**QUANISHA M SMITH**	TCH156346
		RUBEN B BAUTISTA JR	TCH121980

Inspector Remarks:

Veterinary Compounding Pharmacy Routine Inspection
Assisted by PIC Lofhholm
Perform non-sterile compounding - hazardous and non-hardous

Items Reviewed:
-Self-Assessment
-PHY permit/DEA registration/Notice to Consumer Sign/Point to Your Language sign
-Security
-Staff - ratio/wearing name tags
-Medication stock - location of CII-V, refrigerator - temperature monitoring by Tempstick, non-controlled stock
-Wholesaler - Cardinal, Anda, Letco, PCCA, Medisca, Fagron
-Reverse Distributor - Pharmalogistics
-Invoices - reviewed recent controlled Cardinal invoices
-Perpetual inventory maintained for all CII
-Biennial controlled substance inventory completed last on: 7/31/2019
-CII Reconciliation completed last on: 7/31/2019 - keep binder for each quarter with all acquistion/disposition records
-Power of attorney
-Email alerts - PIC Lofholm
-Prescription documents
-Prescription label
-Policies and Procedures: Temporary absence of pharmacist; employee impairment; theft/diversion; language assistance;

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

-Document storage
-End product testing - performed by ARL last on 6/7/2019- send products reflective of types of compounds made including: suspensions, capsules, chews
-Compounding worksheets
-Master formulas
-BUD - provide reference on compounding worksheet, follow USP 795 or other studies
-Staff competency and training records- peformed annual test for observation of technique, weight QC, visual inspection of final product, potency test
-Compounding policies and procedures - reviewed annually, reviewed policy for: staff competency and training, non-sterile HD and non-HD compounding room cleaning and equipment maintenance, temperature and humidity recording, product storage, equipment use, compounding technique, garbing procedure (donning and doffing for HD and non-HD compounding); spill/cleanup procedure; labeling; compounding worksheet/master formulas; BUD; quality assurance; drug recall; process validation
-Environmental testing performed by ENV services - last on 1/28/2019

Compounding Area:
1- Non-hazardous non-sterile compounding room: 6 powder hoods, 1 tablet hood, sink, refrigerator, medication stock, garbing materials, cleaning solutions (sIPA and detergent),
2-Hazard non-sterile compounding room - room is negatively pressured and vented to outside. Contains 2 powder hoods, medication stock, spill kit, garbing materials, pass through, cleaning materials, double gloves

Inspector Sara Mullen
Phone: 415-599-9968
Fax: 415-507-1417
Email Address: sara.mullen@dca.ca.gov

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) Nicole Lofholm Clausen

Inspector (sign) _____

Inspector (print) Sara Mullen

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

7/21 1:8

GOLDEN GATE VETERINARY COMPOUNDING PHARM
8 DIGITAL DR STE 104
NOVATO, CA 94949-5759

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG0344767	09-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-02-2021

GOLDEN GATE VETERINARY COMPOUNDING PHARM
GOLDEN GATE VETERINARY COMPOUNDING PHARMACY
8 DIGITAL DR STE 104
NOVATO, CA 94949-5759

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG0344767	09-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-02-2021

GOLDEN GATE VETERINARY COMPOUNDING PHARM
GOLDEN GATE VETERINARY COMPOUNDING PHARMACY
8 DIGITAL DR STE 104
NOVATO, CA 94949-5759

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG0344767	09-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-02-2021

GOLDEN GATE VETERINARY COMPOUNDING PHARM
GOLDEN GATE VETERINARY COMPOUNDING PHARMACY
8 DIGITAL DR STE 104
NOVATO, CA 94949-5759

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALIO AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Golden Gate Veterinary Compounding Pharmacy

Nevada license number: PH04110 pending CHOW

Websites in use or intended to be used: www.ggvcp.pharmacy

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner

11/12/21

Date

Golden Gate Veterinary Compounding Pharmacy License List			
As of 11/15/20201			
State	License Number	Issue Date	Exp Date
Arizona	Y008977	8/6/2021	10/31/2022
California	58192	5/24/2021	11/15/2021
Colorado	OSP.0007265	6/21/2021	10/31/2022
Connecticut	PCN.0004013	10/7/2021	8/31/2022
Delaware	A9-0012727	9/14/2021	9/30/2022
Florida	33402	6/16/2021	2/28/2023
Hawaii	PMP-1835	9/7/2021	12/31/2021
Hawaii CS	E15660	11/3/2021	9/30/2022
Idaho	55235MS		12/31/2021
Illinois	54022103	10/14/2021	3/31/2022
Kentucky	CA2817	9/8/2021	6/30/2022
Maryland	P08487	9/3/2021	5/31/2022
Maryland CS	127449	10/1/2021	5/31/2022
Minnesota	266418	8/30/2021	6/30/2022
Missouri	2021036047	9/7/2021	10/31/2023
Montana	PHA-MOP-LIC-78224	6/17/2021	11/30/2021
Nebraska	1500	8/30/2021	7/1/2022
New Hampshire	NR-1842	4/14/2020	12/31/2022
New Mexico	PH00005216	5/24/2021	12/31/2022
New Mexico CS	CS00230246	5/24/2021	9/30/2024
New York	38991	6/29/2021	5/31/2024
Ohio	242000320	9/10/2021	3/31/2023
Oregon	RP-0003721	9/3/2021	3/31/2022
Pennsylvannia	NP001841	9/9/2021	
Rhode Island	PHN12164	8/25/2021	
Rhode Island CS	CPHN12164	8/25/2021	
Tennessee	7098	9/28/2021	9/30/2023
Utah	12306052-1708	7/22/2021	9/30/2023
Utah CS	12306052-8913	7/22/2023	9/30/2023
Washington	PHNR.FO.61179644	6/22/2021	5/31/2022
Washingon DC	NRX2101936	10/14/2021	5/31/2023
Washingon DC CS	NCP2100058	10/14/2021	5/31/2023
West Virginia	MO0561689	8/20/2021	6/30/2023
Wisconsin	2712-43	5/24/2021	5/31/2022
Wyoming	NR-51978	6/24/2021	6/30/2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Golden Gate Veterinary Compounding Pharmacy LLC

Physical Address: 8 Digital Drive, Ste 104

City: Novato State: CA Zip: 94949

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 415-455-5590 Website: www.ggvcp.pharmacy

Licensing Company Email: erik.clausen@bluerabbit.vet

Section 2: Personal Information

First: Erik Middle: Matthew Last: Clausen

Alias(es, nicknames, name changes, etc.): none

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]Zandra Place

City: Novato State: CA Zip: 94945

Telephone: [redacted] Email: erik.clausen@bluerabbit.vet

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: e

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		08/2003-05/2007	
Address	City	State	Zip
3601 Pacific Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
Doctor of Pharmacy with a Masters in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Montana State University		08/1998 - 05/2022	
Address	City	State	Zip
Culbertson Hall, 100	Bozeman	MT	59717
Diploma/Degree obtained, if any			
Bachelor of Science in Cell Biology and Neuroscience			

School Name		From - To (MM/YY – MM/YY)	
Whitefish High School		08/1994 - 05/1998	
Address	City	State	Zip
1143 4th St	Whitefish	MT	59937
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2015-present	[redacted]Zandra Place	Novato	CA	94945
12/2008-08/2015	56 Marin Ave	Sausalito	CA	94965
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Golden Gate Veterinary Compounding Pharmacy			10/2008-present	
Business Address		City	State	Zip
8 Digital Drive, Ste 104		Novato	CA	94949
Phone	Title		Number of Employed Hours	
415-455-5590	General Manager		27040	
Description of Duties				
Oversee all operations of the pharmacy including, but not limited to, oversight of all staff, ensuring compliance with all laws and regulations, and various other managerial duties on a day to day basis.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/21/1999	11/22/1999	MT	Bozeman	Gallatin
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
TK-115-1999-35918		Bozeman Municipal Court		
Reason/Charge				
Minor in Possession of Alcohol				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
State of Montana/Erik Clausen				
Name of Business/Industry/Entity				

Provide explanation below:

The incident occurred in November of 1999 in Bozeman, Montana. I was 20 years old at the time. I was a passenger in a car that was pulled over. All passengers were given a breathalyzer test, of which I failed. I was charged with Minor in Possession of Alcohol, which is a misdemeanor. I plead guilty to the charge and was assessed a fine of $80.

If The Board needs any further details of the incident, or has any questions, I can be contacted on my cell phone, which is [redacted] or by email at erik.clausen@bluerabbit.vet.

Original Signature (electronic, copies or stamps not accepted)

11/17/21
Date

Applicant's initials

I, Erik Clausen, **certify that as the designated representative for**

Golden Gate Veterinary Compounding Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

ERIK CLAUSEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/21

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erik Clausen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/21

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Marin

I, ERIK CLAUSEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/17/21

Date

Subscribed and Sworn to before me this 17th day of Nov., 2021

Notary Public Signature

JAVAD FOROUZEH
Notary Public - California
Marin County
Commission # 2342840
My Comm. Expires Jan 21, 2025

(Seal)

Applicant's initials _____

11/17/2021

To: Whom it May Concern

Response to Affirmative Answers on Questions relating to arrest history:

The incident occurred in November of 1999 in Bozeman, Montana. I was 20 years old at the time. I was a passenger in a car that was pulled over. All passengers were given a breathalyzer test, of which I failed. I was charged with Minor in Possession of Alcohol, which is a misdemeanor. I plead guilty to the charge and was assessed a fine of $80.

If The Board needs any further details of the incident, or has any questions, I can be contacted on my cell phone, which is (415) 601-8365, or by email at erik.clausen@bluerabbit.vet.

Regards,

Erik Matthew Clausen
Pharmacist in Charge
Golden Gate Veterinary Compounding Pharmacy, LLC

Date: 6/13/2019
Time: 11:11 AM
Page 1 of 1

Bozeman Municipal Court
Party Detail Summary
Criminal and Civil Cases

User: JNELSON

Clausen, Erik M

Balance due court: 0.00

Case: TK-115-1999-35918 **Defendant** **Closed**
Judge: Karl P Seel Filing Date: 11/21/1999

Charge	Degree	Disposed	Plea	Finding	Citation
Possessing Beer Or Liquor While Under Age (		11/22/1999	Guilty	Guilty	145222
Issued: 11/21/1999	Fines/Fees:	80.00	Paid:	80.00	Balance: 0.00
	Case Total:	**80.00**	**Paid:**	**80.00**	**Balance: 0.00**

I, Jamie Nelson, hereby certify that this is a true and correct copy of the original as the same appears in the files and records of the office of the Municipal Court of the City of Bozeman, County of Gallatin, State of Montana.

Dated the 14th day of June, 2019

Jamie Nelson
Bozeman Municipal Court Clerk

NOTICE TO APPEAR AND COMPLAINT ISSUED BY **BOZEMAN POLICE DEPARTMENT** 012A 145222

TE OF MONTANA / CITY OF BOZEMAN } VS.

DEFENDANT NAME FIRST ERIK MIDDLE M. LAST CLAUSEN

STREET [redacted] S. 6TH

CITY Bozeman STATE MT ZIP 59715

SEX M WT 170 HT 603 EYES BLU HAIR BRO DOB [redacted]

DL NO. [redacted] DL STATE MT DL EXP. YEAR 00

EMPLOYER MSU-STUD BUSINESS PHONE

VEHICLE LICENSE NO. VEHICLE YEAR VEHICLE COLOR VEHICLE MAKE

VEHICLE TYPE ☐ CAR ☐ TRUCK ☐ PICKUP ☐ TRK/TRLR ☐ MOTORCYCLE

UNIFORM VIOLATION CODE 0021-0

DOCKET NUMBER (99) 3598

E DEFENDANT IS HEREBY GIVEN NOTICE TO APPEAR IN

☐ JUSTICE Rm 168 ☒ CITY Rm 123 ☐ YOUTH Rm 100

RT OF CARLSON DEPT#

NTY OF GALLATIN

ATED AT 615 SOUTH 16TH (DOWNSTAIRS)

OZEMAN, MONTANA ON OR BEFORE

I AM MONDAY, WEDNESDAY OR THURSDAY

22 DAY OF NOV 99

NSWER THIS CHARGE

IS 22 DAY OF NOV 99

OMPLAINT WAS PRESENTED TO ME AND THE OFFICER OATH SWORE THAT THE CHARGES ARE TRUE.

Signature of Judge or Notary

TARY FOR THE STATE OF MONTANA SIDING AT BOZEMAN, MONTANA MY COMMISSION EXPIRES Sept 23-2000

FAILURE TO APPEAR MAY RESULT IN A SUSPENSION OF YOUR DRIVER'S LICENSE OR PRIVILEGE TO DRIVE

THE ABOVE NAMED DEFENDANT IS CHARGED WITH VIOLATING

☒ MONTANA CODE ☐ CITY CODE ☐ COUNTY ORDINANCE SECTION # 45-5-624

ON THE 21 DAY OF NOV 99 AT 0335 MILITARY TIME

IN THAT SAID DEFENDANT DID PURPOSELY OR KNOWINGLY OR NEGLIGENTLY

MINOR IN POSSESSION OF ALCOHOL (2ND)

PBT #1 .020 B.A.C

NAMELY AT (LOCATION) 1300 W. CULBER

IF CHECKED ☐ PERSONAL APPEARANCE IN COURT REQUIRED BRING A PARENT

☐ B.A. TEST GIVEN ☐ ACCIDENT RADAR UNIT NO. 24

BADGE NO. 152

BADGE NO. 151

SIGNATURE OF OFFICER

RECEIVED $ NONE AS APPEARANCE BOND

I, Janie Nelson, hereby certify that this is a true and correct copy of the original as the same appears in the files and records of the office of the Municipal Court of the City of Bozeman, County of Gallatin, State of Montana.

Dated the 14th day of June, 2019

Janie Nelson

Bozeman Municipal Court Clerk

STATE OF MONTANA,

Plaintiff,

v.

Erik Clausen Defendant.

CITY COURT OF THE CITY OF BOZEMAN
COUNTY OF GALLATIN, STATE OF MONTANA

SENTENCING ORDER/ORDER OF COMMITMENT

WHEREAS, on 11-22, 1997 the above Defendant was (✓) arraigned in open Court ( ) video arraignment (✓) pled guilty ( ) convicted by jury ( ) convicted by judge, as set forth below, it is ORDERED that you, said Sheriff of Gallatin County take and receive the Defendant:

Cause No: 97-35918-MIP 2nd 1st

Bond: $_____ cash / surety ☐ Defendant not to be released until bond paid ☐ Release immediately.

Sentence imposed:

☑ _____ months / year suspended/deferred sentence all but _____ hours / days incarceration to be served:

_____.

☐ Ineligible Work Program -- Unless indicated, defendant eligible for consideration for Work Program
☐ Credit for time served
☐ Incarceration immediate ☐ Incarceration in lieu of fines/costs/assessments of _____ days to serve in detention
☑ Fine of $ 50 + $5 and $15 administrative fees ☐ "No contact" Order entered by Court
☐ Witness/administrative fees/other court costs 70+10-80
☐ Community Service: Waived hours, must complete by _____ ☐ Time Pay
☐ ACT (alcohol) 1st 2nd 3rd ☐ ACT (drugs) 1st 2nd 3rd ☐ MIP (alcohol) 1st 2nd 3rd
☐ Probationary Driver's License is recommended by the Court.
☑ Other Book & release

****

AS A PART OF YOUR SENTENCE, YOU SHALL:

☑ Obey all laws. ☐ Complete MIP Program. ☑ Notify Court of change of address/telephone number.
☑ Complete the Act/Drug Counseling Program & comply with recommendations of counselors.
☐ Complete minimum 25 hours Domestic Abuse Couseling within 6 months.
☐ Not drive until legally licensed to do so.
☐ Driver's license: ○ Surrendered ○ Lost per defendant ○ taken at Detention Center.
☐ License plates & registration suspended _____ Days.
☐ Surrender license plates & registration by _____.
☐ Re-enroll ACT/MIP/DRUG/Domestic Abuse/Additional Treatment/Community Service by _____.
☐ SHALL NOT consume alcohol or frequent any place whose primary purpose is to serve alcoholic beverages.
☐ SHALL NOT enter or be on the grounds of _____ for a period of _____ Months.
☑ COMPLY WITH COURT ORDERS. FAILURE TO APPEAR/PAY FINES/COMPLY MAY RESULT IN THE ISSUANCE OF A SUMMONS, ARREST WARRANT AND/OR SUSPENSION OF YOUR DRIVER'S LICENSE.

DONE AND ORDERED 11-22, 1997.

PATRICIA KYLE CARLSON, Bozeman City Court Judge

I acknowledge that I will report to Detention Center by 4:00 pm on day of sentencing to make arrangements for jail sentence, and that I am to serve my time on 11-22, 1997. I may not report while under the influence of alcohol.

Defendant's signature & date: _____ 11-22, 1997

cc: ☐ Detention Center (original) ☐ Court ☐ Defendant ☐ Assistant City Attorney ☐ CONTINUED ON PAGE 2

NOTICE TO APPEAR AND COMPLAINT ISSUED BY

E OF MONTANA / CITY OF BOZEMAN } VS

DEFENDANT NAME FIRST ERIK MIDDLE M. LAST CLAUSEN

STREET [redacted] S 8TH

CITY Bozeman STATE MT ZIP 59715

SEX M WT 170 HT 603 EYES BLU HAIR BRO DOB [redacted]

O/L NO [redacted] O/L STATE MT O/L EXP. YEAR 00

BUSINESS PHONE MSU-STUD

VEHICLE LIC. NO. / STATE / MONTH / YEAR

VEHICLE YEAR / VEHICLE COLOR

VEHICLE MAKE

VEHICLE TYPE ☐ CAR ☐ TRUCK ☐ PICKUP ☐ TRACTOR ☐ MOTORCYCLE ☐

UNIFORM VIOLATION CODE 0021-0

DOCKET (99) 2 5716 NUMBER

E DEFENDANT IS HEREBY GIVEN NOTICE TO APPEAR IN

JUSTICE Rm 160 ☐ CITY Rm 329 ☐ YOUTH Rm 100

RT OF GALLATIN DEPT# GALLATIN

NTY OF

TED AT 615 SOUTH 16TH (COURTHOUSE)

OZEMAN, MONTANA ON OR BEFORE

AM MONDAY, WEDNESDAY OR THURSDAY

22 DAY OF NOV 99

NSWER THIS CHARGE.

IS 22 DAY OF NOV 99

OMPLAINT WAS PRESENTED TO ME AND THE OFFICER OATH SWORE THAT THE CHARGES ARE TRUE.

Signature of Judge or Notary

ARY FOR THE STATE OF MONTANA IDING AT BOZEMAN MONTANA COMMISSION EXPIRES July 23 2000

FAILURE TO APPEAR MAY RESULT IN A SUSPENSION OF YOUR DRIVER'S LICENSE OR PRIVILEGE TO DRIVE

THE ABOVE NAMED DEFENDANT IS CHARGED WITH VIOLATING

☒ MONTANA CODE ☐ CITY CODE ☐ COUNTY ORDINANCE

SECTION # 45-5-624

ON THE 21 DAY OF NOV 99 AT 0335 MILITARY TIME

IN THAT SAID DEFENDANT DID PURPOSELY OR KNOWINGLY OR NEGLIGENTLY

MINOR IN POSSESSION OF ALCOHOL (2ND)

PBT #16 .020 B.A.C.

NAMELY AT (LOCATION) 1300 W. COLLEGE

IF CHECKED ☐ PERSONAL APPEARANCE IN COURT REQUIRED ☐ BRING A PARENT

RECEIVED $ NONE AS APPEARANCE BOND

☒ B.A. TEST GIVEN ☐ ACCIDENT RADAR UNIT NO. 24

BADGE NO. 152

BADGE NO. 157

SIGNATURE OF OFFICER

22nd November 1999

Guilty 1st Offense

Fine - 40+5+5+5 10+10=80

Served C/S.

Def Booked + released

3 5 5 7 10 10

11-22-99

385689

P Clausen

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check one box)

- ☒ New Pharmacy
- ☐ Ownership Change*
- ☐ Location Change *
- ☐ Name Change*

* If making a change, provide current license number:

PH N/A

Ownership Type (check applicable box)

- ☐ **Publicly Traded** (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- ☒ **Non-Publicly Traded** (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- ☐ **Partnership** (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- ☐ **Sole Owner** (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: Pharmacy Information

Pharmacy Name: PROGRESS PHARMACY, INC DBA PROGRESS PHARMACY

Physical Address: 8170 Okeechobee BLVD Suite 5

City: West Palm Beach State: FL Zip: 33411

Mailing Address (if different from physical address): SAME

City: SAME State: SAME Zip: SAME

Telephone: 561-720-2678 Toll Free # (NAC 639.708, NRS 639.23286): 1-866-415-0178

Fax: 561-720-2685 Contact Email: FRANCK.KACOU@PROGRESSPHARMACY.COM

Website: INFO@PROGRESSPHARMACY.COM

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): FRANCK KACOU ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: MPJE COMPLETED-AWAITING LICENSE ISSUANCE 22045

Type of Pharmacy (check all applicable)

- ☒ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check if applicable)

- ☒ **Retail/Community**
- ☒ **Non-sterile Compounding**
- ☐ **Sterile Compounding**
- ☒ **Mail-Order Service**
- ☐ **Off-site Cognitive Services**
- ☐ **Long Term Care**
- ☐ **Hospital**
- ☐ **Other:**

Section 2: Pharmacy Hours

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☐ Sunday

Section 2: List all Florida Registered Pharmacists employed by the Pharmacy Services in the Nevada for the pharmacy (NRS 639.240, NRS 639.255). (Use a separate piece of paper if additional space is needed.)

Name: FRANCK KACOU	NV Pharmacist Registration #: 22045
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: Yes or No (cont.)

	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: List any other owners (Doctors, professionals, shareholders, partners) that have ten percent or more interest in the Nevada Pharmacy. (Physician, Physician Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.) If yes, please provide the name(s) of the owner(s), their credentials and their percent of interest. (Write NA if not applicable, NRS 639.236.) (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section E) Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section F) Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA

Parent Company (if any):

Corporation/Organization Name: PROGRESS PHARMACY, INC DBA PROGRESS PHARMACY

Mailing Address: 8170 Okeechobee BLVD Suite 5

City: West Palm Beach State: FL Zip: 33411

Telephone: 561-720-2676 Email: FRANCK.KACOU@PROGRESSPHARMACY.COM

Contact Person Name: Franck Kacou

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section G) Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section H) Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section B: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.265)

Statement of Responsibility

1. I am the OWNER (title) for PROGRESS PHARMACY, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

FRANCK KACOU

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2021

Date

Section 20: All Out-of-State Pharmacies MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, FRANCK KACOU hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for PROGRESS PHARMACY, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of November, 20 21

Notary Public

TRACEY S. MULARCHYK NOTARY PUBLIC STATE OF FLORIDA
My Comm. Expires Mar. 19, 2023
Comm. # GG 313125

Section III: Managing Pharmacist Acknowledgement / Professional Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Date:	Action/Charge/Judgment:	State:	Case #:

Criminal Action:	State:	Date:	Case #:	Charge:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ 11/18/2021

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12-5: Indicate the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly traded	Partnership	Sole Owner
▫ List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
▫ List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
▫ List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
▫ For General Partnerships, list the name of each partner. NAC 639.214(2) ▫ For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
▫ Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
▫ Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
▫ Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
▫ Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
▫ Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
▫ License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(g)	✓	✓	✓	✓
▫ Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
▫ Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
▫ Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FRANCK KACOU

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2021

Date

Board Use Only	Date Received: _____	Amount: 500 Check# 1265

PROGRESS PHARMACY, INC DBA PROGRESS PHARMACY

LIST OF OFFICER(S)/DIRECTOR(S): FRANCK KACOU, OWNER

LIST OF TOP FOUR STOCKHOLDERS AND OWNERSHIP PERCENTAGE: FRANCK KACOU, OWNER 100%

LIST OF STOCKHOLDERS WHO HOLD 10% OR MORE OF SHARES: N/A

State of Florida
Department of State

I certify from the records of this office that PROGRESS PHARMACY, INC. is a corporation organized under the laws of the State of Florida, filed on November 2, 2015, effective October 29, 2015.

The document number of this corporation is P15000090052.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on April 30, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-ninth day of November, 2021

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 9312268436CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Department of Health

License Number: PH30769

Data As Of 11/28/2021

Profession	Pharmacy	
License	PH30769	
License Status	CLEAR/	
Qualifications	Schedule II & III	Community Pharmacy
License Expiration Date	2/28/2023	
License Original Issue Date	05/22/2017	
Address of Record	8170 Okeechobee Blvd Suite 5 WEST PALM BEACH, FL 33411	
Discipline on File	No	
Public Complaint	No	

The information on this page is a secure, primary source for **license** verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

AC# 10006944

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/16/2021	PH 30769	121733

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: FEBRUARY 28, 2023

PROGRESS PHARMACY INC
Progress Pharmacy INC
8170 OKEECHOBEE BLVD SUITE D-7
WEST PALM BEACH, FL - 33411

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 10006944

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/16/2021	PH 30769	121733

THE PHARMACY NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: FEBRUARY 28, 2023

PROGRESS PHARMACY INC
Progress Pharmacy INC
8170 OKEECHOBEE BLVD SUITE D-7
WEST PALM BEACH, FL - 33411

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

REGISTRANT SIGNATURE

CR 1 CSR 2013

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/17/2021	PS 52532	312563

THE PHARMACIST

IS AUTHORIZED TO ENGAGE IN THE PRACTICE OF PHARMACY IN THE STATE OF FLORIDA UNDER THE LAWS AND RULES OF THE STATE

QUALIFICATIONS

EXPIRATION DATE: SEPTEMBER 30, 2023

FRANCK KARCHER
6170 OKEECHOBEE BLVD SUITE E
WEST PALM BEACH FL 33411

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

Department of Health

License Verification

Printer Friendly Version

Progress Pharmacy INC Progress Pharmacy INC

License Number: PH30769

Data As Of 11/28/2021

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

Profession	Pharmacy
License	PH30769
License Status	CLEAR/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2023
License Original Issue Date	05/22/2017
Address of Record	8170 Okeechobee Blvd Suite 5 WEST PALM BEACH, FL 33411
Discipline on File	No
Public Complaint	No

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Privacy Statement | Disclaimer | Email Advisory | Accessibility

© 2021 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

1604

PROGRESS PHARMACY INC
8170 OKEECHOBEE BLVD STE 5
WEST PALM BEACH, FL 33411-2001

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7018749	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-07-2020

PROGRESS PHARMACY INC
8170 OKEECHOBEE BLVD STE 5
WEST PALM BEACH, FL 33411-2001

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7018749	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-07-2020

PROGRESS PHARMACY INC
8170 OKEECHOBEE BLVD STE 5
WEST PALM BEACH, FL 33411-2001

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PROGRESS PHARMACY INC DBA PROGRESS PHARMACY

Physical Address 8170 Okeechobee BLVD Suite 5

City WEST PALM BEACH State FL Zip 33411

Mailing Address (if different from physical address) SAME

City SAME State SAME Zip SAME

Telephone 561-720-2676 Website WWW.PROGRESSPHARMACY.COM

Licensing Company Email FRANCK.KACOU@PROGRESSPHARMACY.COM

Section 2: Personal Information

First FRANCK Middle _____ Last KACOU

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] WILLOW OAK CT

City WELLINGTON State FL Zip 33414

Telephone [redacted] Email FRANCK.KACOU@PROGRESSPHARMACY.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.220)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, IRS 6331.29)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials FK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
THE UNIVERSITY OF FLORIDA			09/11- 12/13	
Address		City	State	Zip
210 Gerson Hall P.O. Box 117166		GAINESVILLE	FL	32611
Diploma/Degree obtained, if any				
MASTER BUSINESS ADMINISTRATION				
School Name			From - To (MM/YY – MM/YY)	
PALM BEACH ATLANTIC UNIVERSITY			09/03 - 05/07	
Address		City	State	Zip
901 S Flagler Dr.		WEST PALM BEACH	FL	33401
Diploma/Degree obtained, if any				
DOCTOR OF PHARMACY				
School Name			From - To (MM/YY – MM/YY)	
MERCER UNIVERSITY			01/00 - 12/02	
Address		City	State	Zip
3001 MERCER UNIVERSITY		MACON	GA	30341
Diploma/Degree obtained, if any				
BACHELOR OF SCIENCE				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/08 - PRESENT	[redacted] WILLOW OAK CT	WELLINGTON	FL	33414
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7-5 designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
PROGRESS PHARMACY INC DBA PROGRESS PHARMACY			
Business Address	**City**	**State**	**Zip**
8170 Okeechobee BLVD Suite 5	WEST PALM BEACH	FL	33411
Phone	**Title**	**Number of Employed Hours**	
561-720-2676	OWNER	40/WEEK	

Description of Duties

MANAGING PHARMACIST OVERSEEING DAY-TO-DAY OPERATIONS AND RESPONSIBLE FOR MAINTAINING POLICIES AND PROCEDURES IN COMPLIANCE WITH ALL STATE AND FEDERAL REGULATIONS.

Business Name			From - To (MM/YY – MM/YY)
JUPITER MEDICAL CENTER			09/16 - 5/17
Business Address	**City**	**State**	**Zip**
1210 S OLD DIXIE HWY	JUPITER	FL	33458
Phone	**Title**	**Number of Employed Hours**	
561-263-2234	PHARMACIST	40/WEEK	

Description of Duties

PERFORMED CLINICAL SERVICES INCLUDING PHARMACOKINETICS CONSULTS, RENAL DOSING AND NUTRITION SUPPORT

Business Name			From - To (MM/YY – MM/YY)
CVS HEALTH			
Business Address	**City**	**State**	**Zip**
2480 PGA BLVD	PALM BEACH GARDENS	FL	33410
Phone	**Title**	**Number of Employed Hours**	
561-622-8700	PHARMACY MANAGER	40/WEEK	

Description of Duties

As pharmacy manager, drive Profit & Loss to provide positive results while keeping controllable expenses low through managing payroll and inventory management. Assess workflow as needed for

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials FK

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/18/2021
Date

Applicant's initials FK

I, FRANCK KACOU, certify that as the designated representative for PROGRESS PHARMACY INC DBA PROGRESS PHARMACY,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

FRANCK KACOU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2021

Date

Applicant's initials FK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FRANCK KACOU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2021

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of PALM BEACH

I, FRANCK KACOU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/23/2021

Date

Subscribed and Sworn to before me this 23rd day of november. 2021

Notary Public Signature

TRACEY S. MULARCHYK NOTARY PUBLIC STATE OF FLORIDA
My Comm. Expires Mar. 19. 2023
Comm. # GG 313125

(Seal)

Applicant's initials 11/18/2021

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PROGRESS PHARMACY, INC DBA PROGRESS PHARMACY

Physical Address 8170 OKEECHOBEE BLVD SUITE 5

City WEST PALM BEACH State FL Zip 33411

Mailing Address (if different from physical address) SAME

City SAME State SAME Zip SAME

Telephone 561-720-2676 Website INFO@PROGRESSPHARMACY.COM

Licensing Company Email FRANCK.KACOU@PROGRESSPHARMACY.COM

Section 2: Personal Information

First FRANCK Middle _____ Last KACOU

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] WILLOW OAK COURT

City WELLINGTON State FL Zip 33414

Telephone [redacted] Email FRANCK.KACOU@PROGRESSPHARMACY.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520) (PL 113-97)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials FK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
THE UNIVERSITY OF FLORIDA			09/11- 12/13
Address	**City**	**State**	**Zip**
210 Gerson Hall P.O. Box 117166	GAINESVILLE	FL	32611
Diploma/Degree obtained, if any			
MASTER BUSINESS ADMINISTRATION			
School Name			From - To (MM/YY – MM/YY)
PALM BEACH ATLANTIC UNIVERSITY			09/03 - 05/07
Address	City	State	Zip
901 S Flagler Dr.	WEST PALM BEACH	FL	33401
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			
School Name			From - To (MM/YY – MM/YY)
MERCER UNIVERSITY			
Address	City	State	Zip
3001 MERCER UNIVERSITY	MACON	GA	30341
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/08 - PRESENT	[redacted] WILLOW OAK CT	WELLINGTON	FL	33414
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PROGRESS PHARMACY INC DBA PROGRESS PHARMACY			05/17 - PRESENT
Business Address	**City**	**State**	**Zip**
8170 Okeechobee BLVD Suite 5	WEST PALM BEACH	FL	33411
Phone	**Title**		
561-720-2676	OWNER		

Description of Duties

MANAGING PHARMACIST OVERSEEING DAY-TO-DAY OPERATIONS AND RESPONSIBLE FOR MAINTAINING POLICIES AND PROCEDURES IN COMPLIANCE WITH ALL STATE AND FEDERAL REGULATIONS.

Business Name			From - To (MM/YY – MM/YY)
JUPITER MEDICAL CENTER			09/16 - 5/17
Business Address	**City**	**State**	**Zip**
1210 S OLD DIXIE HWY	JUPITER	FL	33458
Phone	**Title**		
561-263-2234	PHARMACIST		

Description of Duties

PERFORMED CLINICAL SERVICES INCLUDING PHARMACOKINETICS CONSULTS, RENAL DOSING AND NUTRITION SUPPORT

Business Name			From - To (MM/YY – MM/YY)
CVS HEALTH			09/07 - 05/16
Business Address	**City**	**State**	**Zip**
2480 PGA BLVD	PALM BEACH GARDENS	FL	33410
Phone	**Title**		
561-622-8700	PHARMACY MANAGER		

Description of Duties

As pharmacy manager, drive Profit & Loss to provide positive results while keeping controllable expenses low through managing payroll and inventory management. Assess workflow as needed for opportunities in order to improve efficiency and increase

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials FK

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials FK

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/18/2021
Date

Applicant's initials FK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FRANCK KACOU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/18/2021

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of PALM BEACH

I, FRANCK KACOU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/18/2021

Date

Subscribed and Sworn to before me this 18th day of November.

Notary Public Signature

TRACEY S. MULARCHYK NOTARY PUBLIC STATE OF FLORIDA
My Comm. Expires Mar. 19, 2023
Comm. # GG 313125

(Seal)

Applicant's initials FK

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 24535
Insp # 166158

NAME	PERMIT NUMBER	DATE OF INSPECTION
Progress Pharmacy INC	30769	08/26/2021
DOING BUSINESS AS PROGRESS PHARMACY INC		
STREET ADDRESS 8170 Okeechobee Blvd Suite 5	TELEPHONE # 561-301-4220	EXT
CITY WEST PALM BEACH	COUNTY PALM BEACH	STATE/ZIP FL33411

Additional Information

Business Operation Hours

M-T-W-TH-F N	Monday Y
Monday Hours 9 am to 6 pm	Tuesday Y
Tuesday Hours 9 am to 6 pm	Wednesday Y
Wednesday Hours 9 am to 6 pm	Thursday Y
Thursday Hours 9 am to 6 pm	Friday Y
Friday Hours 9 am to 6 pm	Saturday Y
Saturday Hours 10 am to 2 pm	Sunday N

Registered Pharmacist / Intern / Tech

License # PS 42830	Licensee Name Frank Kacou
License Type Registered Pharmacists	
License # PS 6374	Licensee Name Melissa Kacou
License Type Registered Pharmacists	
License # PS 53442	Licensee Name Misti Curtis
License Type Registered Pharmacists	
License # 42803	Licensee Name Jeremiah Charles Mckelvey
License Type Registered Pharmacists	
License # 47781	Licensee Name Caitlin Nicole Runyon
License Type Pharmacy Tech	
License # 42791	Licensee Name Tomish L Fields-Johnson
License Type Intern	
License # 40549	Licensee Name Gregory Allen Brown
License Type Registered Pharmacists	
License # 40437	Licensee Name Kisha Viceus
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FP7015743	

License Relations

Pharmacy Affiliate

KACOU,FRANCK	License #

RX DPT MGR/CORP/OR

INV359 - Community Requirements

Insp # 162153 | Progress Pharmacy INC | File # 24335

KACOU, FRANCK	License # 42830

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	N/A
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C.]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1161 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.]	Yes
Legend drugs properly stored. [64B16-28.116 F.A.C.]; [64B16-28.120 F.A.C.] *Fridge temp is 40*	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.] *Reverse distributor*	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [64B16-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.103 F.A.C.]; [893.04(1)(e) F.S.]; [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality-Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(i) F.S.] *Last CQI was conducted on 3/2/2021*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *Last inventory was conducted 8/15/2020 at the closing of business*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	Yes
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	Yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	Yes
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are not ovailable for inspection. [499.005 (14) F.S.] *McKesson*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A

INV359 - Community Requirements

Insp # 182153

Progress Pharmacy INC

File # 24335

Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	Yes
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	No

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	Yes
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	Yes
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	Yes

Remarks:

Inspection completed with assistance of pharmacist. Facility is in compliance, licensee bill of rights is on the back of business card provided.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

BURLEY, RYAN

Date:8/26/2021

Representative:

franck kacou

Date:8/26/2021

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03619

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Founder Project Rx, Inc dba ReCept Pharmacy #1

Physical Address: 800 8th Ave., Suite 130, Fort Worth, TX 76104

Mailing Address: 1620 W. Northwest Hwy. Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 817-335-5712 Fax: 866-326-9731

Toll Free Number: 866-326-1425 (Required per NAC 639.708)

E-mail: licensure@receptrx.com Website: www.receptrx.com

Managing Pharmacist: Sandra Burton License Number: 50040

NV 21433

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☐ Other: _____	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nicky L. Otts
Print Name of Authorized Person

October 21, 2021
Date

Board Use Only Date Processed:_____ Amount: 500 check # 019702

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Founder Project Rx, Inc

Mailing Address: 1620 W Northwest Hwy Suite 100

City: Grapevine State: TX Zip: 75010

Telephone: 817-572-0009 Fax: 817-720-1039

Contact Person: Tammie Miskimins

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 6 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Sandra M. Burton

Date: 10/04/2021
Amount:
License #: 21433

(ID Card)

Trim ID Card to fit your wallet

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/04/2022

Sandra M. Burton

License #
21433
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21433

Expires: 04/04/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Sandra M. Burton

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Officer	Title	Social	DOB	DL License #:	Pharmacist License #	Address	City, State, Zip
Nicky L. Otts	President	[redacted]	[redacted]	[redacted]	TX: 21615	[redacted] Oak Lane	Arlington, TX 76017
Vickie T. Otts	Vice-President	[redacted]	[redacted]	[redacted]	N/A	[redacted] Oak Lane	Arlington, TX 76017

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Nicky L. Otts

Responsible Person of Founder Project Rx, Inc

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nicky L. Otts
Print Name of Authorized Person

October 21, 2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Tarrant COUNTY)

I, Nicky L. Otts, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Founder Project Rx, Inc dba ReCept Pharmacy #1 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Nicky L. Otts, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21 day of October, 2021.

NOTARY PUBLIC

Paula Sadovsky
My Commission Expires
03/06/2023
ID No. 131919441

Posted April 1, 2020

TEXAS STATE BOARD OF PHARMACY

Re:	Recept Pharmacy #1
Address:	800 8th Avenue, Suite 130 Fort Worth, Texas 76104
License No.:	23060
Date Issued:	February 19, 2004
Licensure Status:	Active
Expiration Date:	February 28, 2022
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	Yes

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Recept Pharmacy #1 (Texas Pharmacy License #23060) has been subject to disciplinary action by the Texas State Board of Pharmacy (see attached).

Form Completed by:

Eamon D. Briggs

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

October 19, 2021
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **23060**

Expiration Date: **2/28/2022**

Balances: **3**

RECEPT PHARMACY #1
800 8TH AVE STE 130
FORT WORTH TX 76104

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Founder Project Rx, Inc.
804203451

The undersigned, as Deputy Secretary of State of Texas, hereby certifies that a Certificate of Correction relating to an instrument that has been filed by the Secretary for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY the undersigned, as Deputy Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing.

Dated: 09/03/2021

Effective: 09/03/2021

Jose A. Esparza
Deputy Secretary of State

Form 403
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: $15

This space reserved for office use.

Certificate of Correction

Entity Information

1. The name of the filing entity is:

Founder Project Rx, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 804203451

Filing Instrument to be Corrected

2. The filing instrument to be corrected is : Certificate of Formation

The date the filing instrument was filed with the secretary of state: 08/17/2021
mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

☐ The entity name is inaccurate or erroneously stated. The corrected entity name is:

☐ The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
(Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First *Middle* *Last Name* *Suffix*

The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

☐ The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

Street Address (No P.O. Box)	*City*	TX *State*	*Zip Code*

☐ The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

☐ The period of duration of the entity is inaccurate or erroneously stated.
The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

☑ **Other errors and corrections**. The following inaccuracies and errors in the filing instrument are corrected as follows:

☐ **Add** Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

☑ **Alter** The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

Article 11 (Organizer) is hereby corrected to read in its entirety as follows:

The name and address of the organizer is:
Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

☐ **Delete** Each of the provisions identified below was included in error and should be deleted.

☑ **Defective Execution** The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

Entity name *SOS file number*

Entity name *SOS file number*

Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: September 1, 2021

By: NICKY OTTS

Signature of authorized person

Nicky L. Otts

Printed or typed name of authorized person (see instructions)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

September 09, 2021

Attn: CAPITOL SERVICES INC

Capitol Services, Inc.
PO Box 1831
Austin, TX 78767 USA

RE: Founder Project Rx, Inc.
File Number: 804203451

It has been our pleasure to file the Certificate of Correction for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

CERTIFICATE OF FORMATION
OF
FOUNDER PROJECT RX, INC.

The undersigned, Nicky L. Otts, in his capacity as President of Nuvono, Inc., in its capacity as general partner of Otts-King Family Investments, LP, acting as the sole organizer of a for-profit corporation to be formed under the Texas Business Organizations Code, as amended (the "TBOC"), does hereby adopt the following Certificate of Formation for Founder Project Rx, Inc. (the "Corporation").

Article 1
Name

The name of the Corporation is Founder Project Rx, Inc.

Article 2
Duration

The period of duration of the Corporation is perpetual.

Article 3
Purpose

The corporation is organized for the purpose of the transaction of any and all lawful business for which for-profit corporations may be incorporated under the TBOC.

Article 4
Shares

The aggregate number of shares which the Corporation shall have authority to issue is 1,000,000 shares of common stock, par value one cent ($0.01) per share ("Common Stock"). Each share of Common Stock shall have identical rights and privileges in every respect.

Article 5
Registered Office and Agent

The street address of its initial registered office is 5109 Oak Lane, Arlington, Texas 76017, and the name of its initial registered agent at such address is Nicky L. Otts.

Article 6
Directors

The number of directors of the Corporation shall be not less than one nor more than nine (9), the exact number to be fixed from time to time in the manner provided in the Bylaws of the Corporation. The number of directors constituting the initial Board of Directors is two (2), and the name and address of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

Vickie Otts
5109 Oak Lane
Arlington, Texas 76017

Article 7
Bylaws

The Board of Directors or the shareholders shall have the power to alter, amend, or repeal the Bylaws of the Corporation or to adopt new Bylaws.

Article 8
Liability of Directors

The directors of the Corporation will not be liable to the Corporation or its shareholders for monetary damages for acts or omissions that occur in the directors' capacity as directors. This Article does not limit the liability of any director to the extent such director is found liable for: (1) a breach of his duty of loyalty to the Corporation or its shareholders; (2) an act or omission not in good faith that constitutes a breach of the director's duty to the Corporation, or an act or omission that involves intentional misconduct or a knowing violation of the law; (3) a transaction from which the director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office; or (4) an act or omission for which the liability of the director is expressly provided by an applicable statute.

Article 9
Indemnification

The Corporation shall indemnify to the full extent permitted by law any person who was, is, or is threatened to be made a named defendant or respondent in any action, suit, or proceeding, whether civil, criminal, administrative, arbitrative, or investigative, or in any appeal in such an action, suit, or proceeding, by reason of the fact that he or she is or was a director, advisory director, or officer of the Corporation, against all expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by such director, advisory director, or officer in connection with any such action, suit, or proceeding. The Corporation shall pay or reimburse expenses to directors, advisory directors, and officers, and may pay or reimburse

expenses to other persons, as permitted by law. The Corporation may purchase and maintain insurance, create a trust fund, establish any form of self-insurance, secure its indemnity obligation by grant of a security interest or other lien on the assets of the Corporation, establish a letter of credit, guaranty or surety arrangement, or other arrangement on behalf of directors, advisory directors, officers, or other persons, against any liability asserted against such persons in their capacities as directors, advisory directors, officers, or otherwise, of the Corporation, whether or not the Corporation would have the power to indemnify such directors, advisory directors, officers, or other persons against such liability, as permitted by law.

Article 10
Action by Written Consent

Any action required by the TBOC to be taken at any annual or special meeting of shareholders, or any action which may be taken at any annual or special meeting of shareholders, may be taken without a meeting, without prior notice, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holder or holders of shares having not less than the minimum number of votes that would be necessary to take such action at a meeting at which the holders of all shares entitled to vote on the action were present and voted.

Article 11
Organizer

The name and address of the organizer is:

Otts-King Family Investments, LP
5109 Oak Lane
Arlington, Texas 76017

[*Signature page follows.*]

IN WITNESS WHEREOF, the undersigned Organizer has executed this Certificate of Formation as of August 17, 2021.

ORGANIZER:

OTTS-KING FAMILY INVESTMENTS, LP

By: Nuvono, Inc.,
its General Partner

By: _____
Nicky L. Otts, President

Form 403
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: $15

This space reserved for office use.

Certificate of Correction

Entity Information

1. The name of the filing entity is:

Founder Project Rx, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 804203451

Filing Instrument to be Corrected

2. The filing instrument to be corrected is : Certificate of Formation

The date the filing instrument was filed with the secretary of state: 08/17/2021
mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

☐ The entity name is inaccurate or erroneously stated. The corrected entity name is:

☐ The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
(Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First *Middle* *Last Name* *Suffix*

The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

☐ The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

Street Address (No P.O. Box)	*City*	TX *State*	*Zip Code*

☐ The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

☐ The period of duration of the entity is inaccurate or erroneously stated.
The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

☑ **Other errors and corrections**. The following inaccuracies and errors in the filing instrument are corrected as follows:

☐ **Add** Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

☑ **Alter** The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

Article 11 (Organizer) is hereby corrected to read in its entirety as follows:

The name and address of the organizer is:
Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

☐ **Delete** Each of the provisions identified below was included in error and should be deleted.

☑ **Defective Execution** The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

Entity name *SOS file number*

Entity name *SOS file number*

Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: September 1, 2021

By: NICKY OTTS

Signature of authorized person

Nicky L. Otts

Printed or typed name of authorized person (see instructions)

Filing#:804203451 Document#:1076574910002 Filed On 9/3/2021 received by Upload

Form 403
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: $15

This space reserved for office use.

Certificate of Correction

Entity Information

1. The name of the filing entity is:

Founder Project Rx, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 804203451

Filing Instrument to be Corrected

2. The filing instrument to be corrected is : Certificate of Formation

The date the filing instrument was filed with the secretary of state: 08/17/2021
mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

☐ The entity name is inaccurate or erroneously stated. The corrected entity name is:

☐ The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
(Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First *Middle* *Last Name* *Suffix*

The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

☐ The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

Street Address (No P.O. Box)	*City*	TX *State*	*Zip Code*

☐ The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

☐ The period of duration of the entity is inaccurate or erroneously stated.

The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

☑ **Other errors and corrections**. The following inaccuracies and errors in the filing instrument are corrected as follows:

☐ **Add** Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

☑ **Alter** The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

Article 11 (Organizer) is hereby corrected to read in its entirety as follows:

The name and address of the organizer is:
Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

☐ **Delete** Each of the provisions identified below was included in error and should be deleted.

☑ **Defective Execution** The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

Entity name *SOS file number*

Entity name *SOS file number*

Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: September 1, 2021

By: NICKY OTTS

Signature of authorized person

Nicky L. Otts

Printed or typed name of authorized person (see instructions)

CERTIFICATE OF FORMATION
OF
FOUNDER PROJECT RX, INC.

The undersigned, Nicky L. Otts, acting as the sole organizer of a for-profit corporation to be formed under the Texas Business Organizations Code, as amended (the "TBOC"), does hereby adopt the following Certificate of Formation for Founder Project Rx, Inc. (the "Corporation").

Article 1
Name

The name of the Corporation is Founder Project Rx, Inc.

Article 2
Duration

The period of duration of the Corporation is perpetual.

Article 3
Purpose

The corporation is organized for the purpose of the transaction of any and all lawful business for which for-profit corporations may be incorporated under the TBOC.

Article 4
Shares

The aggregate number of shares which the Corporation shall have authority to issue is 1,000,000 shares of common stock, par value one cent ($0.01) per share ("Common Stock"). Each share of Common Stock shall have identical rights and privileges in every respect.

Article 5
Registered Office and Agent

The street address of its initial registered office is 5109 Oak Lane, Arlington, Texas 76017, and the name of its initial registered agent at such address is Nicky L. Otts.

Article 6
Directors

The number of directors of the Corporation shall be not less than one nor more than nine (9), the exact number to be fixed from time to time in the manner provided in the Bylaws of the Corporation. The number of directors constituting the initial Board of Directors is two (2), and the name and address of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

Vickie Otts
5109 Oak Lane
Arlington, Texas 76017

Article 7
Bylaws

The Board of Directors or the shareholders shall have the power to alter, amend, or repeal the Bylaws of the Corporation or to adopt new Bylaws.

Article 8
Liability of Directors

The directors of the Corporation will not be liable to the Corporation or its shareholders for monetary damages for acts or omissions that occur in the directors' capacity as directors. This Article does not limit the liability of any director to the extent such director is found liable for: (1) a breach of his duty of loyalty to the Corporation or its shareholders; (2) an act or omission not in good faith that constitutes a breach of the director's duty to the Corporation, or an act or omission that involves intentional misconduct or a knowing violation of the law; (3) a transaction from which the director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office; or (4) an act or omission for which the liability of the director is expressly provided by an applicable statute.

Article 9
Indemnification

The Corporation shall indemnify to the full extent permitted by law any person who was, is, or is threatened to be made a named defendant or respondent in any action, suit, or proceeding, whether civil, criminal, administrative, arbitrative, or investigative, or in any appeal in such an action, suit, or proceeding, by reason of the fact that he or she is or was a director, advisory director, or officer of the Corporation, against all expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by such director, advisory director, or officer in connection with any such action, suit, or proceeding. The Corporation shall pay or reimburse expenses to directors, advisory directors, and officers, and may pay or reimburse

expenses to other persons, as permitted by law. The Corporation may purchase and maintain insurance, create a trust fund, establish any form of self-insurance, secure its indemnity obligation by grant of a security interest or other lien on the assets of the Corporation, establish a letter of credit, guaranty or surety arrangement, or other arrangement on behalf of directors, advisory directors, officers, or other persons, against any liability asserted against such persons in their capacities as directors, advisory directors, officers, or otherwise, of the Corporation, whether or not the Corporation would have the power to indemnify such directors, advisory directors, officers, or other persons against such liability, as permitted by law.

Article 10
Action by Written Consent

Any action required by the TBOC to be taken at any annual or special meeting of shareholders, or any action which may be taken at any annual or special meeting of shareholders, may be taken without a meeting, without prior notice, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holder or holders of shares having not less than the minimum number of votes that would be necessary to take such action at a meeting at which the holders of all shares entitled to vote on the action were present and voted.

Article 11
Organizer

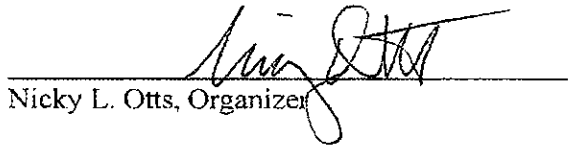
The name and address of the organizer is:

Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

[*Signature page follows.*]

IN WITNESS WHEREOF, the undersigned Organizer has executed this Certificate of Formation as of September 1, 2021.

ORGANIZER:



Nicky L. Otts, Organizer

AGREED BOARD ORDER #H-09-027-B

RE: IN THE MATTER OF RECEPT PHARMACY #1 (PHARMACY LICENSE #23060)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 23060 issued to ReCept Pharmacy #1, 800 8th Ave., Suite 130, Fort Worth, Texas 76104.

By letter dated July 2, 2010, the Texas State Board of Pharmacy gave preliminary notice to ReCept Pharmacy #1 of its intent to take disciplinary action with respect to pharmacy license number 23060 held by ReCept Pharmacy #1 as a result of an investigation which produced evidence indicating that ReCept Pharmacy #1 may have violated:

> Section 565.001(a)(1), (2), (12) and (13); and Section 565.002(a)(3) and (6) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2007);
>
> Section 281.7(a)(12), (13) and (29)(A); Section 281.8(b)(4)(A); Section 291.31(1), (14) and (15); Section 291.32(c)(1)(E) and (F); Section 291.32(c)(2)(B), (C) and (D); and Section 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2009); and
>
> Section 431.003; and Section 431.021(a), (b) and (r) of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2001), in that, allegedly:

COUNT

On or about February 27, 2009, Randy Warren Faulk, while acting as an employee (staff pharmacist) of ReCept Pharmacy #1, 800 8th Ave., Suite 130, Fort Worth, Texas 76104, dispensed triamterene/ hydrochlorothiazide 37.5 mg - 25 mg tablets to patient J.B. on a refill of a prescription calling for Ultracet (tramadol/ acetaminophen 37.5 mg - 325 mg tablets). The prescription bottle was labeled "tramadol/ace 37.5/325 mg tab." The patient took the incorrect medication and experienced adverse effects, including having leg cramps and diarrhea. The prescription was assigned prescription number 173292.

By letter dated July 2, 2010, ReCept Pharmacy #1 was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or administrative hearing. By his signature on this Order, Nicky Lee Otts, Corporate President of ReCept Pharmacy LP, for and on behalf of ReCept Pharmacy #1 neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives the pharmacy's right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Nicky Lee Otts understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Nicky Lee Otts, on behalf of ReCept Pharmacy #1, agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and agrees to comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacy license number 23060 held by ReCept Pharmacy #1 (hereinafter referred to as "Respondent") shall be, and such license is hereby reprimanded.

It is further ORDERED that Respondent shall develop and implement policies and procedures for a Continuous Quality Improvement Program for purposes of preventing and handling dispensing errors. The Continuous Quality Improvement Program shall include pharmacist peer review in compliance with guidelines approved by the Texas State Board of Pharmacy. In addition, the policies and procedures for pharmacist peer review shall state that:

(1) The peer review committee will:
- review incident reports;
- determine what caused errors;
- make recommendations to correct the problem that caused the errors; and
- monitor the changes to determine if the changes have improved the operation of Respondent and reduced errors.

(2) The peer review committee must be comprised of at least two employees of Respondent, including the pharmacist-in-charge and other pharmacist(s) or personnel who are employees of Respondent. The committee shall not be solely comprised of a district or regional manager/supervisor and the pharmacist-in-charge and shall not be used for personnel evaluation purposes.

(3) The peer review committee will meet regularly, and no less than quarterly.

(4) The peer review committee will make a record indicating:
- date of meeting
- location of meeting;
- names of persons attending the meeting;
- description of activities;
- discussion of problems in Respondent's operation (e.g., work flow, dispensing process);
- findings;
- description of recommendations; and
- review of actions or changes relating to individuals, systems, or processes made as a result of previous recommendations.

Respondent shall submit a report and/or documentation of such policies and procedures to the Texas State Board of Pharmacy, Enforcement Division, within ninety (90) days after the entry of this Order. Copies of forms used by Respondent to collect the data on

errors committed at the pharmacy (i.e., incident report forms) must be submitted to the Texas State Board of Pharmacy, as well as any other peer review forms that have been developed by Respondent. Additionally, records of the peer review committee, as described in subparagraph (4) above, shall be maintained for two (2) years at the location of Respondent and made available for inspection by Texas State Board of Pharmacy employees.

It is further ORDERED that Respondent shall allow the staff of the Texas State Board of Pharmacy, Enforcement Division, to directly contact Respondent on any matter regarding the enforcement of this Order.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Respondent.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND DATED THIS 11th day of August, 2010.

W. Benjamin Fry, R.Ph.
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Nicky Lee Otts, R.Ph., Corporate President of ReCept Pharmacy LP,
for and on behalf of ReCept Pharmacy #1

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

1658

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **23060**

Expiration Date: **2/28/2022**

Balances: **3**

RECEPT PHARMACY #1
800 8TH AVE STE 130
FORT WORTH TX 76104

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Phcy. Lic. # 23060

Expiration Date: 2/28/22

NOTICE OF INSPECTION
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, Texas 78701-3942
(512) 305-8000

✓ **Compliance**

___ **Investigation**

Name of Individual	Title	R.Ph. Lic. #	Expires
Wesley Skalak	PIC	43229	7/31/21

Name of Facility	Class of Pharmacy License
Receipt Pharmacy #1	A

Address		
800 8th Ave Ste 130		
City/State	Zip	Phone #
Fort Worth, TX	76104	(817)335-5712
DEA Registration #		Expiration Date
BP8755386		[redacted]
Date	~~Time of Entry~~	
6/4/2020 1PM	Time & Distant Inspection	

PURPOSE OF INSPECTION

___ Routine
___ Pre-Inspection
___ Rank Change
___ New Pharmacy
___ Change of Ownership
___ Reverse Rank Change
___ Complaint
___ Follow-up to Complaint
✓ Licensee Request
___ Follow-up to Warning Notice
___ Follow-up to Theft/Loss Report
___ Sterile Compounding (High Risk)
___ Follow-up to Disciplinary Order
✓ Other Distant Inspection

ACKNOWLEDGEMENT

This is to acknowledge that Texas State Board of Pharmacy Agent Robert Mowa has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the Pharmacist in Charge for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Signature

Witnesses:

Signature

Signature

05/17

TEXAS STATE BOARD OF PHARMACY

Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

WS I am the Pharmacist-in-Charge (PIC) of Recept L Pharmacy #1 (*Name of Pharmacy*), pharmacy license number 23060 (*Pharmacy License Number*) and I ☑ was / ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on 6-4-20 (*Date of Inspection*);

WS I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector;

WS I reviewed the document titled *Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF* (on the reverse side of this attestation);

WS If applicable, the Warning Notice issued contains 2 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice;

WS I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St., Suite 3-500
Austin, Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: [signature] (*Signature of PIC*) **Date:** 6/4/20

Printed Name: Wesley Skalak **License No.:** 43221

[redacted]

[redacted]

(1) ___ Inspection
(2) ___ Pre-Inspection
(3) ___ Partial Inspection
(4) ___ Visit
(5) X Other Distant Inspection

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Agent of the Texas State Board of Pharmacy

Authorized Individual for the Pharmacy

6-4-20
Date

Distant Inspection
Time of Exit

Wesley Skalak
Printed Name and Title of Authorized Individual

464/637 1:8

RECEPT PHARMACY #1
1620 W NORTHWEST HWY
STE 100
GRAPEVINE, TX 76051-6550

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP8755386	04-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-20-2019

RECEPT PHARMACY #1
RECEPT ONE, LLC., GP
800 8TH AVE STE 130
FORT WORTH, TX 76104-2606

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP8755386	04-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-20-2019

RECEPT PHARMACY #1
RECEPT ONE, LLC., GP
800 8TH AVE STE 130
FORT WORTH, TX 76104-2606

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ReCept Pharmacy #1

Physical Address 800 8th Avenue, Suite 130

City Fort Worth State TX Zip 76104

Mailing Address (if different from physical address) 1620 W. Northwest Hwy, Suite 100

City Grapevine State TX Zip 76051

Telephone 817-335-5712 Website www.receptrx.com

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Sandra Middle Mechel Last Burton

Alias(es, nicknames, name changes, etc.) SANDRA FERGUSON

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address 1002 MYERS AVE

City FRISCO State TX Zip 75034

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials SM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF KANSAS		08/04 – 05/10	
Address	**City**	**State**	**Zip**
1450 JAYHAWK BLVD	LAWRENCE	KS	66045
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
URSULINE ACADEMY OF DALLAS		08/00 – 05/04	
Address	**City**	**State**	**Zip**
4900 WALNUT HILL LN	DALLAS	TX	75229
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 – present	[redacted] MYERS AVE	FRISCO	TX	75034
02/17 – 08/20	4648 PARKSIDE DR	FRISCO	TX	75034
04/16 – 02/17	3318 GATWICK PLACE	FARMERS BRANCH	TX	75234
06/13 – 04/16	434 W MARY KNOLL	ROCHESTER HILLS	MI	48309
06/12 – 06/13	2074 ATLAS DR	TROY	MI	48083
06/10 – 6/12	5 MICHIGAN AVE	JOPLIN	MO	64804
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.S935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
RECEPT PHARMACY #1			01/20 - PRESENT
Business Address	**City**	**State**	**Zip**
800 8TH AVE, STE 130	FORTWORTH	TX	76104
Phone	**Title**	**Number of Employed Hours**	
866-326-1425	PHARMACIST IN CHARGE	1880 (40/week)	

Description of Duties
DATA ENTRY, PHARMACIST DATA ENTRY AND PRODUCT REVIEW CHECKS, DUR, PATIENT COUNSELING, DISPENSING, ENSURED COMPLIANCE WITH OPERATIONS AND RECORD KEEPING

Business Name			From - To (MM/YY – MM/YY)
MCKESSON SPECIALTY PHARMACY			02/17 - 07/20
Business Address	**City**	**State**	**Zip**
845 REGENT BLVD	IRVING	TX	75063
Phone	**Title**	**Number of Employed Hours**	
888-479-6337	PHARMACIST SUPERVISOR/STAFF	7040 (40/week)	

Description of Duties
PHARMACIST DATA ENTRY AND PRODUCT REVIEW CHECKS, PHARMACIST DUR, PATIENT COUNSELING, ENSURED COMPLIANCE WITH OPERATIONS AND RECORD KEEPING

Business Name			From - To (MM/YY – MM/YY)
WALGREENS #9647			04/16 - 02/17
Business Address	**City**	**State**	**Zip**
5201 BELTLINE RD	DALLAS	TX	75254
Phone	**Title**	**Number of Employed Hours**	
972-386-6254	PHARMACY MANAGER	1600 (40/week)	

Description of Duties
DATA ENTRY, PHARMACIST DATA ENTRY AND PRODUCT REVIEW CHECKS, DUR, PATIENT COUNSELING, DISPENSING, ENSURED COMPLIANCE WITH OPERATIONS AND RECORD KEEPING

Business Name			From - To (MM/YY – MM/YY)
WALGREENS #7033			06/12 - 04/16
Business Address	**City**	**State**	**Zip**
43250 VAN DYKE AVE	STERLING HEIGHTS	MI	48314
Phone	**Title**	**Number of Employed Hours**	
586-803-1602	PHARMACY MANAGER	7840 (40/week)	

Description of Duties
DATA ENTRY, PHARMACIST DATA ENTRY AND PRODUCT REVIEW CHECKS, DUR, PATIENT COUNSELING, DISPENSING, ENSURED COMPLIANCE WITH OPERATIONS AND RECORD KEEPING

Business Name			From - To (MM/YY – MM/YY)
WALGREENS #12628			07/11 - 06/12
Business Address	**City**	**State**	**Zip**
2001 S RANGELINE RD	JOPLIN	MO	64804
Phone	**Title**	**Number of Employed Hours**	
417-626-8553	PHARMACY MANAGER	1760 (40/week)	

Description of Duties
DATA ENTRY, PHARMACIST DATA ENTRY AND PRODUCT REVIEW CHECKS, DUR, PATIENT COUNSELING, DISPENSING, ENSURED COMPLIANCE WITH OPERATIONS AND RECORD KEEPING.

Continue on next page if additional space is needed.

Applicant's initials SB

Business Name			From - To (MM/YY – MM/YY)
WALGREENS #12713			07/10 - 07/11
Business Address	**City**	**State**	**Zip**
1605 W 7th ST	JOPLIN	MO	64801
Phone	**Title**	**Number of Employed Hours**	
417-659-8453	STAFF PHARMACIST	2080 (40/week)	

Description of Duties
DATA ENTRY, PHARMACIST DATA ENTRY AND PRODUCT REVIEW CHECKS, DUR, PATIENT COUNSELING, DISPENSING, ADMINISTERED VACCINES

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/29/2021
Date

Applicant's initials SB

I, Sandra M. Burton, **certify that as the designated representative for**

ReCept Pharmacy #1,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sandra M. Burton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2021

Date

Applicant's initials SB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra M. Burton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, SANDRA BURTON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/29/2021
Date

Subscribed and Sworn to before me this 29 day of November

Kathy Smith
Notary Public Signature

KATHY SMITH
My Notary ID # 128919768
Expires March 13, 2024 (Seal)

Applicant's initials SB

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02756	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Summit Pharmacy, Inc.

Physical Address: 2320 W Peoria Ave., Ste. D-132

City: Phoenix State: AZ Zip: 85029

Mailing Address (if different from physical address): 2320 W Peoria Ave., Ste. D-132

City: Phoenix State: AZ Zip: 85029

Telephone: 602-678-5400 Toll Free # (NAC 639.708, NRS 639.23286): 877-678-5400

Fax: 602-678-5401 Contact Email: Spersons@Summitrx.com

Website: www.summitrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Stephen Persons

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19375

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ■ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Stephen Persons	NV Pharmacist Registration #: 19375
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): Healthcare, Inc.

Corporation/Organization Name: Summit Pharmacy, Inc.

Mailing Address: 2320 W Peoria Ave., Ste. D-132

City: Phoenix State: AZ Zip: 85029

Telephone: 602.678.5400 Email: Spersons@Summitrx.com

Contact Person Name: Stephen Persons

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC (title) for Summit Pharmacy, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Stephen Persons

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/7/21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Stephen Persons hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC (title) for Summit Pharmacy, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of October, 2021

Notary Public

JAIME FRIDAY
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires Dec. 16, 2021

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: NA Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a.** For **Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BRENT LAICE

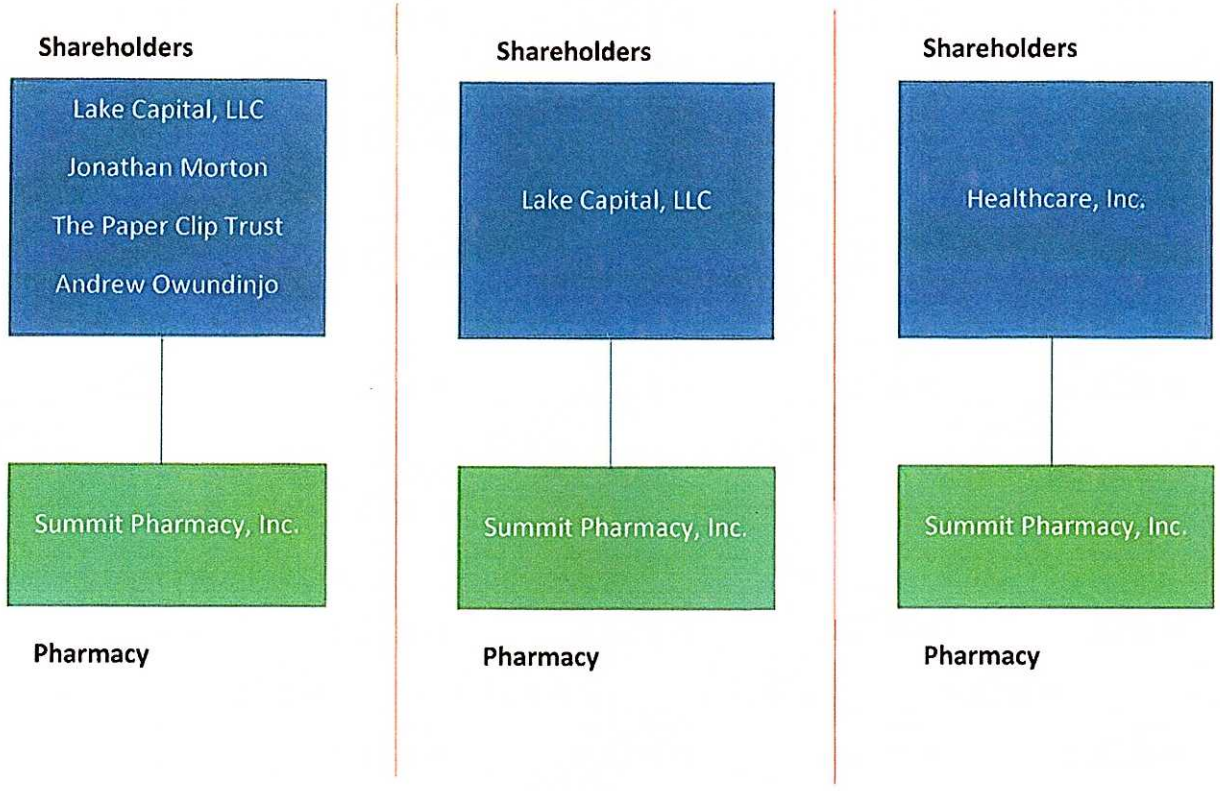
Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/1/21

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 867786



July 27, 2021 **October 25, 2021**

Quarles & Brady LLP

Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391
602.229.5200
Fax 602.229.5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Minneapolis
Naples
Phoenix
Scottsdale
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602.230.5530
E-Mail: Christopher.Dang@quarles.com

August 26, 2021

VIA UPS OVERNIGHT

Mr. Dave Wuest
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Re: Notification of Transaction - Summit Pharmacy Inc.
Current Permit Number(s): PH02756

Dear Mr. Wuest:

This letter is to notify your agency of a transaction involving the above referenced permit holder, Summit Pharmacy Inc. Please consider this letter as formal notice of the pending transaction.

Summit Pharmacy, Inc. previously notified your agency of a transaction wherein effective July 27, 2021 Lake Capital LLC became 100% owner of Summit Pharmacy, Inc. (the "Lake Capital Transaction"). Additionally, they noted that a follow-on transaction was being contemplated to merge Summit Pharmacy, Inc. into a new, to be determined merger entity in order to subsequently bring Summit Pharmacy, Inc. under a new 100% owner (the "Subsequent Transaction").

Thereafter, your agency advised Summit Pharmacy, Inc. to complete a change of ownership application based on the Lake Capital Transaction. Based on this, Summit Pharmacy, Inc. completed a change of ownership application but that is still pending final review and approval with your agency.

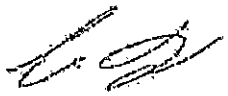
This letter is to advise you that on or about October 25, 2021, Summit Pharmacy, Inc. will undergo the Subsequent Transaction whereby Summit Merger Sub, Inc. (a wholly owned subsidiary of Healthcare, Inc.) will merge into Summit Pharmacy, Inc. and, at the conclusion of the transaction, Summit Pharmacy, Inc. will survive as a wholly owned subsidiary of Healthcare, Inc. We have included a pre- and post-closing organization chart detailing the Subsequent Transaction for your reference. Notably, Summit Pharmacy, Inc.'s tax ID number, NPI, location, officers, and pharmacist in charge will remain the same.

The above contemplated Subsequent Transaction constitutes a change of ownership in Summit Pharmacy, Inc.'s resident state of Arizona. Summit Pharmacy, Inc.'s Arizona resident pharmacy permit number will be changing as well. We will update your agency when it is received.

If required in your state, we will begin filing change of ownership applications or change of information statements as soon as possible so your agency may begin processing the changes. We welcome any feedback you may have as to how to facilitate or expedite the process.

Please feel free to contact me at 602-230-5530 or christopher.dang@quarles.com if you have any questions or if you would like any additional information regarding this transaction.

Very truly yours,



Christopher T. Dang

Enc.

Summit Pharmacy, Inc.
2320 W Peoria Ave., Ste. D-132
Phoenix, AZ 85029
FEIN/TaxID: 20-1253910

Officer/Director List:

Officer Name	Title	Business/Contact Address
Brent Lake	COO	2320 W Peoria Ave., Ste. D-132 Phoenix, AZ 85029
Scott Lake	CEO	2320 W Peoria Ave., Ste. D-132 Phoenix, AZ 85029

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

SUMMIT PHARMACY, INC.

ACC file number: 11360595

was incorporated under the laws of the State of Arizona on 06/02/2004;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **12/09/2021**

Matthew Neubert, Executive Director

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Summit Pharmacy
Address :	2320 W Peoria Ave. Suite D132 Phoenix AZ 85029
License No :	Y009081
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	11/08/2021
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/08/2021

**Please note, we will forward a copy of the updated DEA once processed.

10031084 2/002089-1/1-0

171/623 1:5
SUMMIT PHARMACY
2320 W PEORIA AVE, STE D-132
PHOENIX, AZ 85029-4768

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BE8869426	02-28-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-23-2019

SUMMIT PHARMACY
SUMMIT PHARMACY INC
2320 W PEORIA AVE, STE D-132
PHOENIX, AZ 85029-4768

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BE8869426	02-28-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-23-2019

SUMMIT PHARMACY
SUMMIT PHARMACY INC
2320 W PEORIA AVE, STE D-132
PHOENIX, AZ 85029-4768

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BE8869426	02-28-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-23-2019

SUMMIT PHARMACY
SUMMIT PHARMACY INC
2320 W PEORIA AVE, STE D-132
PHOENIX, AZ 85029-4768

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

U.S. Department of Justice
REPORT
CHANGES
PROMPTLY
Drug Enforcement Administration

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deadiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Summit Pharmacy, Inc.

Physical Address: 2320 W Peoria Ave., Ste. D-132

City: Phoenix State: AZ Zip: 85029

Mailing Address (if different from physical address): Same as physical

City: State: Zip:

Telephone: 602.678.5400 Website: www.summitrx.com

Licensing Company Email: Spersons@Summitrx.com

Section 2: Personal Information

First: Stephen Middle: Alan Last: Persons

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 2320 W Peoria Ave., Ste. D-132

City: Phoenix State: AZ Zip: 85029

Telephone: 602.678.5400 Email: Spersons@Summitrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University – College of Pharmacy Glendale		06/09 - 06/12	
Address	**City**	**State**	**Zip**
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
Doctor of Pharmacy, PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Arizona State University		01/08 - 05/09	
Address	**City**	**State**	**Zip**
1151 S Forest Ave	Tempe	AZ	85281
Diploma/Degree obtained, if any			
No degree obtained			
School Name		**From - To (MM/YY – MM/YY)**	
Glendale Community College		08/07 - 12/07	
Address	**City**	**State**	**Zip**
6000 West Olive Ave	Glendale	AZ	85302
Diploma/Degree obtained, if any			
Associate of Science (AS)			
School Name		**From - To (MM/YY – MM/YY)**	
Glendale Community College		08/04 - 05/05	
Address	**City**	**State**	**Zip**
6000 West Olive Ave	Glendale	AZ	85302
Diploma/Degree obtained, if any			
No degree Obtained			
School Name		**From - To (MM/YY – MM/YY**	
Ironwood High School		08/00 - 05/04	
Address	**City**	**State**	**Zip**
6051 W Sweetwater Ave	Glendale	AZ	85304
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13 - present	[redacted] W Meadow Dr.	Glendale	AZ	85308
08/11 - 12/13	14634 N 51st Ln	Glendale	AZ	85306
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Summit Pharmacy, Inc.			10/30/2012 - Present
Business Address	**City**	**State**	**Zip**
2320 W Peoria Ave., Ste. D-132	Phoenix	AZ	85029
Phone	**Title**		**Number of Employed Hours**
602.678.5400	Pharmacist-in-Charge		> 18,000 hours

Description of Duties

Currently PIC, have also been staff pharmacist, compounding pharmacist, and compounding Supervisor in my time at pharmacy

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Stephen Persons, **certify that as the designated representative for** Summit Pharmacy, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Stephen Persons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/7/21

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stephen Persons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/7/21

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Stephen Persons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/7/21

Date

Subscribed and Sworn to before me this 7th day of October 2021

Notary Public Signature

JAIME FRIDAY
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires Dec. 16, 2021

(Seal)

Applicant's initials _____

SUMMARY OF DISCIPLINARY ACTIONS

The following is a list of all disciplinary actions taken against Summit Pharmacy. All actions have previously been disclosed in full. If you require copies of these actions again, please let us know.

- **ALABAMA**
  - Alabama license was obtained 10/19/2011
  - We were not dispensing controlled substances, and not submitting "zero reports" to the Alabama Prescription Monitoring Program
  - We didn't realize the zero reports were required
  - Fined $1,000 in Mid 2012
- **HAWAII**
  - On 2013 license renewal application we disclosed Alabama discipline
  - Hawaii has no record of us disclosing the Alabama discipline within the 30 day reporting period required by law, and we have no record that we did.
  - Hawaii in 2015 filed disciplinary action for not reporting discipline in a timely manner.
  - Fined $1,500
- **FLORIDA**
  - Florida received disclosure of disciplinary action against summit from Alabama
  - The Alabama fine was for something that would be a violation if it had been done in Florida, and therefore it is also a violation to be fined by another board of pharmacy for the action.
  - Florida imposed disciplinary action in November of 2016 against Summit for being fined by Alabama.
  - Fined $250 + $1,359.89 in administrative costs
- **MICHIGAN**
  - Michigan received disclosure of disciplinary action taken against Summit by Alabama
  - It is against Michigan pharmacy law for a license to be disciplined by any other professional board.
  - Michigan fined Summit in December of 2016 for being disciplined by Alabama.
  - Fined $1,000.
- **TEXAS**
  - Renewal application 2012: marked box indicating no disciplinary actions within 36 months of application date.
  - No renewal needed in 2013
  - Renewal application 2014: marked box indicating no disciplinary actions within 36 months of application date.
  - Both of the above statements were incorrect. We are unsure why these were answered incorrectly, but believe it to have been an accidental oversight.
  - Texas initiated disciplinary procedures against Summit for incorrect statements on renewal applications.
  - Texas assessed an administrative penalty of $2,000 in May of 2018

IN THE MATTER OF	)	**BEFORE THE ALABAMA**
SUMMIT PHARMACY, INC.	)	
Non- Resident Pharmacy	)	**STATE BOARD OF PHARMACY**
Permit Number 113820/201946	)	

CONSENT ORDER

This matter is before the Alabama State Board of Pharmacy (the "Board") on a complaint against *SUMMIT PHARMACY, INC.* alleging a failure to report the dispensing of controlled substances as required by and in violation of Code of Alabama (1975) §20-2-213. This alleged failure constitutes grounds for discipline as set forth in Code of Alabama (1975) §20-2-213 (e).

The Board and *SUMMIT PHARMACY, INC.* pursuant to the provisions of Code of Alabama (1975) §41-22-12(f) have agreed to informally resolve the pending matter through the entry of a Consent Order, which shall include the following terms:

1. *SUMMIT PHARMACY, INC.* is guilty of violating Code of Alabama (1975) §34-23-33(2) as a result of failing to report to the Prescription Drug Monitoring Program database all controlled substances dispensed in violation of Code of Alabama (1975) §20-2-213.
2. *SUMMIT PHARMACY, INC.* shall pay an administrative fee to the Board in the amount of One Thousand Dollars ($1,000.00) within ten (10) days from the effective date of this Consent Order, which is the date it is signed on behalf of the Board. The obligation for payment of this fine shall not be dischargeable in bankruptcy nor shall *SUMMIT PHARMACY, INC.* attempt to do so.

3. *SUMMIT PHARMACY, INC.* expressly waves its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975) §34-23-34 and §34-23-92(12), Code of Alabama (1975) §41-22-12 and §41-22-20 and Code of Alabama (1975), §20-2-50 et seq., and including but not limited to the opportunity to receive Notice of the applicable charges, a hearing before the Board in connection with any charges against you and any judicial review. *SUMMIT PHARMACY, INC.* further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.
4. By execution of this Consent Order, *SUMMIT PHARMACY, INC.* hereby releases the Board, its members, agents, representative, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.
5. *SUMMIT PHARMACY, INC.* acknowledges and agrees that any future violation of the Alabama Pharmacy Practice , the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state of any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license, including, but not limited to revocation.

6. *SUMMIT PHARMACY, INC.* acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. *SUMMIT PHARMACY, INC.* acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and are signing this Consent Order either on advice of counsel or with the understanding such advice could be sought.

DONE this the 13th day of June 2012.

Representative
SUMMIT PHARMACY, INC.

DONE this the 2 day of July 2012.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Donnie Calhoun, RPh, President

_____
James S. Ward, Attorney
For the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
Telephone: 205/871-5404
Facsimile: 205/871-5758

RECEIVED
PROF & VOCATIONAL
LICENSING DIVISION

2016 JAN 20 A 9:58

DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR -1 P 2:
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of	PHA 2015-38-L
SUMMIT PHARMACY, INC.,	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
Respondent.	

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent SUMMIT PHARMACY, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 629. The

I HEREBY CERTIFY THAT THE ATTACHED
IS A TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THE DEPARTMENT
OF COMMERCE & CONSUMER AFFAIRS.

permit was issued on or about January 26, 2010. The permit will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is c/o Michael A. Galpern, Esq., Locks Law Firm, 801 North Kings Hwy., Cherry Hill, New Jersey, 08034.

3. On or about December 20, 2013, Respondent submitted a renewal application indicating disciplinary action had been taken against Respondent.

4. Respondent attached a copy of a July 2, 2012 Consent Order with the Alabama State Board of Pharmacy in In the Matter of Summit Pharmacy, Inc./Permit Number 113820/201946 (hereinafter "the July 2, 2012 Consent Order") (Exhibit "1").

5. The July 2, 2012 Consent Order alleged Respondent failed to timely file controlled substance report(s) in violation of Alabama licensing laws, and assessed a $1,000 fine.

6. RICO alleges that disciplinary action was taken against Respondent by the State of Alabama and that Respondent failed to timely report this action.

7 The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report)

8. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is represented by Michael A. Galpern, Esq., Locks Law Firm, 801 North Kings Hwy., Cherry Hill, New Jersey, 08034 for purposes of this Settlement Agreement.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the July 2, 2012 Consent Order with the Alabama State Board of Pharmacy in In the Matter of Summit Pharmacy, Inc./Permit Number 113820/201946.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO No. PHA 2015-38-L.

10. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE-HUNDRED AND NO/100 DOLLARS ($1,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again,

Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C. 5, C. 6, C. 7 and C. 8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Dec. 11, 2015.

SUMMIT PHARMACY, INC.
Respondent

By: _____
Its Attorney - NJ

DATED: Honolulu, Hawaii, January 19, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

APPROVED AS TO FORM:

MICHAEL A. GALPERN, ESQ.
Attorney for Respondent

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF SUMMIT PHARMACY, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-38-L; EXHIBIT "1"

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF SUMMIT PHARMACY, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-38-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

3/31/16
DATE

GARRETT A. LAU
Vice Chairperson

Marcella Sto Chock
MARCELLA CHOCK

Mary Jo Kieffe
MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF New Jersey)
) SS.
COUNTY OF Camden)

On this 11 day of Dec., 2015 before me personally appeared Michael Galpern ~~me~~ known to be the person described, and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

This 9 -page Settlement Agreement document dated Dec. 11, 2015 was acknowledged before me by Michael Galpern this 11th day of Dec, 2015, in the City of Cherry Hill, in the County of Camden, in the State of ~~Hawaii~~. New Jersey

Michelle Lyn Clark
Name:
Notary Public, State of ~~Hawaii~~ New Jersey

My Commission expires:_____

MICHELLE LYN CLARK
NOTARY PUBLIC
STATE OF NEW JERSEY
My Commission Expires Feb. 7, 2017

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

December 22, 2016

Summit Pharmacy
2320 West Peoria Ave
Suite D-132
Phoenix, AZ 85029

DEC 27 2016

Final Order filed: 11/15/2016
Case Number: 201607759
License Number: 22580

Dear Sir/Madam:

The Compliance Management Unit has received your payment of the fines and/or costs imposed in the Final Order for Case Number 201607759.

Amount Paid: $849.70

Date Received: 12/16/2016

Receipt Number: 116001738

Balance Paid in Full: Yes

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me by telephone at (850) 245-4268, select option 3 or by fax at (850) 488-0796.

Sincerely,

Sondra N Allen

Sondra N. Allen
Operations Analyst II

Final Order No. DOH-16-2235-S -MQA
FILED DATE NOV 15 2016
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF PHARMACY

DEPARTMENT OF HEALTH, PETITIONER, vs. SUMMIT PHARMACY, INC., RESPONDENT.	CASE NO.: 2016-07759 LICENSE NO.: PH 22580

FINAL ORDER
APPROVING SETTLEMENT AGREEMENT

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on October 19, 2016, in Kissimmee, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are $599.70.

This Final Order shall takes effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 31 day of October, 2016.

BOARD OF PHARMACY

Jennifer L. Wennhold, MSW
Interim Executive Director
On Behalf of
Debra B. Glass, PharmB, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Summit Pharmacy, Inc.**, 2320 West Peoria Avenue, Suite D-132, Phoenix, Arizona 85029 ; and via electronic mail to **Karen B. Schapira, Esquire,** kbs@flhealthlaw.com ; **Christopher Jurich,** Assistant General Counsel, Prosecution Services Unit, christopher.jurich@flhealth.gov; and to **David D. Flynn,** Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 15th day of November, 2016.

DEPUTY AGENCY CLERK

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2016-07759**

SUMMIT PHARMACY, INC.

RESPONDENT.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, **Summit Pharmacy, Inc.** was a permitted special non-resident pharmacy in the state of Florida, having been issued permit number **PH 22580**. Respondent's mailing address of record is 2320 West Peoria Avenue, Suite D-132, Phoenix, Arizona 85029.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health ("Department") and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that it is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance** - Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine** - The Board of Pharmacy shall impose an administrative fine of **TWO HUNDRED FIFTY DOLLARS ($250.00).** The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320,** within **one (1) year** from the date the Final Order

approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs** - The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND THREE HUNDRED FIFTY-NINE DOLLARS AND EIGHTY-NINE CENTS ($1,359.89).** Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320,** within **one (1) year** from the date the Final Order is filed with the Department Clerk.

4. **Future Conduct** - Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

5. **Violation of Terms** - It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of

an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

6. **No Force or Effect until Final Order** - It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

7. **Purpose of Agreement** - This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any

of its members from further participation, consideration, or resolution of these proceedings.

8. **Not Preclude Additional Proceedings** - Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

9. **Waiver of Attorney's Fees and Costs** - Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

10. **Waiver of Procedural Rights** - Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

11. **Current Addresses** - Respondent shall keep current its mailing address and its practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 16th day of June, 2016.

Legal Representative for
Summit Pharmacy, Inc.
CASE NO. 2016-07759

STATE OF Florida

COUNTY OF Broward

Before me personally appeared Karen Schapira whose identity is known to me or by _____ (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 16 day of June, 2016.

Notary Public
My Commission Expires:

TRISHA SPILLER
MY COMMISSION # EE 858112
EXPIRES: March 10, 2017
Bonded Thru Notary Public Underwriters

APPROVED this 17th day of June, 2016.

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Amy C. Thorn
Assistant General Counsel

Counsel for Petitioner
Amy C. Thorn
Florida Bar No. 0092097
Assistant General Counsel
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444 ext. 8154
Fax: (850) 245-4662

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

SUMMIT PHARMACY INC.
License Number: 53-01-009717

File Number: 53-16-141213
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On June 16, 2016, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging Summit Pharmacy Inc. (Respondent Pharmacy) with violating section(s) 17768(2)(d) of the Public Health Code, MCL 333.1101 et seq.

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy has reviewed this Consent Order and Stipulation (Order) and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of section(s) 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS ORDERED that, for the cited violation(s) of the Public Health Code, Respondent is FINED $1,000.00, to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Legal Affairs Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-16-141213**.

IT IS FURTHER ORDERED that, if Respondent Pharmacy fails to comply with the terms and conditions of this Order, Respondent Pharmacy's license shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent Pharmacy complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent Pharmacy's license remains suspended for more than six months, Respondent Pharmacy must apply for reinstatement of the license. If Respondent Pharmacy applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

Dated: 12-7-16

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of section(s) 17768(2)(d) of the Public Health Code, supra.

2. Respondent Pharmacy understands and intends that, by signing this Stipulation, Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 et seq., to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses, as Respondent Pharmacy may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231

et seq.; and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Nichole Penny, R.Ph., a member of the Board who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent Pharmacy and the Department expressly reserve the right to further proceedings, should this Order be rejected.

AGREED TO BY:

Kim Gaedeke, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 8/31/2016

AGREED TO BY:

Stephen Persons, R.Ph.
Authorized Representative for
Summit Pharmacy Inc.
Respondent Pharmacy

Dated: 8/29/16

This is the final page of a Consent Order and Stipulation in the matter of Summit Pharmacy Inc File Number 53-16-141213, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

SDM

AGREED BOARD ORDER #17-029

RE: IN THE MATTER OF
SUMMIT PHARMACY, INC
(PHARMACY LICENSE #27277)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 27277 issued to Summit Pharmacy, Inc. (Respondent), 2320 West Peoria Avenue, Suite D-132, Phoenix, Arizona 85029.

By letter dated December 21, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3) and (10); and 565.002(e) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Title 3, Subtitle J (2013); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX ADMIN CODE (2014), in that allegedly:

COUNTS

(1) On or about July 2, 2012, the Alabama Board of Pharmacy entered a Consent Order against the Alabama non-resident pharmacy permit number 113820/201946, held by Summit Pharmacy, Inc. The Order was based on failure to timely report controlled substance data to Alabama's prescription drug monitoring program database. The Consent Order imposed a $1,000 fine.

On or about December 19, 2012, Summit Pharmacy, Inc. submitted an application for renewal of its license as a nonresident pharmacy to the Texas State Board of Pharmacy. On the application it was falsely indicated that the pharmacy had not been subject to any disciplinary action by any regulatory authority within the last 36 months, when, on July 2, 2012 it was subject to the Alabama Board of Pharmacy Consent Order previously described.

(2) On or about December 15, 2014, Summit Pharmacy, Inc. submitted an application for renewal of its license as a non-resident pharmacy. On the application it was falsely indicated that the pharmacy had not been subject to any disciplinary action by any regulatory authority within the last 36 months, when in July 2012, it was subject to the Alabama Board of Pharmacy Consent Order described in Count (1).

An informal conference was held in the Board's office on March 6, 2018, with Apral Jones, Vice President Business Development; and Bruce Hayden, Chief Financial Officer,

Summit Pharmacy, Inc., on behalf of Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Bradley A. Miller, Ph.T.R., Board Member; Dennis F. Wiesner, R.Ph., Board Member; and Allison Vordenbaumen Benz, R.Ph., M.S., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Alissa Zachary, Staff Attorney, was also in attendance.

At the aforementioned conference, Bruce Hayden, on behalf of Respondent, waived the right to be represented by legal counsel. By signing this Order, Bruce Hayden, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of two thousand dollars ($2,000) due one hundred twenty (120) days after the entry of this Order.

(2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018)

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of May, 2018.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Bruce Hayden, Chief Financial Officer, Summit Pharmacy, Inc.
On behalf of Summit Pharmacy, Inc.

APPROVED AS TO FORM.

Kersten Arnold, General Counsel
Texas State Board of Pharmacy

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 10/25/2021 for Summit Pharmacy

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009081	10/31/2022	Summit Pharmacy
Address :		
2320 W Peoria Ave.		
Zip :	City :	State :
85029	Phoenix	AZ
Phone :	Fax :	Email :
(602) 678-5400	(602) 678-5401	Spersons@Summitrx.com
Inspection Date :	PIC :	Pic License Exp Date :
10/25/2021	Stephen Persons	10/31/2022
Inspection Reviewed With :	Reviewers License# :	Inspection type :
Stephen Persons	S019536	Opening
Inspection Conducted By :		
Elizabeth Dodge		

ACTIVITIES

1	Nonsterile Compounding	◉YES ○NO
2	Nonsterile Hazardous Compounding	◉YES ○NO
3	Sterile Compounding	○YES ◉NO
4	Sterile Hazardous Compounding	○YES ◉NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 2,925 SF	◉S ○C/P ○U ○N/A	R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S ○C/P ○U ○N/A	R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	◉S ○C/P ○U ○N/A	R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

4	Counter	◉S ○C/P ○U ○N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉S ○C/P ○U ○N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area	○S ○C/P ○U ◉N/A	R4-23-609(D)
7	Enclosed (barrier)	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	◉S ○C/P ○U ○N/A	R4-23-609(H)
12	Receiving/checking area	◉S ○C/P ○U ○N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	○S ○C/P ○U ◉N/A	R4-23-610(F)
14	Walls	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	◉S ○C/P ○U ○N/A	R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉S ○C/P ○U ○N/A	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
20	Nonsterile compounding area	◉S ○C/P ○U ○N/A	R4-23-410(E)

SECURITY

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

1	Controlled substances	◉S ○C/P ○U ○N/A R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	◉S ○C/P ○U ○N/A R4-23-609(F), R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	◉S ○C/P ○U ○N/A R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage	◉S ○C/P ○U ○N/A R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	○S ○C/P ○U ◉N/A R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference Clinical Pharmacology	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference	◉S ○C/P ○U ○N/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	○S ○C/P ○U ◉N/A R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations	◉S ○C/P ○U ○N/A R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians	◉S ○C/P ○U ○N/A R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)
8	Policy and procedure manual-automation	◉S ○C/P ○U ○N/A R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04
9	Policy and procedure manual-compounding	◉S ○C/P ○U ○N/A R4-23-410; R4-23-670
10	Arizona statutes/rules	◉S ○C/P ○U ○N/A R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information	◉S ○C/P ○U ○N/A R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

12	Poison Control # displayed	◉S ○C/P ○U ○N/A	R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PHARMACY EQUIPMENT/FORMS

1	Refrigerator	◉S ○C/P ○U ○N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer	○S ○C/P ○U ◉N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage	◉S ○C/P ○U ○N/A	R4-23-408
4	Computer-patient profiles	◉S ○C/P ○U ○N/A	R4-23-408(B)(3)
5	Computer-single drug usage report	◉S ○C/P ○U ○N/A	R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	◉S ○C/P ○U ○N/A	R4-23-408(C)(4)
7	Prescription label	◉S ○C/P ○U ○N/A	ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
8	Federal transfer labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information	◉S ○C/P ○U ○N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log	◉S ○C/P ○U ○N/A	R4-23-402(G)
12	Federal medication guides	◉S ○C/P ○U ○N/A	21 CFR part 208
13	Hospital IV label	○S ○C/P ○U ◉N/A	R4-23-658
14	Generic Rx blanks	◉S ○C/P ○U ○N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	○S ○C/P ○U ◉N/A	R4-23-411(F)
16	Schedule V register	○S ○C/P ○U ◉N/A	R4-23-612(A)(2)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

17	Methamphetamine precursor sales log	○S ○C/P ○U ◉N/A	ARS 32-1977
18	Red C stamp	○S ○C/P ○U ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting Has been reporting to the CSPMP daily and will continue to do so.	◉S ○C/P ○U ○N/A	R4-23-502
20	Graduates	◉S ○C/P ○U ○N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	◉S ○C/P ○U ○N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	◉S ○C/P ○U ○N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	◉S ○C/P ○U ○N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	◉S ○C/P ○U ○N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	◉S ○C/P ○U ○N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	○S ○C/P ○U ◉N/A	R4-23-615
30	Mechanical counting device 3 Eyecon devices	◉S ○C/P ○U ○N/A	R4-23-616
31	Emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.02(E)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

33	Automated dispensing system (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	○S ○C/P ○U ◉N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	○S ○C/P ○U ◉N/A	R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	○S ○C/P ○U ◉N/A	R4-23-670(A)(2)
4	Restricts entry/access	○S ○C/P ○U ◉N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	○S ○C/P ○U ◉N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
9	Environment ISO 7	○S ○C/P ○U ◉N/A	R4-23-670(A)(6)
10	Hood ISO 5	○S ○C/P ○U ◉N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	○S ○C/P ○U ◉N/A	R4-23-110, R4-23-670(E)(F)

NOTES

Hours: M-Th (6-5:15p), Fri (6-5p), Sat (8-12p)
Minimal non-sterile compounding at the time of the inspection.

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 10/24/2019 for Summit Pharmacy

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y004076	10/31/2020	Summit Pharmacy

Address :

2320 W. Peoria Ave., #D-132

Zip :	City :	State :
85029	Phoenix	AZ
Phone :	**Fax :**	**Email :**
(602) 678-5400	(602) 678-5401	spersons@summitrx.com
Inspection Date :	**PIC :**	**Pic License Exp Date :**
10/24/2019	Stephen Persons	10/31/2020
DEA # :	**DEA # Exp. date :**	**Inspection Reviewed With :**
BE8869426	02/28/2022	Stephen Persons
Reviewers License# :	**Inspection type :**	
S019536	Routine	

Inspection Conducted By :

Dennis Waggoner

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
700	110	6.363636363636363

PERMITS

1	Arizona	◉S ○N/I ○V ○N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA	◉S ○N/I ○V ○N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	◉S ○N/I ○V ○N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate Interns	○S ○N/I ○V ◉N/A	ARS § 32-1923(B); R4-23-301(G)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Technicians / Trainees	◉S ○N/I ○V ○N/A ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(O); R4-23-1103(B)(2)
4	Current renewal licenses maintained	◉S ○N/I ○V ○N/A ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	◉S ○N/I ○V ○N/A R4-23-609(G)(H)
2	Personnel and security procedures	◉S ○N/I ○V ○N/A R4-23-610
3	Facilities	◉S ○N/I ○V ○N/A R4-23-611(A)
4	Drug supply	◉S ○N/I ○V ○N/A R4-23-611(B)
5	Quarantine expired drugs	◉S ○N/I ○V ○N/A R4-23-611(B)(4)
6	Equipment	◉S ○N/I ○V ○N/A R4-23-612
7	Policies and procedures	◉S ○N/I ○V ○N/A R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	◉S ○N/I ○V ○N/A R4-23-1105(B)(O)
2	Training program - compounds	◉S ○N/I ○V ○N/A R4-23-1105(C)
3	Activities - trainees	◉S ○N/I ○V ○N/A R4-23-1104(A)
4	Activities - technicians	◉S ○N/I ○V ○N/A R4-23-1104(A)(B)
5	Policies and procedures	◉S ○N/I ○V ○N/A R4-23-1104(F)(G)

COUNSELING

1	Documentation Only for employees, no other dispensing on-site.	◉S ○N/I ○V ○N/A R4-23-402(G)(H)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	Oral consultation	OS ON/I OV ◉N/A	R4-23-402(C)(D)(E)
3	Written information	◉S ON/I OV ON/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	◉S ON/I OV ON/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	◉S ON/I OV ON/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	◉S ON/I OV ON/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	◉S ON/I OV ON/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	◉S ON/I OV ON/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	OS ON/I OV ◉N/A	R4-23-407(D)
7	Telephone Reminder to document receiving pharmacist.	◉S ON/I OV ON/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	◉S ON/I OV ON/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	◉S ON/I OV ON/A	R4-23-407(E)
10	Electronically transmitted	◉S ON/I OV ON/A	R4-23-407(F); R4-23-408(H)
11	Patient information	◉S ON/I OV ON/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions	◉S ON/I OV ON/A	R4-23-402(A)(3)(b)
13	Brand / generic	◉S ON/I OV ON/A	ARS § 32-1963.01
14	Foreign prescriptions	OS ON/I OV ◉N/A	ARS § 32-1969

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

15	Prescription blank advertising prohibited	OS ON/I OV ◉N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers		

COMPUTER REQUIREMENTS

1	Security	◉S ON/I OV ON/A	R4-23-408(F)
2	Log books / printout	◉S ON/I OV ON/A	R4-23-408(C)(4)
3	Reports	◉S ON/I OV ON/A	R4-23-408(B)(5)(6)
4	Policies and procedures	◉S ON/I OV ON/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	OS ON/I OV ◉N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	OS ON/I OV ◉N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	OS ON/I OV ◉N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	OS ON/I OV ◉N/A	R4-23-411(C)(2)
5	Administration without a prescription	OS ON/I OV ◉N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	OS ON/I OV ◉N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	OS ON/I OV ◉N/A	R4-23-615(A)(1)
2	Paper / electronic log	OS ON/I OV ◉N/A	R4-23-615(A)(2)(3)
3	Training	OS ON/I OV ◉N/A	R4-23-615(C)(1)(D)
4	Maintenance	OS ON/I OV ◉N/A	R4-23-615(C)(2)(D)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

5	Accuracy validation testing	OS ON/I OV ◉N/A	R4-23-615(C)(3)(D)
6	Return by approval only	OS ON/I OV ◉N/A	R4-23-615(B)(G)
7	Policies and procedures	OS ON/I OV ◉N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training Reminder to have documentation available for all personnel that use the ICON.	◉S ON/I OV ON/A	R4-23-616(A)(1)(B)
2	Maintenance	OS ON/I OV ◉N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	◉S ON/I OV ON/A	R4-23-616(A)(3)(B)
4	Policies and procedures	OS ON/I OV ◉N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	◉S ON/I OV ON/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	◉S ON/I OV ON/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	◉S ON/I OV ON/A	ARS § 36-2523(B); R4-23-1003
4	Audit	◉S ON/I OV ON/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	◉S ON/I OV ON/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	◉S ON/I OV ON/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	OS ON/I OV ◉N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	OS ON/I OV ◉N/A	ARS § 36-2525(J)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Delivery	◉S ○N/I ○V ○N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	◉S ○N/I ○V ○N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	◉S ○N/I ○V ○N/A	R4-23-601(O)
7	Dextromethorphan sales restrictions	○S ○N/I ○V ◉N/A	ARS 32-1978
8	Federal medication guides	◉S ○N/I ○V ○N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	○S ○N/I ○V ◉N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	○S ○N/I ○V ◉N/A	ARS § 32-1977(B)
2	Documentation	○S ○N/I ○V ◉N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	○S ○N/I ○V ◉N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	○S ○N/I ○V ◉N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	○S ○N/I ○V ◉N/A	R4-23-621(B)
3	Notification to patients	○S ○N/I ○V ◉N/A	R4-23-621(C)
4	Maintain manual / electronic records	○S ○N/I ○V ◉N/A	R4-23-621(D)
5	Work outside pharmacy	○S ○N/I ○V ◉N/A	R4-23-621(F)
6	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	◉S ○N/I ○V ○N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	Patient label	◉S ○N/I ○V ○N/A	R4-23-410(I)(4)
3	Beyond-use dates	◉S ○N/I ○V ○N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	◉S ○N/I ○V ○N/A	R4-23-410(F)(G)
5	Product produced in excess	○S ○N/I ○V ◉N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	◉S ○N/I ○V ○N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	○S ○N/I ○V ◉N/A	R4-23-410(B)(3); R4-23-601(O); R4-23-1003(A)(4)
8	Patient written list	◉S ○N/I ○V ○N/A	R4-23-410(I)(5)
9	Protective apparel	◉S ○N/I ○V ○N/A	R4-23-410(C)(2)(c)
10	Facility	◉S ○N/I ○V ○N/A	R4-23-410(E)
11	Components for compounding/storage	◉S ○N/I ○V ○N/A	R4-23-410(B)(H)
12	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	○S ○N/I ○V ◉N/A	R4-23-670(A)(E)(F)
2	Equipment	○S ○N/I ○V ◉N/A	R4-23-670(B)
3	Sterile product reference	○S ○N/I ○V ◉N/A	R4-23-670(B)(6)
4	Certification hood / environment	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	○S ○N/I ○V ◉N/A	R4-23-670(E)(3)(F)(2)

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

7	Annual / semi-annual media fill tests	OS ON/I OV ◉N/A R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	OS ON/I OV ◉N/A R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	OS ON/I OV ◉N/A R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	OS ON/I OV ◉N/A R4-23-670(D)(14)(f)
11	Policies and procedures	OS ON/I OV ◉N/A R4-23-670(C)(D)

AUDIT

Date Of Inventory : 05/01/2019

Inventory Taken : Close

Date Of Audit : 10/24/2019

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Oxycodone IR 30mg tab	559	11500	12059	684	11460	12144	85	0.70
Diazepam 10mg tab	793	2000	2793	415	2378	2793	0	0.00
Lyrica 225mg cap	60	540	600	0	600	600	0	0.00

NOTES

Handouts: 2019/2018 Statute/Rule Changes summary, ARS 32-1926 reminder, Prescriptive Authority chart, R9-6-205 DHS reporting

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Foot Care Store, Inc. d/b/a Dia-Foot

Physical Address: 4280 West Windmill Lane Ste 111, Las Vegas, NV 89139
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3281 Fairlane Farms Rd Ste 7

City: Wellington State: FL Zip Code: 33414

Telephone: 561-791-1213 Fax: 561-727-0707

E-mail: jayadia-foot Website: www.dia-foot.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: to Tue: to Wed: to Thu: to

Fri: to Sat: to Sun: to Holidays: to

Hrs are by appt only M-F

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Todd Zand

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Diabetic Footwear

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name:_____ Telephone: _____

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

403691000Z	FL 029761501	PA - 103511975001
65075 ✓	FL 029761500	KY - 710044701D
	OH. 036 0814	MJ 1740333061
	IL - 650638739001	VA 174033041
		GA 00320547 9A
		LA - 429876

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Robert Gaynes — Print Name of Authorized Person

2/24/21 — Date

Board Use Only	Received:	Amount: 500 Check 019994

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: FL

Parent Company if any: _____

Corporation Name: Foot Care Store d/b/a Dia-Foot

Mailing Address: 3281 Fairlane Farms Rd Ste 7

City: Wellington State: Zip: FL 33414 Telephone: 561-791-1213

Fax: 561-791-7070 Contact Person: Jay Johnson

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Robert M. Gaynor [redacted] Windsor Ct. Boca Raton, FL
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 40

3) What was the price paid per share? 1.00

4) What date did the corporation actually receive the cash assets? 1/16/96

5) Provide a copy of the corporation's stock register evidencing the above information

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1746

Date 2/24/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for FOOT CARE STORE, INC d/b/a Dia-Foot
Nature of License

DIA-FOOT 4280 West Windmill Lane Las Vegas, NV 89139
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Gaynor (Last Name) Robert (First Name) Mark (Middle Name)

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Windsor Ct (Present Residence Address-Street or RFD) Boca Raton (City) FL (State) 33496 (Zip)

3281 Fairlane Farms Rd (Present Business Address) Wellington (City) FL (State) 33414 (Zip) 6+ years (Dates)

President (Occupation) Dates 2004- Present

CEO DIA-FOOT

Phone: Residence [redacted] Business 561 721 7063

[redacted] (Date of Birth) Detroit, Wayne County / MI (Place of Birth (City, County, State))

57 (Age) [redacted] (Social Security Number or ITIN) (Sex)

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Hazel	Brown	Clear	180	Slim	62

Scars, tattoos or distinguishing marks and/or characteristics Ø

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single (Married) Separated Divorced Widowed Engaged

Applicant's initial

A. Current Marriage 11/2/91 (Date) City, County and State

Spouse's full name (Maiden) Dawn Gayman SS# or ITIN [redacted]

Date of Birth [redacted] Place of Birth Chicago, IL.

Resident address [redacted] Windsor CT. Boca Raton, FL. 33496
Street City State Zip

Telephone: Residence [redacted] Business 561 791 1213

Spouse's employer Fast Cash Store Inc. Occupation Billing

Address of employer 3281 Fairlane Farms Rd Wellington, FL. 33414
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Ø				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Ø					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place		Residence Address
Zackary Gayman		Boca Raton, FL	[redacted]	Marbella Circle Boca Raton, FL 33433
Mandi Gayman		Boca Raton, FL		Windsor CT Boca Raton, FL 33496
Alex Gayman		Boca Raton, FL		Windsor CT Boca Raton FL 33496

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [signature]

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Harold Gayman	[redacted]	[redacted] Crow Peak Dr. Boynton Beach, FL 33473	Retired
Mother	Marjorie Gayman		Deceased	
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Steve Gayman	[redacted]	[redacted] Napoli Woods	Retired
Spouse	Linda Gayman		Delray Beach, FL. 33446	Billing
	Larry Gayman		[redacted] Clarendon	Sales
Spouse	Teresa Gayman		Bloomfield Hills, MI 48302	MR
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	West Maple	Birmingham, MI	73-77	Yes / No
High School	Groves HS	Birmingham, MI	77-81	Yes / No
College University	Mich. St. University Ferris State	E. Lansing MI. Big Rapids, MI	81-83 83-84	Yes / No
Other	UOMHS	Des Moines, IA	84-88	Yes / No

Type of degree obtained, if any DPM, BS, AS

College or university where obtained Ferris State, UOMHS

Applicant's initial _____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes → No → If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes → (No) →

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes → (No) → If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial_____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1993- 2000	20155 Palm Island Dr.	Boca Raton,	FL
2000- 2013	11817	Preservation LN	Boca Raton, FL
2013- Present	[redacted]	Windsor CT	Boca Raton, FL

Applicant's initial _____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/89 - 2012	Foot Care Specialists	sold Practice
Title	**Description of Duties**	**Name of Supervisor**
Podiatrist	Podiatrist	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2004 - Present	DIA Foot	
Title	**Description of Duties**	**Name of Supervisor**
President	Sales / Marketing	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Dave Manolakos	Home [redacted]	Tyrone PL	Delray Bch, FL	33446	[redacted]	1993
Employer retired	Business N/A					
Name Lenny Unger	Home [redacted]	St. Annes Way	BOCA, FL	33496	[redacted]	2013
Employer retired	Business retired					
Name Norbert Gerber	Home [redacted]	Carlton PL	BOCA, FL	33496	[redacted]	1994
Employer self	Business 22191 Powerline Rd		BOCA, FL	33433	561-391-6336	
Name David Friedman	Home [redacted]	NW 53rd Cir	BOCA, FL	33496	[redacted]	2013
Employer Glenmede	Business same as home - Virtual					
Name Don Snyder	Home [redacted]	Waverly LN	BOCA, FL	33496	[redacted]	2016
Employer retired	Business retired					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ➡ (No) ⬅
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
(Doctor)	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

(Yes) ➡ No ⬅
If yes, state type, where and years held

FL, Podiatry 1989 - Present

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? (Yes) ➡ No ⬅
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

DHA - Foot 3281 Fairlane Farms Rd Wellington, FL 33414 2015 - Present
Foot Care Specialists - 6316 Lantana Rd #35 Lake Worth, FL 33463 - 1989 - 2012

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 2/24/21

Applicant's initial

STATE OF FL

ss.

COUNTY OF Palm Beach

I, Robert Mark Gaynor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 24th day of

Notary Public

JAY A. JOSEPHSON
MY COMMISSION # HH 076189
EXPIRES: April 28, 2025
Bonded Thru Notary Public Underwriters

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Dia-Foot MDEG License # (if applicable) WH0338

Physical Address 4280 West Windmill Lane Suite 111

City Las Vegas State Nv Zip 89139

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-405-3668 Website www.dia-foot.com

Licensing Company Email jay@dia-foot.com

Section 2: Personal Information

First Todd Middle Jeffrey Last Zang

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F I X

Mailing Address [redacted] W Charleston Blvd [redacted]

City Las Vegas State NV Zip 89117

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California School of Podiatric Medicine at Samuel Merritt University		08/90 - 05/94	
Address	**City**	**State**	**Zip**
450 30th St. Suite 2860	Oakland	CA	94609
Diploma/Degree obtained, if any			
Doctor of Podiatric Medicine (DPM)			

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		08/87 - 12/89	
Address	**City**	**State**	**Zip**
P.O. Box 8782	Tempe	Az	85287
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		08/86 - 05/87	
Address	**City**	**State**	**Zip**
1200 E University Blvd	Tucson	Az	85721
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
High School - Corona Del Sol		1982 to 1986	
Address	**City**	**State**	**Zip**
1001 E knox Rd	Tempe	Az	85284
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/12 - Current	[redacted] Queens Brook Ct	Las Vegas	Nv	89129
05/10 - 05/12	Spruce Mountain Way	Las Vegas	Nv	89134

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Z and Z Podiatry Ltd			1999 - Current
Business Address	**City**	**State**	**Zip**
3930 E Patrick Ln	Las Vegas	NV	89120
Phone	**Title**	**Number of Employed Hours**	
702-525-7320	Doctor of Podiatric Medicine	20,000 = 1k a year x 20 y	
Description of Duties			
Medical Products related to Shoe fitting, Diabetic shoes, specialty insoles, shoe function, materials etc.....			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11-12-2021
Date

I, TODD ZANG, **certify that as the MDEG Administrator for** DIA-FOOT,

that I (initial that you have read and meet the following requirements):

1. T Have a high school diploma or its equivalent;
2. T Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. T Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. T Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TODD ZANG
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-12-2021
Date

Board Use Only	Date Received:

State of Florida
Department of State

I certify from the records of this office that FOOT CARE STORE, INC. is a corporation organized under the laws of the State of Florida, filed on January 16, 1996.

The document number of this corporation is P96000005051.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on February 5, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-third day of February, 2021

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 1225251809CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

State of Florida
Department of State

I certify from the records of this office that FOOT CARE STORE, INC. is a corporation organized under the laws of the State of Florida, filed on January 16, 1996.

The document number of this corporation is P96000005051.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on February 5, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-third day of February, 2021

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 1225251809CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Officer/Director Detail :

Title	VP
Name	GAYNOR, DAWN
Address	[redacted]FAIRLANE FARMS RD. STE [redacted]
City-State-Zip:	WELLINGTON FL 33414

Title	PR
Name	GAYNOR, ROBERT M
Address	[redacted] FAIRLANE FARMS RD. STE [redacted]
City-State-Zip:	WELLINGTON FL 33414

Title	S
Name	GAYNOR, DAWN L
Address	[redacted] FAIRLANE FARMS RD. STE[redacted]
City-State-Zip:	WELLINGTON FL 33414

CERTIFICATE OF LIABILITY INSURANCE

1705

DATE (MM/DD/YYYY): 03/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Lianet Remedios	
NSI Insurance Group LLC 5875 NW 163 Street Suite 207 Miami Lakes FL 33014	PHONE (A/C, No, Ext): (305) 556-1488	FAX (A/C, No): (305) 556-3680
	E-MAIL ADDRESS: lianetr@nsigroup.org	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Covington Specialty Insurance Company	13027
	INSURER B: Capitol Indemnity Corp	CAPIND
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
Foot Care Store, Inc
3281 Fairlane Farms Road
Suite 4-7
Wellington FL 33414

COVERAGES **CERTIFICATE NUMBER:** 20/21 GL & XS Liab **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			VBA78432000	12/01/2020	12/01/2021	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			XS-19023884-01	12/01/2020	12/01/2021	EACH OCCURRENCE	$ 2,000,000
							AGGREGATE	$ 2,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Property Address: 4280 West Windmill Lane, Suite 111, Las Vegas, NV 89139

CERTIFICATE HOLDER

Pacifica Blue Diamond II, LLC Pacifica Property Management, Inc.
170 Newport Center Drive
Suite 245
Newport Beach CA 92260

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Oscar Sanz

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

Mark I. Sedar

From: Jay Josephson <jay@dia-foot.com>
Sent: Friday, August 6, 2021 3:52 AM
To: Mark I. Sedar
Subject: FWD: RE: FW: Notice of Pre-Inspection - DIA-Foot

good morning,
I am not sure the below sent so I am resending.
I would have Ms. Lim forward you the original to sumit
with our application to board.

Jay A. Josephson
Chief Financial Officer
Dia-Foot
3281 Fairlane Farms Rd., Ste 7
Wellington, FL 33414
Jay@dia-foot.com
561-791-1213

From: "Jay Josephson" <jay@dia-foot.com>
Sent: 8/5/21 12:30 PM
To: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Subject: RE: FW: Notice of Pre-Inspection - DIA-Foot

Mark,
Below is the response from Ms. Lim,
Since our hours were by appt only Ms. Lim will be at our location every afternoon M-F so that is when appointments will be made for them to see her. We will not be open on the weekend. Ms. Lim is a Las Vegas resident and hopefully the board will approve her.

From: Back In Step <backinstep88@gmail.com>
Date: August 5, 2021 at 12:08:36 PM EDT
To: drgaynor@dia-foot.com
Subject: Re: MDEG Application

Good morning Dr,
As far as I know, BOP doesn't require how many hours I stay in my office. So I would say I work in the mornings in my office and afternoons at your location. Also I can see pts on weekends.I also have certified orthotic fitters at my office. I am sure fitters are qualified to fit shoes as well.I think this should be ok with BOP.

2021년 8월 5일 (목) 오전 8:57, Dr Robert Gaynor <drgaynor@dia-foot.com>님이 작성:

Good Morning in Las Vegas!

We submitted your application to the board of pharmacy and they already responded. Below is their response and we were hoping you can email us a response as they say you are already the admin for Back in Step. I assume you will have time to do both functions especially as we are started brand new. I think their concern is your availability to our location in case a patient has a problem with their shoes. They probably want some sort of assurance that you available to be in our location on a daily basis even though you are the administrator for Back in Step.

Appreciate you emailing me a response so I can reply back to the board today as they responsed so fast to the application. Thanks!

Hi Jay,

From the application, Ms. Lim appears to be the owner of Back in Step which is also licensed with our board. She is listed as the administrator for Back in Step, the board will have questions concerning how she will handle duties at both locations. Could you provide details on how you plan to operate and how she will be employed at your location?

Jay A. Josephson
Chief Financial Officer
Dia-Foot
3281 Fairlane Farms Rd., Ste 7
Wellington, FL 33414
Jay@dia-foot.com
561-791-1213

From: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Sent: 8/5/21 10:40 AM
To: "jay@dia-foot.com" <jay@dia-foot.com>
Subject: RE: FW: Notice of Pre-Inspection - DIA-Foot

Hi Jay,

From the application, Ms. Lim appears to be the owner of Back in Step which is also licensed with our board. She is listed as the administrator for Back in Step, the board will have questions concerning how she will handle duties at both locations. Could you provide details on how you plan to operate and how she will be employed at your location?

Mark Sedar

COO

Nevada State Board of
Pharmacy

(775) 850-1440

msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Jay Josephson <jay@dia-foot.com>
Sent: Thursday, August 5, 2021 7:27 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: FW: Notice of Pre-Inspection - DIA-Foot

Mark,

I have attached the MDEG administrator application for your review Yee Kim.

Would you be so kind to review and if it appears okay will get you an orginal

ASAP

thank you

Jay A. Josephson

Chief Financial Officer

Dia-Foot

3281 Fairlane Farms Rd., Ste 7

Wellington, FL 33414

Jay@dia-foot.com

561-791-1213

From: "Mark I. Sedar" <msedar@pharmacy.nv.gov>
Sent: 8/4/21 4:35 PM
To: "jay@dia-foot.com" <jay@dia-foot.com>
Subject: FW: Notice of Pre-Inspection - DIA-Foot

Mark Sedar

From: Mark I. Sedar
Sent: Tuesday, July 20, 2021 1:22 PM
To: 'jay@dia-foot.com' <jay@dia-foot.com>
Cc: Maria Herrera <m.herrera@pharmacy.nv.gov>; Joe Dodge <j.dodge@pharmacy.nv.gov>
Subject: Notice of Pre-Inspection - DIA-Foot

Hi Jay,

As part of the licensure approval for DIA-Foot 4280 W. Windmill Ln, Ste 111, Las Vegas, NV 89139, requires an inspection by the Board of Pharmacy personnel. Once the facility is ready for the pre-

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RW allowed other individuals to use his credentials to write and authorize prescriptions while he was out of the country.	N/A	CS registration is revoked; the revocation is stayed; CS registration is placed on probation for two years. RW shall pay a $5,000 fine and $2,000 for recoverable attorney's fees and costs.	N/A
DS, JM, and DB surrendered their DEA registrations for cause. Respondents no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	N/A	Revoked	N/A
JP dispensed dangerous drugs for Nevada patients without a valid dispensing practitioner registration, from May 2017 until March 2020.	N/A	JP complied with a March 2020 cease and desist and citation order including payment of a $5,000 administrative fine. JP shall pay $950.00 for recoverable attorney's costs and fees.	N/A
KM voluntarily placed his license from the NSBME to practice medicine on inactive status; KM's CS registration placed on inactive status.	N/A	KM's CS registration shall remain inactive until he petitions the Board for reinstatement and presents proof that his license to practice medicine from the NSBME is active and in good standing. KM shall pay a $1,500 fine and $1,000 in attorney's fees and costs.	N/A
ES's license to practice dentistry was revoked by the NSBDE for numerous violations of NRS Chapter 631. The NVBOP served ES with notice that the revocation of her NSBDE license operated as an immediate suspension of her Nevada Controlled Substance Certificate of Registration. Respondent is no longer authorized by Federal or State law to prescribe or	N/A	Revoked	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
otherwise dispense a controlled substance.			
MG's voluntarily surrender of his controlled substance and practitioner dispensing registrations constitute disciplinary action.	N/A	MG may not prescribe controlled substances or dangerous drugs until he applies to the Board for issuance of a controlled substance and/or practitioner dispensing registration. He shall pay a $3,217.50 attorney's fees and costs.	N/A
CF's license to practice medicine was placed on inactive status by the NSBME. CF is no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	N/A	CF's controlled substance registration shall remain inactive until such time he petitions the Board for reinstatement and presents proof that his license to practice medicine from the NSBME is active and in good standing.	N/A
RPH DN diverted dangerous drugs for his personal use and furnished some of the diverted drugs to at least one other person.	N/A	DN's pharmacist certificate of registration is revoked. He shall pay a fine of $5,000 and $1,300 in attorney's costs and fees.	N/A
EM surrendered his DEA registration for cause. EM no longer authorized by Federal or State law to prescribe or otherwise dispense a controlled substance.	NA	Revoked for a period of 5 years; fined $5,000 and $812.50 for attorney's fees and costs.	N/A
RP failed at times to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with NRS 454.213.(1), NRS 454.221 and/or NRS 454.316	N/A	Fined $2,000, $1,500 for attorney's fees and costs, and establish new policies and procedures.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
EM: The NSBME imposed discipline on EM's License No. PA1209 to practice medicine for violations of NRS Chapter 630 related to prescribing opioid medication.	N/A	EM's CS registration is suspended; the suspension is stayed and EM is placed on probation for a period of one year. EM fined $2,500; $1,000 attorney's fees and costs, and establish policies and procedures to ensure that any controlled substance prescription complies with all applicable regulations.	N/A
IF: NSBME entered an order in Case No. 20-38677, and imposed discipline on IF's License No. 14038 to practice medicine for violations of NRS Chapter 630 related to failure to adequately supervise a physician assistant prescribing opioid medication.	N/A	IF fined $2,500; $1,000 in attorney's fees and costs; and establish policies and procedures to ensure any controlled substance prescription issued for the treatment of chronic pain complies with all applicable regulations.	N/A
PK: The Florida State Board of Medical Examiners entered an order in Case No. 20-1903-552, and PK's License No. ME0093253 to practice medicine in Florida was suspended on the basis that Respondent "is unable to practice medicine with reasonable skill and safety." On November 17, 2020, PK requested that his License No. 14422 from the Nevada State Board of Medical Examiners be placed on inactive status. PK surrendered his DEA Certificate of Registration No. FK5849419 for cause on November 19, 2020.	N/A	Revoked. PK may not petition for reinstatement of his certificate or registration for a period of 1 year.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
FS: NSBMW entered an order in Case No. 20-4041-1 and imposed discipline on FS's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3). FS failed to put into practice policies and procedures to ensure that dangerous drugs (cosmetic injectables) were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316.	N/A	Fined $3,000; $1,000 attorney's fees and costs; establish policies and procedures.	N/A
GM: In April 14, 2021, the Board entered an Order pursuant to stipulation with GM. On April 21, 2021, GM surrendered his DEA Certificate of Registration No. MM2157647 for cause.	N/A	Revoked. GM may not petition for reinstatement of his certificate or registration for a period of 1 year.	
VM: On July 22, 2020, the DEA issued an Order to Show Cause and Immediate Suspension of Respondent's DEA Certificate of Registration No. BM7876800 pursuant to 21 U.S.C. § 824(d). VM regularly prescribed controlled substances to patients outside of the usual course of the professional practice of medicine in Nevada in violation of 21 U.S.C. § 823(f)(2), 21 CRF § 1306.04(a) and NRS 453.38, and failed to comply with applicable federal and state laws relating to controlled substances, in violation of 21 U.S.C § 823(f)(4). VM possessed and/or dispensed		Revoked. VM may not petition for reinstatement of his certificate or registration for a period of 2 years; fined $10,000; $1,989.10 attorneys costs and fees.	

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
controlled substances in violation of the DEA Suspension for Cause and corresponding suspension of Certificate of Registration No. CS11174.			
SK failed to timely renew his CS registration which expired on October 31, 2018 and wrote 70 prescriptions before renewing his CS registration on December 20, 2019.	N/A	Fined $5,000 and $500 in attorney's fees and costs.	N/A
JC failed at times to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with NRS 454.213.(1), NRS 454.221 and/or NRS 454.316; and failed in one instance to record an expiration date on an opened multidose injectable vial in violation of NAC 639.67057(2).	N/A	Fined $1,500 and $1,000 in attorney's fees and costs.	N/A
RPH AB diverted controlled substances for personal use from several northern Nevada pharmacies where she was employed. She willfully made false statements in the course of the Board's investigation.	N/A	Revoked; fined $10,000 and $3,487.07 in attorney's fees and costs.	N/A
RPH JP verified data entry as accurate and final product a prescription as accurate when it was not, which resulted in the prescription being dispensed to the wrong patient.	N/A	JP fined $250 and $250 in attorney's fees and costs; 2 extra hours of CE on error prevention. RJ (PIC) fined $2,500; $250 in attorney's fees and costs.	Fined $2,500; $250 in attorney's fees and costs.
KA surrendered her DEA Certificate of Registration No. FA2275673 for cause on April 21, 2021.	N/A	Revoked.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS was aware that two pharmaceutical technicians were unlawfully accessing the pharmacy premises including the pharmacy.	N/A	RPH SS revoked; the revocation is stayed and SS is placed on probation for one year. PT MT fined $900 and $246.12 in attorney's fees and costs; one year probation. PT KH fined $800 and $246.12 in attorney's fees and costs; one year probation.	Revoked; fined $10,400 and $2,000 in attorney fees and costs.
JO allowed a staff member to act as a dispensing technician without a renewed license/registration.	N/A	Fined $5,000 and attorney's fees and costs of $1,331.50.	N/A
GK the BME entered an order in Case No. 21-11804 and imposed discipline on GK's medical license no. 9735 for violations of NRS Chapter 630 related to prescribing controlled substances to treat acute or chronic pain. By violating NRS Chapter 630 and therefore violating 21 CFR § 1306.04(a), NRS 639.23507 and NRS 639.2391-23914, inclusive, GK has committed acts that render her registration to dispense controlled substances inconsistent with the public interest.	N/A	GK's CS registration is suspended. The suspension is stayed and her CS registration is placed on probation for a period of one year with conditions. GK fined $2,500, $1,000 in attorney fees and costs; establish policies and procedures.	N/A
DP unlawfully diverted, acquired, possessed and/or used dangerous drugs.	N/A	DP's expired CS registration is forfeited. DP fined $1,000 and $500 in attorney's fees and costs.	N/A
BH reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed and administered to patients in compliance with all	N/A	BH fined $2,500, $1,000 in attorney's fees and costs, establish policies and procedures.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
federal and state statutes and regulations regarding dangerous drugs.			
RK reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with all federal and state statutes and regulations regarding dangerous drugs.	N/A	RK fined $2,500, $1,000 in attorney's fees and costs; establish policies and procedures.	N/A
MA reprimanded for failure to put into practice policies and procedures to ensure that dangerous drugs were stored, possessed, and administered to patients in compliance with all federal and state statutes and regulations regarding dangerous drugs.	N/A	MA fined $1,000, $1,000 in attorney's fees and costs; establish policies and procedures.	N/A
RH admitted to falsifying and forging prescriptions for himself and falsely documenting a registered APRN as the prescribing practitioner.	N/A	Revoked; fined $1,000.	N/A
SB-C verified data entry and final product of a prescription medication as accurate, when it was not, which resulted in the wrong medication dispensed to a pediatric patient resulting in hospitalization.	Hospitalization	SB-C fined $2,000, $598.00 in attorney's fees and costs, complete ten additional hours of CE.	Fined $3,000 and $1,000 in attorney's fees and costs.
JS admitted that evidence exists to establish a factual basis for alleged violations related to a dispensing error.	N/A	JS fined $250, $250 attorney's fees and costs, complete two additional CEs on error prevention.	Fined $1,000 and $1,000 in attorney's fees and costs.
SB-C and RN admit that evidence exists to establish a factual basis for alleged violations related to the dispensing of a duplicate	N/A	SB-C and RN shall each pay a $500fine, $500 attorney's fees and costs and complete two additional CEs on	Fined $500 and $500 in attorney's fees and costs.

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
prescription of a controlled substance.		recordkeeping and/or error prevention.	
DB entered into a plea agreement in *United States vs. DBt*, Case No. 2:20-cr-00276-GMN-EJY, wherein he pled guilty to two felony counts of coercion and enticement of a minor to engage in sexual activity in violation of 21 U.S.C § 2422(b).	N/A	Revoked.	N/A
SK reprimanded for dispensing a dangerous drug to a patient without a valid dispensing practitioner registration and redispensing unused medication and thus a misbranded, mislabeled and potentially adulterated drug.	N/A	SK shall pay a fine of $3,000.00 and $1,500.00 in attorney fees and costs.	N/A
SB reprimanded for failure to put into practice policies and procedures to ensure that controlled substances and/or dangerous drugs were possessed, administered to patients, furnished or dispensed in compliance with all federal and state statutes and regulations regarding dangerous drugs and controlled substances.	N/A	SB's CS registration is revoked; the revocation is stayed and SB is placed on probation for two years. SB shall pay a fine of $5,000.00, $2,000.00 in attorney fees and costs and complete four additional hours of CEs regarding proper prescribing of controlled substances and dangerous drugs.	N/A
RW reprimanded for failure to put into practice policies and procedures to ensure that controlled substances and/or dangerous drugs were possessed, administered to patients, furnished or dispensed in compliance with all federal and state statutes and regulations regarding dangerous drugs and controlled substances.	N/A	RW's Certificate of Registration Nos. CS19994 and CS00063 are suspended; the suspensions are stayed and RW is placed on probation for two years. RW shall pay a fine of $5,000.00, $1,000.00 in attorney fees and costs and establish policies and procedures	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		complying with all federal and state laws for purchasing, possessing, accessing, storing, administering and furnishing dangerous drugs and controlled substances.	
AC issued Cease and Desist/Citation for engaging in the business of furnishing medical devices in Nevada without a license.	N/A	Citation and fine of $5,000.00 upheld.	N/A
KA reprimanded for directing a pharmaceutical technician to reconstitute medication with an open and partially consumed bottle of drinking water.	N/A	KA shall pay a fine of $1,000.00, $500.00 in attorney fees and costs and completed two additional hours of CE on supervising pharmaceutical technicians and two additional hours of CE on nonsterile compounding that includes medication reconstitution.	N/A
WI utilized an unlicensed warehouse to receive, store and deliver prescription drugs to WI's Nevada pharmacies.	N/A	N/A	WI shall pay a fine of $12,000.00, $500.00 in attorney fees and costs.
MJ admits that evidence exists to establish a factual basis for alleged violations related to failure to obtain handwritten signatures of practitioners and/or verifying the accuracy and completeness of emergency CII prescriptions.	N/A	MJ is placed on probation for a period of one year; shall pay a fine of $4,200.00, $500.00 in attorney fees and costs and complete an additional four hours of CE regarding validation of controlled substance prescriptions.	TP is placed on probation for a period of one year; shall pay a fine of $8,400.00, $1,000.00 in attorney fees and costs; shall successfully pass quarterly inspections for a period of one year; and establish policies and procedures regarding emergency oral controlled substances prescriptions.

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
KP and TJ admit that evidence exists to establish a factual basis for alleged violations related to failure to report shortages/losses of controlled substances within ten days of loss discovery to the Board and failure to keep complete and accurate records of all inventories of controlled substances.	N/A	KP and TJ shall each pay a fine of $2,000.00, and $500.00 in attorney fees and costs.	LP shall pay a fine of $5,000.00, $1,000.00 in attorney fees and costs and produce policies and procedures regarding timely reporting of controlled substance losses.
TJ admits that evidence exists to establish a factual basis for alleged violations related to the dispensing of a controlled substance prescription to the wrong patient.	N/A	TJ shall pay a fine of $2,000.00 and $500.00 in attorney fees and costs. TJ is placed on probation for a period of one year.	LP shall produce policies and procedures to prevent future mis-dispensing of prescriptions; pay a fine of $5,000.00; and $1,000.00 in attorney fees and costs. LP is placed on probation for a period of one year.
GA unlawfully diverted, acquired, possessed and/or used controlled substances.	N/A	GA revoked for a period of two years. GA may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has petitioned the Board for reinstatement and the Board reinstates her certificate of registration.	N/A
AK reprimanded for pre-signing prescriptions and/or providing a signature stamp to APRNs in his medical clinic to unlawfully issue controlled substance prescriptions to patients while he was engaged in overseas travel.	N/A	AK's CS registration is suspended; the suspension is stayed and AK is placed on probation for two years. AK shall pay a fine of $5,000.00 and $2,000.00 in attorney fees and costs.	N/A
NO reprimanded for prescribing controlled	N/A	NO shall pay a fine of $1,000.00 and $500.00	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
substances prior to being registered to do so.		in attorney fees and costs.	
DF reprimanded for failing to put into practice policies and procedures to ensure that controlled substances and/or dangerous drugs were prescribed in compliance with all applicable federal and state statutes and regulations.	N/A	DF's registration is suspended; the suspension is stayed and DF is placed on probation for two years. DF shall pay a fine of $5,000.00 and $1,000.00 in attorney's fees and costs.	N/A
DE reprimanded for failing to put into practice policies and procedures to ensure that controlled substances and/or dangerous drugs were prescribed in compliance with all federal and state statutes and regulations and for prescribing controlled substances and/or dangerous drugs prior to being registered to do so.	N/A	DE's registration is suspended; the suspension is stayed and DE is placed on probation for two years. DE shall pay a fine of $5,000.00 and $1,000.00 in attorney's fees and costs.	N/A
JMS reprimanded for unlawfully issuing controlled substance prescriptions of another practitioner utilizing pre-signed prescriptions and/or a signature stamp provided to JMS by that practitioner while the practitioner was engaged in overseas travel.	N/A	JMS' registration is suspended; the suspension is stayed and JMS is placed on probation for one year. JMS shall pay a fine of $1,000.00 and $500.00 in attorney's fees and costs.	N/A
AK reprimanded for allowing the ratio of supervising pharmacists to technicians to be exceeded in violation of NRS 639.220, NAC 639.250(1) and (2), and for failing to document his own hours worked in the pharmacy in violation of NAC 639.245(1).	N/A	AK shall pay a fine of $1,300.00 and $749.00 in attorney's fees and costs. AK's expired and non-renewed Certificate of Registration No. 18266 is forfeited.	Fined $2,600.00 and $1,000.00 in attorney's fees and costs.

ANNUAL DISCIPLINE CASES Reporting Period: January 2021 – December 2021			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
ND erroneously compounded and dispensed a drug and willfully made false statements in the course of investigation.	Patient hospitalized.	ND's registration is revoked; the revocation is stayed, and ND is placed on probation for five years. ND may not work as a managing pharmacist or hold ownership in any pharmacy licensed by the Board; may not engage in the practice of compounding drug products unless and until he has petitioned the Board; may not engage in the practice of pharmacy in any capacity until he has completed two additional hours of CE on ethics and submitted to a mental health evaluation. ND shall pay a fine of $5,000.00 and $7,864.75 in attorney's fees and costs.	Pharmacy submitted a notice of closure of the entire pharmacy operation on July 21, 2021. License is considered closed.

5A

FILED
APR 30 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NEVADA HEALTH RX, INC.** **D/B/A PRAX-RX,** **Pharmacy License No. PH02898,** **SCOT SILBER, RPH,** **Certificate of Registration No. 08362,** **Respondents.**	**CASE NOS. 18-043-PH-S** **18-043-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Nevada Health Rx, Inc. d/b/a Prax-Rx ("Prax") held a Pharmacy License No. PH02898, and Respondent Scot Silber ("Silber") held a Nevada Pharmacist Certificate of Registration No. 08362, all issued by the Board.

DISCIPLINARY HISTORY

2. In April 2004, the Board entered an Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 03-016-RPH-S*, for violations resulting in the mislabeling of dosage directions on a prescription label for Roxanol Liquid, a Schedule II opioid analgesic. The patient ingested an unknown quantity of the medication and was subsequently hospitalized. The Board ordered Silber to pay a fine of $500.00.

3. In October 2012, the Board entered a Stipulation and Order in *Board of Pharmacy v. Respondent Scot M. Silber, R.Ph., Case No. 11-090-RPH-S,* for violations resulting in a

dispensing error. Silber misread a prescription and compounded 20 mg/cc morphine sulfate with ***2,500 mcg/cc baclofen*** rather than the 20 mg/cc morphine sulfate with ***250.0 mcg/cc baclofen*** as prescribed. The compound was administered to the patient who was subsequently hospitalized for baclofen toxicity. The Board placed Silber on probation for two years and imposed a $2,500 fine.

FACTUAL ALLEGATIONS

4. Respondent Prax is/was located on 61 Spectrum Boulevard, Las Vegas, Nevada 89101.

5. Respondent Silber was hired as the managing pharmacist of Prax on or about May 2017.

6. On or about July 17, 2017, Silber created a telephonic prescription record, number 100051, for patient C.F. for Cialis 20 mg, quantity twenty (20), by Dr. E.K. Dr. E.K. indicated that he treated patient C.F. for hypogonadism for which he prescribed testosterone 1% gel on September 5, 2017, January 23, 2018, and on May 15, 2018. Dr. E.K. stated that he has never written or telephoned any Cialis prescription for patient C.F.

7. On or about November 7, 2017, Silber created a telephonic prescription, number 100410, for patient C.F. for sildenafil 20 mg, quantity ninety (90). Silber dispensed this prescription to patient C.F. under Dr. E.K. Dr. E.K. stated that he treated patient C.F. for hypogonadism for which he prescribed testosterone 1% gel on September 5, 2017, January 23, 2018, and on May 15, 2018. Dr. E.K. stated that he has never written or telephoned any sildenafil prescription for patient C.F.

8. Patient C.F. is a personal friend of Respondent Silber.

9. On or about July 27, 2017, Silber created a telephonic prescription record, number C100076, for himself as the patient for testosterone 200 g/ml, quantity twenty-four (24) 1 ml vials with 5 refills called in by Dr. W.L.'s office. Two (2) 1 ml vials of testosterone cypionate were dispensed by Silber to himself on July 28, 2017. Dr. W.L. stated that he did not have a written or telephoned record of testosterone prescription for Silber on or about July 27, 2017.

10. On or about July 28, 2017, Silber created a telephonic prescription record, number 100077, for himself as the patient for cyanocobalamin 1000 mcg/ml one (1) – 10 ml vial with 5 refills called in by Dr. W.L. Dr. W.L. stated that he did not have a written or telephoned record of this prescription for Silber on or about July 28, 2017.

11. On or about September 19, 2017, Dr. P.E. wrote a prescription, number C100208, for 1 mg alprazolam, quantity ninety (90), with 5 refills and instructions to take 1 tablet 3 times per day for patient J.B. On or about September 20, 2017, Silber dispensed the initial fill of the alprazolam prescription to patient J.B.

12. On or about September 25, 2017, Dr. B.C. wrote a prescription, number 100228, for gabapentin 300 mg, quantity ninety (90), with directions for patient J.B. to take 1 capsule three times a day with twelve (12) refills. Silber dispensed the initial fill of the gabapentin on or about the same day.

13. On or about November 30, 2017, Silber dispensed all of the refills of prescription number C100208 to patient J.B. for a total of four-hundred and fifty (450) tablets of alprazolam 1mg, or a 150-day supply. Silber did not provide any pharmacy records of contact with the prescriber or other explanation for dispensing the remaining refills all at one time. Dr. P.E. confirmed that while he did write the prescription for alprazolam 1mg quantity ninety (90) with 5 refills for patient J.B. on September 19, 2017, he did not authorize a quantity of four-hundred and fifty (450) tablets to be dispensed at one time.

14. On or about November 30, 2017, Respondent Silber dispensed the remaining eleven (11) refills of gabapentin 300 mg for patient J.B. for nine-hundred and ninety (990) capsules, or a 330-day supply. Silber provided no pharmacy records of contact with the prescriber or notation of why the total of the remaining refills was dispensed at one time. Dr. B.C. stated that she did write the prescription on September 25, 2017 for patient J.B., but at no time did Dr. B.C. authorize nine-hundred and ninety (990) capsules to be dispensed all at one time.

15. Patient J.B. was hired by Respondent Silber as the vice president of operations at Prax. Patient J.B. was also the operations manager at Green Valley Drugs, and management consultant for Partell Pharmacy. Silber was once an owner of Green Valley Drugs, and formerly the managing pharmacist for Partell Pharmacy.

16. On or about March 20, 2018, the Drug Enforcement Administration ("DEA") Diversion Investigators executed an inspection warrant on Prax. The DEA conducted a closing inventory of controlled substances, obtained documentation, and questioned Silber. Respondent Silber stated to the DEA investigator that he had not conducted an initial inventory of controlled substances.

17. Silber also disclosed to DEA investigators that Prax sells controlled substances to prescribers for office administration and appear in the Prescription Monitoring Program ("PMP") as dispensed prescriptions. Approximately forty-nine (49) invoices to physician offices and thirty-two (32) sales to patients during the April 1, 2017 to March 20, 2018 time period were discovered in sales reports. Prescription records for controlled substances and dangerous drugs from same time period reveal approximately eighty-two (82) patient-specific prescriptions and five-hundred and seventy-three (573) prescription numbers assigned to office use medications. Prax was not registered as a distributor/wholesaler and only held a pharmacy registration with the Board.

18. During the DEA investigation, it was also discovered that 2 fentanyl 50mcg/ml 2ml vials were broken during shipment. Prax never completed a DEA 106 form or reported the fentanyl loss to the DEA within 1 business day of loss discovery.

19. Neither Prax nor Silber completed a controlled substance loss or theft form for the fentanyl loss to the Board within 10 days after loss discovery.

20. On or about April 13, 2018, a voluntary DEA surrender of controlled substances registration for Prax was executed by owner Greg Sundem.

APPLICABLE LAW

21. A person shall not dispense or distribute controlled substances and/or dangerous drugs in violation of law. NRS 453.331; NRS 453.381; NRS 453.568; NRS 454.221; NRS 454.223; NRS 454.311; NRS 454.321; NRS 639.2353(2); NRS 639.2396; NRS 639.2813; NAC 453.440; NAC 453.480-.488; NAC 639.945; 21 CFR § 1306.04.

22. NRS 639.2396 permits a pharmacist in his professional judgment, under certain circumstances, to dispense a 90-day supply of a drug other than a controlled substance.

23. Persons registered to dispense controlled substances and/or dangerous drugs shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law. NRS 453.246; NRS 453.326; NRS 453.568; NAC 453.475; NAC 453.480; NAC 453.485; NAC 639.482; NAC 639.485; NAC 639.487; NAC 639.745; 21 CFR § 1304.21.

24. Controlled substance loss must be reported to the DEA within one (1) business day. 21 USC § 842(a)(5); 21 CFR § 1301.76(b).

25. Any controlled substance loss must be reported to the Board within ten (10) days. NRS 453.568.

26. A licensee/registrant may not engage in unauthorized practice or beyond scope of existing licensure/registration. NRS 453.321(1)(a); NRS 639.100; NRS 639.2813; NAC 639.593; 21 USC § 841(a)(1).

27. It is unlawful for any person to falsely represent himself as a practitioner, or an agent of the practitioner, entitled to write prescriptions in this state. NRS 639.2813.

28. A person/entity may not engage in wholesale distribution without proper licensure/registration. NRS 639.100; NAC 639.593; 21 USC § 823; 21 USC § 841(a)(1); 21 CFR § 205.4; 21 CFR § 1301.13.

29. The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has "as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has

knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision."

30. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.702; NAC 639.945(2).

FIRST CAUSE OF ACTION
Violation of State Loss Reporting Requirement
(Respondents Prax and Silber)

31. By failing to report shortages/loss of controlled substances within ten (10) days of loss discovery to the Board, and thereby maintaining appropriate counts of inventory, Respondents Prax and Silber violated NRS 453.568, NAC 453.480-.485, NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), (12), (15), and (17), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Violation of Federal Loss Reporting Requirement
(Respondent Prax)

32. By failing to report shortages/loss of controlled substances within one (1) business day of loss discovery to the DEA, and thereby maintaining appropriate counts of inventory, Respondent Prax violated NAC 639.945(1)(i), 21 USC § 842(a)(5), and 21 CFR § 1301.76(b), and is subject to discipline pursuant to NRS 639.210(4), (11), and (17), and/or NRS 639.255.

THIRD CAUSE OF ACTION
Fraudulent and Unprofessional Conduct
(Respondent Silber)

33. By creating telephonic prescriptions for controlled substances and/or dangerous drugs for himself and patient C.F., and dispensing same under other practitioners' names without their knowledge or consent, Silber engaged in fraudulent and unprofessional conduct in violation of NRS 639.2813, NAC 639.945(1)(d), (h), (i), and (k), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

FOURTH CAUSE OF ACTION
Failure to Keep Complete and Accurate Records
(Respondents Prax and Silber)

34. By failing to take initial inventory, keep complete, accurate, and readily retrievable records of all controlled substances dispensed, and failing to account for missing controlled substances, Prax and Silber violated NRS 453.568, NAC 453.475, NAC 453.485, NAC 639.482, NAC 639.485, NAC 639.487, NAC 639.745, 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 639.210(11), (12), and/or (15), and/or NRS 639.255.

FIFTH CAUSE OF ACTION
Failure to Fill Prescription of Patient J.B. as Prescribed
(Respondent Silber)

35. By failing to fill the prescriptions for gabapentin and alprazolam of patient J.B. as indicated without consulting with the prescribing practitioners before modifying or filling all of the refills at once for J.B.'s prescriptions, Silber engaged in unprofessional conduct pursuant to NAC 639.945(1)(d), and (i), in violation of NRS 639.2396(1) and (2), NAC 453.440(7), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

SIXTH CAUSE OF ACTION
Unlicensed Practice of Distribution/Wholesale
(Respondent Prax)

36. By dispensing prescriptions for "office use" to medical offices and/or practitioners without a wholesaler's license, Prax engaged in unlicensed practice of distribution/wholesale, in violation of NRS 639.100, NRS 639.233, NAC 639.593, 21 USC § 823, 21 USC § 841(a)(1), 21 CFR § 205.4, 21 CFR § 1301.13, and is subject to discipline pursuant to NRS 639.210(4), (11), and (12), NRS 639.255, and/or NRS 639.2895.

///

///

///

SEVENTH CAUSE OF ACTION
Pharmacy/Owner Responsibilities
(Respondent Prax)

37. As the owner/operator of Prax at the time of each of the violations alleged herein, Prax is responsible for the violations, including those of its employees, pursuant to NAC 639.702, and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 30th day of April, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NEVADA HEALTH RX, INC.** **D/B/A PRAX-RX,** **Pharmacy License No. PH02898,** **Respondent.**	**CASE NO. 18-043-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of April, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NEVADA HEALTH RX, INC.** **D/B/A PRAX-RX,** **Pharmacy License No. PH02898,** **Respondent.**	**CASE NOS. 18-043-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of _____, 2021.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR
NEVADA HEALTH RX, INC.
D/B/A PRAX-RX

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Praxsyn Corporation
7904 E. Chaparral Rd., Ste. A110-210
Scottsdale, AZ 85250

Praxsyn Corporation
777 S. Flagler Dr., Ste. 800
West Palm Beach, FL 33401

Frank J. Brady
Praxsyn Corporation
61 Spectrum Blvd.
Las Vegas, NV 89101

Scot Silber, RPh
[redacted] Hazy Hills Ave
Henderson, NV, 89052

SHIRLEY HUNTING

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SCOT SILBER, RPH,** **Certificate of Registration No. 08362,** **Respondent.**	**CASE NO. 18-043-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of April, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SCOT SILBER, RPH,** **Certificate of Registration No. 08362,** **Respondent.**	**CASE NO. 18-043-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

SCOT SILBER, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Praxsyn Corporation
7904 E. Chaparral Rd., Ste. A110-210
Scottsdale, AZ 85250

Praxsyn Corporation
777 S. Flagler Dr., Ste. 800
West Palm Beach, FL 33401

Frank J. Brady
Praxsyn Corporation
61 Spectrum Blvd.
Las Vegas, NV 89101

Scot Silber, RPh
[redacted] Hazy Hills Ave
Henderson, NV, 89052

SHIRLEY HUNTING

5C

FILED 1806
AUG 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	CASE NO. 20-020-CS-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Stephen P. Dubin, MD ("Dubin"), held a controlled substance registration, Certificate of Registration No. CS19164, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare ("Jireh"), located at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102.

3. Jireh employs registered nurses and/or physician assistants, who are agents or staff members for Dubin, to travel to patients' homes to provide in-home hospice services.

4. Respondent Dubin did not travel to patients' homes to examine patients in person nor did Dubin directly consult with patients by other electronic or remote device.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances prescriptions while out of the country.

6. Dubin was outside of the United States from December 17-24, 2018.

7. On December 18, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15.

8. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60.

9. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45.

10. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018 because he passed away, all during the time when Dubin was out of the country.

11. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30.

12. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30.

13. All of the foregoing controlled substance prescriptions were telephoned by Dubin's agent(s) or staff member(s) to Trinity Pharmacy during a time when Dubin was out of the country.

APPLICABLE LAW

14. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

15. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 USC § 822(a)(2); 21 USC § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.331; NRS 453.431; NRS 453.381(1).

16. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.256; NRS 453.321(1)(a); NRS 453.431; NRS 639.100(1); NRS 639.235; NRS 639.23505; NRS 639.2353; NRS 639.2355; NRS 639.239145(2)(a); NAC 453.410; NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.742; NAC 639.745.

17. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 USC § 841(a); 21 USC § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

18. Conspiring to violate the Controlled Substances Act is a felony offense. 21 USC § 846; NRS 453.401(l)(a).

19. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Prescribing a drug as a practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship pursuant to NRS 639.235(2)(a), NRS

639.239145(2)(a) constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

22. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

23. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

24. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

25. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

26. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, Dubin was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h)(i), NRS 453.236(1), NRS 453.331, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, and/or NRS 639.210.

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

27. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, and when no bona fide therapeutic relationships with patients were established, Dubin performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct in violation of NRS 453.331, and NAC 639.945(1)(i), and (o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210.

THIRD CAUSE OF ACTION

Violations of the Federal and State Controlled Substances Act

28. By pre-signing, post-signing, or permitting his staff to telephone controlled substances schedule II prescriptions without Dubin's dated and handwritten signature, Dubin violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

///

///

///

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

29. As set forth herein, Dubin has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 13th day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	CASE NOS. 20-020-CS-S **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Stephen Dubin, MD
[redacted] S. Rainbow Blvd., Ste. [redacted]
Las Vegas, NV 89118

SHIRLEY HUNTING

FILED
OCT 21 2021
NEVADA STATE BOARD
OF PHARMACY

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
Nadia Ahmed, Esq.
Nevada Bar No.: 15489
SKLAR WILLIAMS PLLC
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-0000
Email: cpomerantz@sklar-law.com

Attorneys for Stephen Dubin, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. STEPHEN DUBIN, MD, Certificate of Registration No. CS19164, Respondent.	CASE NO.: 20-020-CS-S ***AMENDED* ANSWER AND NOTICE OF DEFENSE**

Respondent above named, respectfully submits this amended answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"). This amended answer is intended to take the place of, and otherwise supersede, Respondent's answer filed with the Board on September 3, 2021. Respondent declares:

1. That his objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

a. This action is barred by the doctrine of laches. The Board's Notice of Intended Action and Accusation addresses conduct that is alleged to have occurred in December 2018. The Board filed its Notice of Intended Action and Accusation on August 13, 2021, almost *three years* after the alleged conduct, without a valid excuse for such delay, as a result of which Dr. Dubin was prejudiced. Implicit in the Board's statutes (NRS 639.241, *et. seq.*) and its

regulations (NAC 639.120, *et. seq.*) is an obligation to proceed promptly and fairly against Respondent. Because the Board did not promptly make a determination as to whether the Notice of Intended Action and Accusation would be filed against Dr. Dubin until approximately three years after the alleged conduct, evidence favorable to Dr. Dubin's defense has been negatively affected, including the availability of documentary evidence and the erosion of witness memories, among other matters. Lacking good cause and undermining Respondent's ability to defend against the charges, it would be inequitable and unjust for the Board to proceed on these charges.

b. The Board has unclean hands because it is engaging in selective and vindictive prosecution by proceeding against Respondent in bad faith and pursuant to a bad motive in retaliation for the United States Attorney's Office for the District of Nevada's ("USAO") decision to decline the referral for civil prosecution due to lack of evidence against Respondent.

c. Respondent steadfastly denies that he "pre-sign[ed], post-sign[ed], or allow[ed] staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel," as alleged in the First, Second, and Third Causes of Action. The Notice of Intended Action and Accusation demonstrates a fundamental misunderstanding of the operative facts, as follows:

i. At no point did Dr. Dubin pre-sign, post-sign, or approve prescriptions while he was out of the country.

ii. Jireh Healthcare is a hospice provider. Respondent is the medical director. At the time of the events in issue in the Notice of Intended Action and Accusation, Trinity Pharmacy served as Jireh's exclusive pharmacy. Trinity Pharmacy is permitted to fill any prescription within 14 days of the date of issue. NRS 453.431(4).

iii. It appears that the allegations in the Notice of Intended Action and Accusation rely entirely on the fill date listed in the Prescription Monitoring Program ("PMP") printout and not the actual prescriptions. The PMP for patients A.D., M.G., M.H. and D.B. reflects a fill date when the prescription was called in by the mid-level hospice provider.

iv. For the specific prescriptions at issue, however, Dr. Dubin was unaware they were being filled. He did not pre-sign, post-sign, or authorize Jireh staff to call them in to Trinity. In each case, Trinity Pharmacy appears to have filled the prescriptions immediately after receiving the request from the mid-level provider and did not seek or obtain authorization

from Dr. Dubin.[1] The face of the prescriptions do not reflect Dr. Dubin's actual signature, and appear to have been signed by someone else or left unsigned.

iv. In context, the Notice of Intended Action and Accusation relates to prescriptions written for hospice patients who are most in need of controlled substances to treat intractable pain and other conditions attendant to their terminal status. The prescriptions for Patients M.G. and D.B. for example, plainly state that these are hospice patients.

d. The purpose of the foregoing paragraphs is to place the Board on notice of Respondent's current legal objections to its Complaint. Respondent respectfully reserves the right to expand upon and brief these objections at the appropriate juncture, if necessary, and further reserves the right to raise such other defenses as further investigation and additional evidence dictates.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies, and alleges as follows:

a. Respondent admits that the Board has jurisdiction over this matter.

b. Respondent admits the allegations in Paragraphs 2 and 3, but denies that Jireh's employees are his agents or staff members.

c. The allegations in Paragraph 4 are vague and overbroad because they are not limited to a specific time frame and fail to identify alleged patients. Because Respondent cannot respond adequately to these allegations, he denies them.

d. With regard to the allegations in Paragraph 5, Respondent admits that diversion investigators with the Drug Enforcement Administration filed a referral for civil prosecution with the USAO. After vetting the matter, including receiving a fulsome response from Respondent, the USAO *declined* the referral for civil prosecution.

e. Respondent admits the allegations in Paragraph 6.

f. With regard to the allegations in Paragraphs 7 through 9, Respondent denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare. Respondent is without sufficient knowledge to respond to the remainder of the allegations in Paragraphs 7 through 9, and thus, denies the allegations on that basis.

---

[1] Nonetheless, Respondent would have authorized each of these prescriptions had he known about them because he believes they were appropriate for the conditions being treated.

g. Respondent is without sufficient knowledge to respond to the allegations in Paragraph 10, and, thus, denies the allegation on that basis.

h. With regard to the allegations in Paragraphs 11 through 13, Respondent denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare. Respondent is without sufficient knowledge to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the allegations on that basis.

i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which no answer is required.

j. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the First through Fourth Causes of Action.

k. I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 21st day of October, 2021.

[*Please see attached counter-signed copy*]

_____

Stephen Dubin, MD

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
Nadia Ahmed, Esq.
Nevada Bar No.: 15489
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the allegations on that basis.

i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which no answer is required.

j. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the First through Fourth Causes of Action.

k. I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 21st day of October, 2021.

Stephen Dubin, MD

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of SKLAR WILLIAMS PLLC, and that on this 21st day of October, 2021, I caused two true and correct copies of the foregoing **Amended Answer and Notice of Defense** to be sent via overnight mail to the Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521.

/s/ Amanda Brandon
An employee of SKLAR WILLIAMS PLLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	**Case Nos. 20-020-CS-S** **STIPULATED FACTS**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Stephen Dubin, MD ("Dubin"), Certificate of Registration No. CS19164, by and through counsel, Crane M. Pomerantz, Esq. and Nadia J. Ahmed, Esq. of Sklar Williams, PLLC, **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS:**

1. The Board has jurisdiction over Respondent and this matter.

2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare ("Jireh"), located formerly at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102. Jireh is currently located at 2688 S. Rainbow Boulevard, Suite A, Las Vegas, Nevada 89146. Jireh is a Medicare-certified home hospice care entity that provides palliative care to terminal patients.

3. Jireh employs registered nurses and/or physician assistants to travel to patients' homes to provide in-home hospice services.

4. Dubin was outside of the United States from December 17-24, 2018.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances while out of the country. The civil investigation was closed on June 2020 without prosecution.

6. On December 18, 2018, "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15, to Trinity Pharmacy.

7. On December 19, 2018, "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60, to Trinity Pharmacy.

8. On December 19, 2018, "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45, to Trinity Pharmacy.

9. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018.

10. On December 20, 2018, "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30, to Trinity Pharmacy.

11. On December 20, 2018, "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30, to Trinity Pharmacy.

12. All of the foregoing controlled substance prescriptions were telephoned by "Honey" and "Speedy" to Trinity Pharmacy during a time when Dubin was out of the country.

13. Trinity Pharmacy is a retail pharmacy located at 2797 S. Maryland Parkway, Las Vegas, Nevada. Respondent Dubin has no relationship with Trinity Pharmacy, but was aware that it periodically filled prescriptions that he actually authorized for Jireh patients.

14. Janyvill Ruiz ("Ruiz") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.

15. Ruiz is also known as "Honey".

16. Speedy Cacanindin ("Cacanindin") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.

17. Cacanindin is also known as "Speedy".

AGREED:

APPROVED AS TO FORM AND CONTENT
this 10th day of November, 2021

CRANE POMERANTZ, ESQ.
NADIA J. AHMED, ESQ.
Counsel for Respondent

Signed this 11th day of November, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "1"

TRINITY PHARMACY
2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Your Home for a Healthier You

Name: A[redacted] D[redacted]
Address:
Tel:

Date: 9/18/18
Time: 11:42A
DOB: 5/31/43

alp. 1mg
1 qhs Anx/SL #15
RF

A[redacted] AVE LAS VEGAS NV[redacted]
RX0159967

DR.: Honey
TEL:
NPI:
DEA:

Dubin
FD 2419706
359-1388

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	169967
Fill Date	:	12-18-2018
Patient Name	:	D[redacted], A[redacted]
Facility Name	:	GC JIREH HEALTHCARE HOSPICE
Filled By	:	PVN
Dispensed By	:	JD
Declined Counseling	:	Yes
Drug Name	:	ALPRAZOLAM 1 MG TABLET
Qty	:	15
Patient Paid	:	17.10
Total	:	17.10
Dispense Date & Time	:	12-21-2018 10:54 AM
Signature	:	

ly Make You Drowsy Or Dizzy, Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Or Other Machines. If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor.

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist. Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C169967 12-18-18

A[redacted] D[redacted] AVE LAS VEGAS NV[redacted]

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Qty: 15 Refills: 0 Mfg: ACTAVIS US
Dr: DUBIN, STEPHEN PVN
Use By: 12-18-19 Original Date: 12-18-18

Rx # C169967 12-18-18 12-18-18 CHARGEACCT

A[redacted] D[redacted] DOB [redacted]
[redacted] AVE LAS VEGAS NV[redacted]

Dr: DUBIN, STEPHEN FD2419706
ALPRAZOLAM 1 MG TABLET ACTAVIS
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

QD Total: $17.10 Copay: $0.00 NDC #: 00228-2031-50
DAW: 0 Days Supply: 15 PVN Qty: 15 2 - Telephone
Auth #:
Use By: 12-18-19

Rx #: C169967 12-18-18
DOB: [redacted]
A[redacted] D[redacted] AVE LAS VEGAS NV[redacted]
Dr: DUBIN, STEPHEN 1023311040
ALPRAZOLAM 1 MG TABLET #15
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

QD: 0 $17.10 $0.00 00228-2031-50
DAW: 0 Auth #:
Plan: CHARGEACCT PVN

Rx #: C169967 12-18-18
A[redacted] D[redacted]
ALPRAZOLAM 1 MG TABLET QTY: 15
Use for XANAX

A[redacted] D[redacted] AVE LAS VEGAS NV[redacted]
RX0169967

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S Maryland Pkwy 29 Las Vegas, NV 89109 702-776-8210
Rx #: C169967 12-18-18 CHARGEACCT

A[redacted] D[redacted]
[redacted] AVE LAS VEGAS NV[redacted]
Phone #: 702[redacted] Card ID:

Dr: DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89118
Phone #: 702-359-1368 DEA #: FD2419706

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
ROUND BLUE
Qty: 15 NDC #: 00228-2031-50
Auth #

Amount Due: $17.10

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx # C169967 ALPRAZOLAM 1 MG TABLET

Patient: A[redacted] D[redacted]
Dr: DUBIN, STEPHEN NDC #: 00228-2031-50

00228203150016996700 15

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat anxiety.It is used to treat panic attacks.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Signs of depression, suicidal thoughts, emotional ups and downs, abnormal thinking, anxiety, or lack of interest in life.Change in balance.Shortness of breath.Very bad dizziness or passing out.Feeling confused.Memory problems or loss.Trouble speaking.Trouble passing urine.Period (menstrual) changes. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG?.Feeling dizzy, sleepy, tired, or weak.Dry mouth.Feeling more or less hungry.Upset stomach.Constipation.Change in sex interest.Sex problems.Weight gain or loss.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store at room temperature in a dry place. Do not store in a bathroom.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

WHAT DO I DO IF I MISS A DOSE?
If you take this drug on a regular basis, take a missed dose as soon as you think about it.If it is close to the time for your next dose, skip the missed

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "2"

12/19/18
4 PM
Speedy

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER:

Percocet 10/325 mg #60
1 po q 6 prn pain
for 15 days supply

ICD: M54.5

[redacted]
RX0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE:
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	170068
Fill Date	:	12-19-2018
Patient Name	:	G[redacted], M[redacted]
Filled By	:	MLJ
Dispensed By	:	JD
Declined Counseling	:	Yes
Drug Name	:	OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Qty	:	60
Patient Paid	:	120.00
Total	:	120.00
Dispense Date & Time	:	12-21-2018 10:55 AM
Signature	:	

May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle Or Other Machines.

Do Not Take Other Medicines That Have Acetaminophen, Diphenhydramine Or Hydroxyzine Without Checking With Your Doctor.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: N170068 **12-19-18**

M[redacted] G[redacted]
[redacted] RD LAS VEGAS NV[redacted]

TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLE
Qty: 60 Refills: 0 Mfg: RHODES PHA
Dr. DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18

Rx #: N170068 12-19-18 12-19-18 CHARGEACCT
M[redacted] G[redacted] DOB [redacted]
[redacted] RD LAS VEGAS NV[redacted]
Dr. DUBIN, STEPHEN FD2419706
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325) RHODES
TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN
D
0/0 Total: $120.00 Copay: $0.00 NDC #: 42858-0104-01
DAW: 0 Days Supply: 15 MLJ Qty: 60 1 - Written
Auth #:
Use By: 12-19-19
RX0170068

Rx #: N170068 12-19-18 DOB: [redacted]
[redacted] RD LAS VEGAS NV[redacted] 1023311040
Dr. DUBIN, STEPHEN #60
TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN
0/0 $120.00 $0.00 42858-0104-01
DAW: 0 Auth #: MLJ/CC
Plan: CHARGEACCT

Rx #: N170068 12-19-18
M[redacted] G[redacted]
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Gen for ENDOCET
[redacted] RD LAS VEGAS NV[redacted]
RX0170068

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170068 12-19-18 CHARGEACCT

M[redacted] G[redacted]
[redacted] RD LAS VEGAS NV[redacted]
Phone # 702[redacted] Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89125
Phone #: 702-359-1368 DEA #: FD2419706

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLET
ROUND,BICONVEX WHITE TO OFF WHITE
Qty: 60 NDC #: 42858-0104-01
Auth #:

Amount Due $120.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx #: N170068 OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Patient: M[redacted] G[redacted]
Dr. DUBIN, STEPHEN NDC #: 42858-0104-01
42858010401017006800 80

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to ease pain

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash, hives, itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Very bad dizziness or passing out.Feeling very sleepy.Trouble breathing, slow breathing, or shallow breathing.Noisy breathing.Breathing problems during sleep (sleep apnea).Feeling confused.Hallucinations (seeing or hearing things that are not there).Mood changes.Very bad constipation.Very bad belly pain.Feeling very tired or weak.A burning, numbness, or tingling feeling that is not normal.Not able to pass urine or change in how much urine is passed.Fast or slow heartbeat.A heartbeat that does not feel normal.Fever or chills.Sore throat.Hearing loss.Seizures.Very bad headache.Shakiness.Any unexplained bruising or bleeding.Change in eyesight.Chest pain.Memory problems or loss.Trouble walking.Trouble speaking.Swelling in the arms or legs.A very bad skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause very bad health problems that may not go away, and sometimes death. Get medical help right away if you have signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes.Taking an opioid drug like this drug may lead to a rare but very bad adrenal gland problem. Call your doctor right away if you have very bad dizziness or passing out, very bad upset stomach or throwing up, or if you feel less hungry, very tired, or very weak. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Constipation.Belly pain.Dizziness.Feeling sleepy.Headache.Upset stomach or throwing up.Feeling tired or weak.

HOW IS THIS DRUG BEST TAKEN?
Take by mouth only.Take with or without food. Take with food if it causes an upset stomach.Do not inject or snort this drug. Doing any of these things

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "3"

Trinity Pharmacy
2797 S. Maryland Pkwy 2B Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
6380 S RAINBOW STE 308
LAS VEGAS NV 89128

Phone : 702-369-1388
Fax : 702-362-9954

DEA # : FD2416708
Lic # : 13772
NPI # : 1023311040

Rx# : 170055

Rx Written : 12-19-2018

Patient : H[redacted] M[redacted]
Address : [redacted] AVE (JIREH)
LAS VEGAS NV [redacted]
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100

Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0 RPh : MLJ/06

PHD 0/4 Speedy @ 1:00pm 12/19/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

[redacted] AVE (JIREH) LAS VEGAS NV [redacted]

RX017,0065

1835

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	: 170055
Fill Date	: 12-19-2018
Patient Name	: H[redacted], M[redacted]
Filled By	: MLJ
Dispensed By	: JD
Declined Counseling	: Yes
Drug Name	: LORAZEPAM 0.5MG TABLET
Qty	: 45
Patient Paid	: 35.00
Total	: 35.00
Dispense Date & Time	: 12-21-2018 10:55 AM
Signature	:

Any Meds You Enemy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Operat. Or Other Machines

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C170055 12-19-18

M[redacted] H[redacted]
[redacted] AVE LAS VEGAS NV [redacted]

TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Qty: 45 Refills: 0 Mfg: ACTAVIS PH
Dr. DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18

Rx #: C170055 12-19-18 12-19-18 CHARGEACCT
M[redacted] H[redacted] DOB: [redacted]
[redacted] AVE LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN FD2419706
LORAZEPAM 0.5MG TABLET ACTAVIS
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

D

0/0 Total: $35.00 Copay: $0.00 NDC #: 00591-0240-10
DAW: 0 Days Supply: 15 MLJ Qty: 45 2 - Telephone
Auth #:
Use By: 12-19-19

RX0170033

Rx #: C170055 12-19-18 DOS: [redacted]
[redacted] AVE LAS VEGAS NV [redacted] 1023311040
Dr. DUBIN, STEPHEN
LORAZEPAM 0.5MG TABLET #45
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

0/0 $35.00 $0.00 00591-0240-10
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: C170055 12-19-18
M[redacted] H[redacted]
LORAZEPAM 0.5MG TABLET QTY: 45
Gen for ATIVAN

M[redacted] H[redacted]
[redacted] AVE LAS VEGAS NV [redacted]

RX0170055

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: C170055 12-19-18 CHARGEACCT

M[redacted] H[redacted] 12-09-1932
[redacted] AVE LAS VEGAS NV [redacted]
Phone #: 702-[redacted] Card ID

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 336 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419706

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
ROUND,FLAT-FACED,BEVELED EDGE
Qty: 45 NDC #: 00591-0240-10
Auth #:

Amount Due: $35.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: C170055 LORAZEPAM 0.5MG TABLET
Patient: M[redacted] H[redacted]
Dr. DUBIN, STEPHEN NDC #: 0059[redacted]

00591024010017005500 4 5

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat anxiety.It is used to treat seizures.It is used to ease anxiety before surgery.It may be given to you for other reasons. Talk with the doctor.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.New or worse behavior or mood changes like depression or thoughts of suicide.Hallucinations (seeing or hearing things that are not there).Change in balance.Feeling confused.Memory problems or loss.Very bad dizziness or passing out.Change in eyesight.Muscle weakness.Dark urine or yellow skin or eyes.This drug may cause very bad and sometimes deadly breathing problems. Call your doctor right away if you have slow, shallow, or trouble breathing. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Headache.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS:
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store at room temperature protected from light. Store in a dry place. Do not store in a bathroom.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "4"

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-369-1388

12/20/18 4PM Honey

PATIENT NAME: D[redacted] B[redacted] DATE OF BIRTH: [redacted]

Rx NUMBER: _____

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[redacted] CIRCLE LAS VEGAS NV [redacted]
RX0170143

Warning: Breastfeeding is Not Recommended While Using This Medicine. Consult Your Doctor Or Pharmacist.

Taking More Of This Medication Than Recommended May Cause Serious Breathing Problems

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

Rx #: N170143 12-20-18

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB

MORPHINE SULFATE OS 20MG/ML

Qty: 30 Refills: 0 Mfg: ROXANE LAB
Dr. DUBIN, STEPHEN MLJ
Use By: 12-20-19 Original Date: 12-20-18

Rx #: N170143 12-20-18 12-20-18 CHARGEACCT

D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS [redacted]

Dr. DUBIN, STEPHEN FD2419706

MORPHINE SULFATE OS 20MG/ML ROXANE L

GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB

Qty: 30 Total: 60.00 Copay: 50.00 NDC #: 00054-0404-44
DAW: 3 Days Supply: 15 MLJ Qty: 30 1 - Written
Auth #:
Use By: 12-20-19

R X 0 1 7 0 1 4 3

Rx #: N170143 12-20-18
D[redacted] B[redacted]
MORPHINE SULFATE OS 20MG/ML QTY: 30

D[redacted] B[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]

R X 0 1 7 0 1 4 3

GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB 00054-0404-44
DAW: 3 Auth #:
Plan: CHARGEACCT MLJ/CC

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

Trinity Pharmacy
2797 S Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170143 12-20-18 CHARGEACCT

D[redacted] B[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]
Phone #: 702[redacted] Card ID:

Dr. DUBIN, STEPHEN
5360 S RAINBOW STE 308 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419706

MORPHINE SULFATE OS 20MG/ML

CLEAR

Qty: 30 NDC #: 00054-0404-44
Auth #:

Amount Due $60.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt __1 __2 __3 Note DT below

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx #: N170143 MORPHINE SULFATE OS 20MG/ML

Patient: D[redacted] B[redacted]
Dr. DUBIN, STEPHEN NDC #: 00054[redacted]

00054040444017014300 30

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to ease pain.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Very bad dizziness or passing out.Chest pain or pressure or a fast heartbeat.Feeling confused.Noisy breathing.Breathing problems during sleep (sleep apnea).Seizures.Severe constipation or stomach pain. These may be signs of a severe bowel problem.Depression or other mood changes.Swelling in the arms or legs.Fever, chills, or sore throat.Pain when passing urine.A burning, numbness, or tingling feeling that is not normal.A severe and sometimes deadly problem called serotonin syndrome may happen if you take this drug with certain other drugs. Call your doctor right away if you have agitation; change in balance; confusion; hallucinations; fever; fast or abnormal heartbeat; flushing; muscle twitching or stiffness; seizures; shivering or shaking; sweating a lot; severe diarrhea; upset stomach; or throwing up; or severe headache.Taking an opioid drug like this drug may lead to a rare but very bad adrenal gland problem. Call your doctor right away if you have very bad dizziness or passing out; very bad upset stomach or throwing up; or if you feel less hungry, very tired, or very weak.
WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Dry mouth.Constipation, diarrhea, stomach pain, upset stomach, throwing up, or feeling less hungry.Headache.Anxiety.Sweating a lot.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.Do not inject or snort this drug. Doing any of these things can cause very bad side effects like trouble breathing and death from overdose.Measure liquid doses carefully.Only use the measuring device that comes with this liquid drug.

OTHER PRECAUTIONS:

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	170143
Fill Date	:	12-20-2018
Patient Name	:	B[redacted], D[redacted]
Filled By	:	MLJ
Dispensed By	:	ADMIN
Declined Counseling	:	No
Drug Name	:	MORPHINE SULFATE OS 20MG/ML
Qty	:	30
Patient Paid	:	60.00
Total	:	60.00
Dispense Date & Time	:	12-20-2018 05:58 PM
Signature	:	

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-382-9954
DEA # : FD2419708
Lic # : 13772
NPI # : 1023311040

Rx#: 170144
Rx Written : 12-20-2018

Patient : B[redacted] D[redacted]
Address : [redacted] CIRCLE
LAS VEGAS NV [redacted]
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Male

4 PN
Hmely

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML
Quantity : 30 (thirty)

Sig Instructions :
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

Refills Authorized : 0 RPh : MLJ / CC

MD called in new Rx

Signature

12/20/18
Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

☐ Dispense As Written

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	: 170144
Fill Date	: 12-20-2018
Patient Name	: B[redacted], D[redacted]
Filled By	: MLJ
Dispensed By	: ADMIN
Declined Counseling	: No
Drug Name	: LORAZEPAM O/C 2MG/ML
Qty	: 30
Patient Paid	: 65.00
Total	: 65.00
Dispense Date & Time	: 12-20-2018 05:58 PM
Signature	:

May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor.

Mix With Liquids, Such As Water or Juice. May Also Mix With Soft Foods, Such As Applesauce Or Pudding.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C170144 **12-20-18**

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML

Qty: 30 Refills: 0 Mfg: HI TECH PH
Dr DUBIN STEPHEN MLJ
Use By: 12-20-19 Original Date: 12-20-18

Rx #: C170144 12-20-18 12-20-18 CHARGEACCT

D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

Dr. DUBIN, STEPHEN FD2419706
LORAZEPAM O/C 2MG/ML HI TECH P
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY
0/0 Total: $65.00 Copay: $0.00 NDC #: 50383-0705-30
DAW: 0 Days Supply: 15 MLJ Qty: 30 1 - Written
Auth #:
Use By: 12-20-19

RX 0 1 7 0 1 4 4

Rx #: C170144 12-20-18
D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN 1023311000
LORAZEPAM O/C 2MG/ML #30
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY
$65.00 $0.00 50383-0705-30
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: C170144 12-20-18
D[redacted] B[redacted]
LORAZEPAM O/C 2MG/ML QTY: 30
Can for LORAZEPAM

[redacted] CIRCLE LAS VEGAS NV [redacted]
RX 0 1 7 0 1 4 4

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx # C170144 12-20-18 CHARGEACCT

D[redacted] B[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]
Phone #: 702-[redacted] Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89128
Phone #: 702-359-1368 DEA #: FD2419706

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML

Qty: 30 NDC #: 50383-0705-30
Auth #

Amount Due: $65.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: C170144 LORAZEPAM O/C 2MG/ML

Patient: D[redacted] B[redacted]
Dr. DUBIN, STEPHEN NDC #: 50383-0705-30

50383070530017014400030

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat seizures.It is used to treat anxiety.It is used to ease anxiety before surgery.It may be given to you for other reasons. Talk with the doctor.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.New or worse behavior or mood changes like depression or thoughts of suicide.Hallucinations (seeing or hearing things that are not there).Change in balance.Feeling confused.Memory problems or loss.Very bad dizziness or passing out.Change in eyesight.Muscle weakness.Dark urine or yellow skin or eyes.This drug may cause very bad and sometimes deadly breathing problems. Call your doctor right away if you have slow, shallow, or trouble breathing.WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Headache.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach. Use the dropper that comes with this drug to measure the drug. Mix the liquid with water, juice, soda, applesauce, or pudding before taking it.Swallow the mixture right away. Do not store for use at a later time.

OTHER PRECAUTIONS:
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store in a refrigerator. Do not freeze.Throw away any part not used after 3 months.Protect from light.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your

EXHIBIT 5

DECLARATION OF MA LOURDES JAUREGUI, RPH

I, MA LOURDES JAUREGUI, declares under penalty of perjury that the following assertions are true and correct of my own personal knowledge unless stated upon information and belief:

1. I was the managing pharmacist of Trinity Pharmacy ("Trinity") located at 2797 S. Maryland Parkway, Suite 28, Las Vegas, Nevada. I am writing this declaration because I am unavailable for the scheduled hearing for alleged violations against Stephen Dubin, MD ("Dubin") regarding the Nevada State Board of Pharmacy's ("Board") case number 20-020.

2. I have personal knowledge of all matters stated herein and, if called as a witness, could and would testify competently thereto, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true.

3. On or about September 10, 2020, the Board's investigator, Dena McClish, requested certain prescription records from Trinity.

4. On or about September 10, 2020, I forwarded the requested prescription records, which included the following:

   a) True and correct copies of Trinity's (redacted) prescription records for patient A.D. on December 18, 2018 are attached hereto as Exhibit "1". However, I was not the pharmacist who filled this particular prescription. It was filled by a floater pharmacist.

   b) True and correct copies of Trinity's (redacted) prescription records for patient M.G. on December 19, 2018 are attached hereto as Exhibit "2".

   c) True and correct copies of Trinity's (redacted) prescription records for patient M.H. on December 19, 2018 are attached hereto as Exhibit "3".

d) True and correct copies of Trinity's (redacted) prescription records for patient D.B. on December 20, 2018 are attached hereto as Exhibit "4".

5. Exhibit "1" contains a prescription for patient A.D. which was telephoned by "Honey" on behalf of Dr. Dubin. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient A.D. was taken by the floater pharmacist on December 18, 2018 for alprazolam 1 mg tablet. The alprazolam was dispensed on December 21, 2018 at 10:54 a.m. Dr. Dubin never signed this prescription.

6. Exhibit "2" contains a prescription for patient M.G. which was telephoned by "Speedy" at 4:00 p.m. on December 19, 2018 on behalf of Dr. Dubin. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.G. was written in my handwriting for Percocet 10/325 mg, 60 tablets for a 15 day supply. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 19, 2018, but is undated.

7. Exhibit "3" contains a prescription for patient M.H. which was telephoned by "Speedy" at 1:00 p.m. on December 19, 2018. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.H. was for lorazepam 0.5 mg tablet, 45 tablets. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin never signed this prescription.

8. Exhibit "4" contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for morphine sulfate OS 20mg/ml, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 20, 2018, but is undated.
9. Exhibit "4" also contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for lorazepam O/C, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. Dr. Dubin never signed this prescription.
10. My understanding was that the prescriptions for hospice patients from Jireh Healthcare were all considered emergency oral prescriptions. However, I did not notate on the telephoned or oral prescriptions, "Authorization for Emergency Dispensing" nor did I speak with Dr. Dubin directly. I understood that I did have to receive a signed prescription back from the practitioner within 72 hours after the telephoned prescription, which admittedly was not always accomplished.

Further, Your Declarant Sayeth Naught.

Dated: 11/18/2021

Ma Lourdes Jauregui, RPH

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: A[redacted] D[redacted]

DOB: [redacted]

START OF CARE:

09/07/2018 TO 12/31/2018

EXHIBIT 6

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	A[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	A[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	A[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	A[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/30/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/29/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/28/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/27/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/26/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/25/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/23/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/22/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/20/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/19/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/17/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/16/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/12/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/11/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/10/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/9/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/8/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/7/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/6/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/5/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/4/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/3/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/2/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/1/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/30/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/29/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/28/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0

11/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/31/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0

10/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
9/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0

Jireh Healthcare Services LLC

1853 HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

LEVEL OF CARE RC, 09/07/18

MR#	M0466	SSN	[redacted]	DOB	[redacted] (75 yrs)
LAST NAME	D[redacted]	FIRST NAME	A[redacted]	MI	
ADDRESS	[redacted]venue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89120
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	Chinese
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION		DENOMINATION	

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			9/7/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	9/6/2018	SOC	9/7/2018	RE-CERT	5/4/2019
		EOC	4/5/2019	DISC CODE	Prognosis Extended
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Alzheimer's disease with late onset (G30.1)			DISEASE	Alzheimer's
SECOND DX	Delirium due to known physiological condition (F05)			DISEASE	
COMORBIDITIES	Anxiety, debility, failure to thrive				

ALLERGIES	LAST UPDATED
NKA	10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted]venue	CITY	Las Vegas	STATE-ZIP	NV 89120 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	CARLOS INOCENCIO, Phone:(702) 733-0744, Fax:(702) 796-8262, NPI:1558319293

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

CONFIDENTIALITY NOTICE The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

OTREM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3436259 | BILL 081A
b. MED. REC. # M0466
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH | 7

a PATIENT NAME	b	8 PATIENT ADDRESS	b	c	d	e
D[redacted], A[redacted]	[redacted]	[redacted] AVE.	LAS VEGAS	NV	89120	USA

9	10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]		F	090718	12	3	2		30			

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a						
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0650		Q5001	090718	1	000	000	
0001	PAGE 1 OF 1	CREATION DATE	090718	TOTALS	000		

PAYER NAME	51 HEALTH PLAN ID	52 REL. BEN.	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
D[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
	G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

REMARKS	80 CC		
	a		
	b	B3	251G00000X
	c		
	d		

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

M CMS-1450 *ULCF UB04 * APPROVED OMB NO 0938-0997 OCR:Original NUBC National Uniform Billing Committee 2439804 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBI10013

OTREM HEALTHCARE SERVICES
:320 PASEO DEL PRADO STE B101
.AS VEGAS NV 891020048
'023591388 7023592388

CNTL #	3476845			0812
b. MED. REC. #	M0466			
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7	
251927052	090718	093018		

a PATIENT NAME	b PATIENT ADDRESS				
D[redacted] A[redacted]	[redacted] AVE.				
	b LAS VEGAS	c NV	d 89120	e USA	

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
:7 090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	090718	8	9308	9308	
0561	Social Services Clinical V	G0155	090718	4	4654	4654	
0651	651-Routine Home Care	Q5001	090718	24	5,29336	000	
0551	RN Clinical Visit	G0299	091018	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	091018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091118	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091218	3	7500	7500	
0250	N427241000350UN60.000		091218	1	1952	1952	
0571	Hospice Aide Clinical Visi	G0156	091318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091418	3	7500	7500	
0551	RN Clinical Visit	G0299	091718	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	091718	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091918	3	7500	7500	
06[redacted]	657-Physician Charges	99205	091918	1	22500	000	
05[redacted]	Hospice Aide Clinical Visi	G0156	092018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092118	3	7500	7500	
0551	RN Clinical Visit	G0299	092418	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	092418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092518	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092618	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092718	3	7500	7500	
	PAGE 1 OF 2	CREATION DATE	100318	TOTALS	6,94212		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
ledicare Part A		Y	Y	000	5,51836	57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
)[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX												76
G301	F05	F419	F0280	F329	I10							

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

PROC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCC 0804.1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART OF

DUBIN0014

UTREH HEALTHCARE SERVICES	CNTL # 3476845		0812
320 PASEO DEL PRADO STE B101	MED REC # M0466		
AS VEGAS NV 891020048	5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 090718	THROUGH 093018
023591388 7023592388			

PATIENT NAME [redacted]	9 PATIENT ADDRESS [redacted] AVE.						
D[redacted], [redacted]	b LAS VEGAS	c NV	d 89120	e USA			
[redacted]	11 SEX F	12 ADMISSION DATE 090718	13 HR 12	14 TYPE 3	15 SRC 2	16 DHR	17 STAT 30

CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | 29 ACDT STATE | 30

OCCURRENCE DE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	092818	3	7500	7500	

0001	PAGE 2 OF 2	CREATION DATE 100318	TOTALS	6,94212			

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,51836	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

G301	F05	F419	F0280	F329	I10					74

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
[redacted]						

[redacted] PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio	FIRST Carlos		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
79 OTHER	NPI	QUAL	
LAST	FIRST		

REMARKS

81CC		
a		
b	B3	251G00000X
c		
d		

M CMS-1450 NUCF-08/04-1 APPROVED OMB NO 0938-0997 OCR:Original NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0015

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

3535014			0813
M0466			
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	100118	103118	

PATIENT NAME [redacted], A
9 PATIENT ADDRESS [redacted] AVE.
b LAS VEGAS c NV d 89120 e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM THROUGH	36 CODE	OCCURRENCE SPAN FROM THROUGH	37
7 090718											

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0551	RN Clinical Visit	G0299	100118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100118	3	7500	7500	
0250	N400228203150UN30.000		100118	1	4000	4000	
0651	651-Routine Home Care	Q5001	100118	31	7,03220	000	
0571	Hospice Aide Clinical Visi	G0156	100218	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100518	3	7500	7500	
0551	RN Clinical Visit	G0299	100818	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101118	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101218	3	7500	7500	
05[redacted]	Hospice Aide Clinical Visi	G0156	101518	3	7500	7500	
025[redacted]	N465862006399UN60.000		101518	1	3000	3000	
0250	N427241000350UN120.000		101518	1	4452	4452	
0571	Hospice Aide Clinical Visi	G0156	101618	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101718	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101918	3	7500	7500	
0551	RN Clinical Visit	G0299	102218	4	4803	4803	
	PAGE 1 OF 2	CREATION DATE	110518	TOTALS	9,08384		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
ledicare Part A		Y	Y	000	7,03220	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted], A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
G301	F05	F419	F0280	F329	I10						

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE DATE	a OTHER PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	75

[redacted] PROCEDURE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCP:0804.1 APPROVED OMB NO 0938-0997 OCR:Original NUBC [redacted] 2439A604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0016

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3535014 | REV. 0813
b. MED. REC. # M0466
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118 | 7

a [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
D[redacted], A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

a	10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
[redacted]		F	090718	12	3	2		30			

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
7	090718													

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	102218	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102518	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102618	3	7500	7500	
0551	RN Clinical Visit	G0299	102918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	102918	3	7500	7500	
0250	N459762372004UN30.000		102918	1	2000	2000	
0571	Hospice Aide Clinical Visi	G0156	103018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	103118	3	7500	7500	
0001	PAGE 2 OF 2	CREATION DATE	110518	TOTALS	9,08384		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	7,03220	57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

G301	F05	F419	F0280	F329	I10					69

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

74 a. PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

CMS-1450 NUCC UB04-1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 24JAN04 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0017

UTREA HEALTHCARE SERVICES

320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
'023591388 7023592388

CNTL # 3566453 | BILL TYPE 0813
b. MED REC # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018 | 7

ATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
D[redacted], A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
651	651-Routine Home Care	Q5001	110118	5	1,13423	000	
571	Hospice Aide Clinical Visi	G0156	110118	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	110218	3	7500	7500	
551	RN Clinical Visit	G0299	110518	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	110518	4	10000	10000	
250	Non-injectable		110518	1	86677	86677	
651	651-Routine Home Care	Q5001	110618	25	4,45631	000	
571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	110818	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
551	RN Clinical Visit	G0299	111218	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	111218	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	111318	4	10000	10000	
5[redacted]	Hospice Aide Clinical Visi	G0156	111418	4	10000	10000	
5[redacted]	Hospice Aide Clinical Visi	G0156	111518	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	111618	4	10000	10000	
551	RN Clinical Visit	G0299	111918	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	111918	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	112018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	120418	TOTALS	8,72443		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted], A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67										68
G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	A OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

[redacted]HER PROCEDURE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCF-0894 1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC National Uniform Billing Committee 24394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0018

[redacted] HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3588453 | 1860
b. MED. REC. # M0466 | 0813
5 FED. TAX NO: 251927052 | 6 STATEMENT COVERS PERIOD FROM: 110118 THROUGH: 113018 | 7

1 PATIENT NAME: [redacted] A
2 PATIENT ADDRESS: [redacted] AVE.
b LAS VEGAS | c NV | d 89120 | e USA

3	10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]		F	090718	12	3	2		30													

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112818	1	2500	2500	
0571	Hospice Aide Clinical Visi	G0156	112918	4	10000	10000	
0551	RN Clinical Visit	G0299	113018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	113018	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	120418	TOTALS		8,72443	

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	67A	67B	67C	67D	67E	68
G301	F05	F419	F0280	F329	I10	

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

76 ATTENDING	NPI 1558319293	QUAL
LAST Inocencio	FIRST Carlos	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
79 OTHER	NPI	QUAL
LAST	FIRST	

CMS-1450 NUCF-UB04-1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 2394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0019

UTREM HEALTHCARE SERVICES	CNTL # 3650256
320 PASEO DEL PRADO STE B101	b. MED. REC. # M0466
AS VEGAS NV 891020048	5 FED. TAX NO. 251927052
023591388 7023592388	6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118
	TYPE OF BILL 0817

| | | |

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650256 | b. MED REC # M0466 | 1862 | OF BILL 0817

5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

PATIENT NAME	b	025324213A	9 PATIENT ADDRESS	a	[redacted] AVE.				
D[redacted] A[redacted]				b	LAS VEGAS	c	NV	d 89120	e USA

10 BIRTH DATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
7	120618													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010819	TOTALS	8,07908		

PAYER NAME	51 HEALTH PLAN ID	52 REL BEN	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
G301	F05	F419	F0280	F329	I10						

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI			73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

[redacted] PROCEDURE	DATE	c. OTHER PROCEDUR CODE	DATE	d. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CAC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCC UB04.1 APPROVED OMB NO 0938-0997 DCN/Original NUBC 24394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0021

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
'023591388 7023592388

CNTL # 3650262 | BILL TYPE 0817 | 1863
MED REC # M0466
5 FED TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

8 PATIENT NAME [redacted] A
9 PATIENT ADDRESS [redacted] AVE.
b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
0551	RN Clinical Visit	G0299	121718	4	4803	4803	
057	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
05	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0551	RN Clinical Visit	G0299	122418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010819	TOTALS	7,79097		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 ADMIT DX	67 PATIENT REASON DX				68	69 PPS CODE	70 ECI				71

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

OTHER PROCEDURE DATE	c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	LAST Inocencio	FIRST Carlos
77 OPERATING	NPI	QUAL	LAST	FIRST
78 OTHER	NPI 1023311040	QUAL	LAST Dubin	FIRST Stephen Paul
79 OTHER	NPI	QUAL	LAST	FIRST

REMARKS

NSC	
a	
b	B3 251G00000X
c	
d	

14 CMS-1450 NUCP-UB04 APPROVED OMB NO 0938-0997 0D1V0N0SP NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0022

JIREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650262 | BILL TYPE 0817 | 1864
B. MED. REC. # M0466
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118

PATIENT NAME [redacted] | 8 PATIENT ADDRESS [redacted] AVE.
[redacted] A | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTH DATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 010819	TOTALS		7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted], A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	LAST Inocencio	FIRST Carlos
77 OPERATING	NPI	QUAL	LAST	FIRST
78 OTHER	NPI 1023311040	QUAL	LAST Dubin	FIRST Stephen Paul
79 OTHER	NPI	QUAL	LAST	FIRST

REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCC 1004.1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 24394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0023

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3644116 | BILL TYPE 0813
b. MED REC # M0466
5 FED TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

ATIENT NAME a 025924213A | 9 PATIENT ADDRESS a [redacted] AVE.
D [redacted] A | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTH DATE	11 SEX	12 ADMISSION DATE	HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
7	120618													

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
551	RN Clinical Visit	G0299	120318	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
551	RN Clinical Visit	G0299	121018	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
551	RN Clinical Visit	G0299	121718	4	4803	4803	
57	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
5	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
551	RN Clinical Visit	G0299	122418	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010419	TOTALS	7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,52582	OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					67

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	g. OTHER PROCEDURE CODE	DATE	

REMARKS	80 CC a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1558319293	QUAL
LAST Inocencio	FIRST Carlos	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
79 OTHER	NPI	QUAL
LAST	FIRST	

M CMS-1450 NUCF-U004 1 APPROVED OMB NO 0938-0997 OCR/Original NUBC National Uniform Billing Committee 24304604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0024

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3644116 | 1. TYPE OF BILL 0813 | 1866
b. MED. REC. # M0466
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

a PATIENT NAME [redacted] | a 025324213A | 8 PATIENT ADDRESS a [redacted] AVE.
b LAS VEGAS | c NV | d 89120 | e USA

9	10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]		F	090718	12	3	2		30													

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
17	120618													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 010419	TOTALS		7,79097		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,52582	1427366699	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GRP NAME	62 INSURANCE GROUP NO
[redacted] A	18	[redacted] A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
G301	F05	F419	F0280	F329	I10						

ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

74 a. PRINCIPAL PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	c. OTHER PROCEDURE CODE DATE	75
e. OTHER PROCEDURE DATE	d. OTHER PROCEDURE CODE DATE	f. OTHER PROCEDURE CODE DATE	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio	FIRST Carlos		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
79 OTHER	NPI	QUAL	
LAST	FIRST		

REMARKS

80 ICD	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCC 08/04 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 2439A604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE M

DUBIN0025

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3834552 | BILL TYPE 0811B | 1867
b. MED REC # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH 041719 | 7

ATIENT NAME [redacted] | 8 PATIENT ADDRESS [redacted] AVE.
D[redacted] A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

9	10 SEX	11 ADMISSION DATE	HR	TYPE	SRC	10 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a						
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	090718	223	000	000	
0001	PAGE 1 OF 1	CREATION DATE	041719	TOTALS	000		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67	67A
G301	F05	F419	F0280	F329	I10							

ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

REMARKS	80	
	a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio	FIRST Carlos		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
79 OTHER	NPI	QUAL	
LAST	FIRST		

M CMS-1450 NUCC 08/04-1 APPROVED OMB NO. 0938-0997 OCR:Original NUBC National Uniform Billing Committee 2434504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0026

Patient Details for D[redacted], A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/07/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/10/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	Yes	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	No	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/12/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No	1 visit(s) Monthly	3 PRN visit(s) every 30 day(s)	Evaluation, 1x/mo, and 3x/mo PRN for spiritual issues within cer
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd

MD ORDERS, TREATMENT, MEDICATION & CTI

Xanax 1 MG Oral Tablet - Alprazolam Oral Tablet 1 MG	Take 1 tablet (1 mg) by mouth every night as needed for anxiety	N/A -
Galantamine Hydrobromide ER 24 MG Oral Capsule Extended Release 24 Hour - Galantamine Hydrobromide Oral Capsule Extended Release 24 Hour 24 MG	Take 1 capsule (24 mg) by mouth daily in the morning with food	N/A -

There is no allergy history recorded for this patient

Encounter - 09/05/2018

SEEN BY		SEEN ON	
Anthony, Denina		09/05/2018	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
63.0 in	181.4 lbs	32.1	153/82
TEMP	PULSE	RESP RATE	HEAD CIRC
97.9 F	64.0 bpm	17.0 rpm	N/A

CC

89120 Confirmed eval for Hospice St Anne Care Home
3158 Kingspoint Ave 89120 (Appt time: 7:00 AM) (Arrival time: 12:41 PM)

S

Pt was referred to ARdha Mobile MD for a routine follow-up. Pt's pcg and grouphome owner stated that she spoke with pt's son Todd [redacted] who is pt's POA and is contemplating on placing pt under hospice care.

O

HPI: Pt is a 75 y/o female, aaox1, able to recall some long term memory but has very poor short term memory, due to worsening alzheimers. She is ambulatory and is denying any discomfort at this time. Per pcg Susana, pt has episodes of sundowning and is getting very confused and agitated at night times with episodes of wandering and is an elopement risk. She is requesting for a hospice eval per her conversation with pt's son Todd. Explained that I can order for an eval or screening but the hospice medical director will have to take over pt's care once pt's condition is deemed appropriate for hospice.
Pt is homebound due to the following reasons:
> Requires considerable taxing effort to safely leave home.
> Unable to safely leave home unassisted
> Dependent upon adaptive device
> Requires assistance on activities.
Advance Directives / Advance care planning.
Patient has already executed an Advance Directive: Yes
If no, was patient given an opportunity to execute an Advance Directive today? ... n/a
Physician statement: "Patient has the ability to prepare an Advance Directive.".. Yes ?No X.
Physician has completed a Physician Order of Life-Sustaining Treatment, or similar document of another name, reflecting the patient's wishes. Yes ?No X.
Physician is willing to follow the patient's wishes. Yes

A

P:E:
V.S: as recorded
General appearance: Well-kept, A&O x 1, pleasant with conversation, answers questions appropriately. HEENT: Head is normocephalic, temporal arteries soft, non-tender with no bruits. Eyes appear to be healthy/no redness/ tearing. Right & left ear appears to be clean, no exudates or discharges noted. No thyromegaly. Neck is supple/no jugular venous distension. Dentition appears unremarkable, denies dental/ oral discomfort. Nose is symmetrical. Oral mucosa is moist. Respiratory: Respiration's are unlabored. Symmetrical chest expansion noted. Lungs sounds are clear. No cyanosis or clubbing of the fingers noted. Cardiovascular: Rhythm and rate are regular. Normal S-1 & S-2 heard, no murmurs noted. Musculoskeletal: ambulatory with a steady gait. both upper and lower extremities are normal in strength and mobility, No swelling or deformities noted. Gastrointestinal: Abdomen soft with normal bowel sounds, stated normal bowel movement. Genitourinary: continent; denies dysuria, denies frequency. Lymph nodes: No palpable cervical nodes. Integumentary: Skin is pink, and warm. No acne/ scarring or dyspigmentation noted. Neurological: A.A.O X 1 with very poor short term memory. Psychiatric: Pt is cooperative. Answers to questions appropriately denies suicidal/homicidal thoughts.

P

> Continue all meds
> Refer to hospice for eval, once accepted, transfer care to hospice's medical director as pt's pcp, pcg is agreeable.
Provided an in-depth discussion of disease process and potential complications.
Safety, measures discussed; fall precautions discussed, evaluated home/environment for safety issues.

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient			Physician's Name
A[redacted] D[redacted]	M0466	HKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/17	Admit and treat patient for hospice care.

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: J. Rubb Date Received: 9/07/17

Physician Signature: [signature] Date Signed: 9/07/17

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient Name			Physician's Name
A[redacted]D[redacted]	10466	NKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/14	Refer patient for Hospice Eval

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: _____ Date Received: 9/07/2014

Physician Signature: _____ Date Signed: 9/07/2014

Consolo Physician for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted], A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	D[redacted]A[redacted]	09/07/2018	0730
Physician	**Nurse**	**Related**	**Oversight**
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	Yes	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for fall & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (Eval & 1x/mo as needed for spiritual issues) *Social worker visits - (Eval & 1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications:

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Losartan Potassium 1 tab 1 times a day PO (100 MG Tablet)			
ALPRAZolam 1 tab 1 times a day PO (1 MG Tablet)	**to be taken every night at bedtime.**		
Metoprolol Tartrate 1 tab 2 times a day PO (50 MG Tablet)			
Galantamine Hydrobromide ER 1 tab 1 times a day PO (24 MG Capsule ER 24HR)			
Escitalopram Oxalate 0.5 tab 1 times a day PO (10 MG Tablet)			
Namenda XR 1 tab 1 times a day PO (28 MG Capsule ER 24HR)			

Related Assignees

Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/07/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 09/07/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/07/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/07/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 11:47:02.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 11:46:50.

Consolo Physician Order (2397060) Dated: 12/03/2018 for Dubin, Stephen Paul for D[redacted], A[redacted]

Patient Details for D[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	D[redacted] A[redacted]	12/03/2018	1420

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 15:13:16.

Consolo Physician for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	D[redacted] A[redacted]	12/03/2018	1420

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvil 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 15:13:16.

Consolo Physician Order (2253673) Dated: 09/12/2018 for Dubin, Stephen Paul for D[redacted], A[redacted]

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues.

Read Back
Yes

Non Verbal Order
No

Consolo Physician Order for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues.

Read Back
Yes

Non Verbal Order
No

Signature: _____

Date: 9/12/18

Consolo Certification Dated: 09/07/2018 for D[redacted] A[redacted]

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient Hi Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/06/2018. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/06/2018. Recorded by jruiz on 09/10/2018 09:55:59.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and if patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director Dubin, Stephen Paul (Medical Director) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 09/10/2018. Recorded by jruiz on 09/10/2018 10:07:26.

JIREH HEALTHCARE SERVICES
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0464

A. CERTIFICATION STATEMENT First 90-Day Period from 9/07/2018 **to** 12/05/2018

I (or WE) certify that A[redacted] D[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

RN Signature — Verbal Order Date: 9/07/2018

Hospice Medical Director/Associate Hospice Doctor — Date: 9/07/2018

Attending Physician Signature — Date: 9/07/2018

B. RECERTIFICATION STATEMENT Second 90-Day Period from 12-6-18 **to** 3-05-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date: [redacted]

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

Consolo Certification for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies
Start Of Care	09/07/2018	**Gender**	Female
Patient Address	3158 Kingspoint Ave. Las Vegas, NV 89120		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient Hi Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted], A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted], A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:59.

Consolo Certification for DEWxA at Office Jireh Healthcare Services LLC

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and If patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 10:07:26.

Screened Allergies No Known Drug Allergy, No Known Drug Allergy

D[redacted], A[redacted] (491783) MRN M0466 Start Of Care 09/07/2018 Level Of Care ROUTINE More

Hospice Certification of Terminal Illness

Benefit Period
2

Benefit Period Start Date
12/06/2018

Benefit Period End Date
03/05/2019

Certification Start Date
12/06/2018

Certification End Date
03/05/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient HI Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse Dugay, Julia (User) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:53.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Recorded By
Dugay, Julia (jduga)

Recertifying Ms A[redacted] D[redacted] Jireh healthcare services for the 2nd 90-day benefit episode. She is a 75 y/o white female with worsening Alzheimer's Disease requiring maximum assist with her ADL/IADLs. She is oftentimes confused and eats 20-25% of her meals. If patient continues this course, her prognosis is 6 months or less.

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director Dubin, Stephen Paul (Medical Director) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:16.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:44.

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:58.

Additional Signatures

1. Skilled Nurse **Dugay, Julia** (User) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:08:23.

Jireh Healthcare Services LLC

1888
PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted], A[redacted] DOB: [redacted] MR#: M0466
ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/07/18 ORDER#: 1598165

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/14/18		Medication	New	RISPERDAL (risperidone)	0.5 mg		1 Tab	ORAL	2 times a day		

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/07/18		Medication	Admit	Alprazolam (Alprazolam)	1 mg		1 Tab	ORAL	Once a day - At bedtime		
	==> Note: To be taken every night at bedtime.										
09/07/18		Medication	Admit	Escitalopram (Escitalopram Oxalate)	10 mg		0.5 Tab	ORAL	Daily		
	==> Note: Take half a tablet once daily.										
09/07/18		Medication	Admit	Galantamine (Galantamine)	24 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet once daily.										
09/07/18		Medication	Admit	Metoprolol Tartrate (Metoprolol tartrate)	50 mg		1 Tab	ORAL	2 times a day		
	==> Note: Take one tablet by mouth twice daily.										

ADDITIONAL NOTE

Merging information from Consolo

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/7/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE. The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted] A[redacted] DOB: [redacted] MR#: M0466

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/10/18 ORDER#: 1598200

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/10/18		Medication	New	Losartan (Losartan Potassium)	100 mg		1 Tab	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										
09/10/18		Medication	New	Namenda XR (memantine hydrochloride)	28 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/10/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

TRINITY PHARMACY

2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Your Home for a Healthier You

Name: A[redacted] D[redacted]
Address:
Tel:

Date: 9/18/18
Time: 11:42A
DOB: [redacted]

alp. Img

T qhs Anx1 SL #15

RP

[redacted] AVE LAS VEGAS NV 89120
RX0169967

DR.: Honey
TEL:
NPI:
DEA:

Dubin
FD 2419706
359-1388

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168817

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 168817

Rx Written : 11-30-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

[redacted]LPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

[redacted]uantity : 15

[redacted]g Instructions :
[redacted]AKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

[redacted]
[redacted]

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

Signature

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168116

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD241970(
Lic # : 13772
NPI # : 102331104

Rx# : 168116

Rx Written : 11-19-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

MD called refill by phone

Signature

11/19

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0186757

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 166757

Rx Written : 10-29-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : MLJ / CC**
Diagnosis Codes : F41.9

MD OK / Speedy @ 1:41pm 10/29/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

A[redacted] D[redacted] [redacted]
[redacted] AVE LAS VEGAS NV 89120

RX0166757

Dispense As Written

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0165873

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2419708
Lic # : 13772
NPI # : 1023311040

Rx# : 165873
Rx Written : 10-15-2018

Patient : D[redacted] A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

4 PM
Speedy

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15 (fifteen)

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ
Diagnosis Codes : F41.9

MJ called in new Rx 10/15/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Patient

[redacted] LAS VEGAS NV 89120
RX0165873

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

elephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-382-9954
DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 164958
Rx Written : 10-1-2018

Speedy
11 AM

Patient : D[redacted] A[redacted]
Address : [redacted]AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ

MD called in new Rx 10/1/18
Signature Date

SS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

☐ Dispense As Written

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted]

G[redacted]

DOB: [redacted]

START OF CARE:

10/10/2018 TO 12/31/2018

EXHIBIT 7

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018		P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018		P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018		P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018		P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018		P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018		P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018		P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018		P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018		P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018		P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018		P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018		P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/30/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/29/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/28/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/27/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/26/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/25/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/24/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/23/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/22/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/21/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/20/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/19/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/18/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/17/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/16/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/15/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/14/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/13/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/12/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/11/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/10/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/9/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/8/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/7/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/6/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/5/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/4/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/3/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/2/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/1/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/30/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/29/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/28/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/27/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/26/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/25/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/24/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/23/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/22/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/21/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/20/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/19/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/18/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/17/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/16/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/15/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/14/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/13/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/12/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/11/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/10/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/9/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/8/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/7/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/6/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/5/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/4/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/3/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/2/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/1/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/31/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/30/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/29/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/28/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/27/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/26/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/25/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/24/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/23/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/22/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/21/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/20/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/19/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/18/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/17/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/16/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/15/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/14/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/13/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/12/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/11/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/10/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452

Jireh Healthcare Services LLC

1899

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

LEVEL OF CARE

MR#	M0474	SSN	[redacted]	DOB	[redacted] (56 yrs)
LAST NAME	[redacted] G [redacted]	FIRST NAME	M	MI	
ADDRESS	[redacted] Drive			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89108
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	English
RACE	Black	ETHNICITY	Afro-American	MARITAL ST	Single
GENDER	Female	RELIGION	Baptist	DENOMINATION	

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			10/10/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	10/9/2018	SOC	10/10/2018	RE-CERT	1/7/2019
		EOC	1/7/2019	DISC CODE	Status Improved
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Unspecified severe protein-calorie malnutrition (E43)			DISEASE	FTT / Debility (Non-Specific Disease)
SECOND DX	Adult failure to thrive (R62.7)			DISEASE	
COMORBIDITIES					

ALLERGIES LAST UPDATED

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Drive	CITY	Las Vegas	STATE-ZIP	NV 89108 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
ME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Consolo Assignment Dated: 10/17/2018 for T[redacted]G[redacted], M

Patient Details for T[redacted]G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/17/2018, Medical Record No: M0474, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Patient

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval, 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	CNA_Munive, Esther	Yes	No	5 visit(s) Weekly		5X/W
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval, 1x/mo PRN for psychosocial issues within cert period

Consolo Assignment Dated: 10/10/2018 for T[redacted] G[redacted], M

Patient Details for [redacted] G[redacted]y, M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/10/2018, **Medical Record No**: M0474, **Dme Provider**: Advantage Home Medical Services, Inc. , **Pharmacy**: Trinity Pharmacy

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval, 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues withn cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval, 1x/mo PRN for psychosocial issues within cert period

Consolo Discharge - No Longer Appropriate 01/07/2019 (ROUTINE) for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Care Level Change Details

Description	Effective Datetime	Level Of Care	Office
Discharge - No Longer Appropriate	01/07/2019 13:27 PST	ROUTINE	Jireh Healthcare Services LLC

Status
COMPL

Checklist

- Completed 01/07/2019 - Call Primary Physician
- Completed 01/07/2019 - Complete Advance Beneficiary Notice form
- Completed 01/07/2019 - Complete Notice Of MEDICARE Provider Non-Coverage
- Completed 01/07/2019 - Discharge Planning & Coordination of Care
- Completed 01/07/2019 - Notify Ancillary Services (i.e. Massage, Music, Pet Therapy, etc)
- Completed 01/07/2019 - Notify Bereavement Coordinator
- Completed 01/07/2019 - Notify Care Facility
- Completed 01/07/2019 - Notify Chaplain
- Completed 01/07/2019 - Notify Clinical Director
- Completed 01/07/2019 - Notify DME provider and request pickup
- Completed 01/07/2019 - Notify Hospice Aide Supervisor
- Completed 01/07/2019 - Notify Insurance Company/Caseworker
- Completed 01/07/2019 - Notify Medical Director
- Completed 01/07/2019 - Notify Medical Records
- Completed 01/07/2019 - Notify Pharmacy
- Completed 01/07/2019 - Notify Primary Nurse
- Completed 01/07/2019 - Notify Senior Services/Caseworker
- Completed 01/07/2019 - Notify Social Worker
- Completed 01/07/2019 - Notify Volunteer
- Completed 01/07/2019 - Notify Volunteer Coordinator
- Completed 01/07/2019 - Print IDG report.
- Completed 01/07/2019 - Verify HIS Data

Discharge Details

Notes
Patient is discharge to hospice care today 01/07/2019. Patient is no longer appropriate for hospice. She is also seeking for a physical therapy treatment. RN Speedy Cacanindin discussed to patient about safety measure, emergency plan, and to see primary physician in 2 weeks to discuss about medication reconciliation. and to manage patient overall health.

1	2	3a PAT CNTL #	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3666552	0814
		b. MED. REC. # M0474	
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 010119 THROUGH 010719

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted]	a [redacted]
b [redacted] G[redacted], M	b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	F	101018	12	3	2		01													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	101018													

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	010119	7	1,24777	000	
0001	PAGE 1 OF 1	CREATION DATE	012119	TOTALS	1,24777		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	1,24777	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G[redacted], M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67	68
0	E43	R627	G894	R269	F329	Z8781						

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE DATE	a OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75
c OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

CMS-1450 NUBC-0804 1 APPROVED OMB NO. 0938-0997 OCR Original

NUBC 24394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0062

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

2

3a PAT CNTL # 3656887
b. MED REC. # M0474
4 TYPE OF BILL 081B
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 101018 THROUGH 010719
7

8 PATIENT NAME a [redacted]
b [redacted] G [redacted] M

9 PATIENT ADDRESS a [redacted]
b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	101018	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37

38

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	101018	90	000	000	
0001	PAGE 1 OF 1	CREATION DATE	011119	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	000	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G [redacted] M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66												
0	E43	R627	G894	R269	F329	Z8781						

67 ADMIT DX | 68 | 69 PATIENT REASON DX | | | 70 PPS CODE | 71 ECI | 72 | 73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS

ANSI a	
b	B3 251G00000X
c	
d	

UB-04 CMS 1450 NUBC APPROVED OMB NO. 0938-0997 DCA Originator

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1	2	3a PAT CNTL #	3644113	3 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		b. MED REC #	M0474	0813

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted]	A [redacted]				
b [redacted] G [redacted] M	b LAS VEGAS	c NV	d 89130	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 CONDITION CODES	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	101018	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	101018													

38	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a b c d	61	2982000				

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	8	1,81476	000	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0551	RN Clinical Visit	G0299	120518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0651	651-Routine Home Care	Q5001	120918	23	4,09980	000	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	4	10000	10000	
1	Hospice Aide Clinical Visi	G0156	121418	4	10000	10000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	6,98661		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. PROV	53 REL. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,91456	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] t G [redacted] M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	E43	R627	G894	R269	F329	Z8781					68
0											

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen	Paul	
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 NUCC 08/04 APPROVED OMB NO. 0938-0997 OCR:Original NUHC 24394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3588466 b MED REC # M0474	4 TYPE OF BILL 0813	
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018	7

| | | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535008 b. MED REC # M0474	4 TYPE OF BILL 0812	
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 101018	THROUGH 103118

| | | | |

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592788

3a PAT. CNTL # 3494313
b. MED. REC. # M0474
4 TYPE OF BILL 081A
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 101018 THROUGH
7

8 PATIENT NAME a 541767821A
[redacted] G[redacted] M M
9 PATIENT ADDRESS a [redacted]
b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	15 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	101018	12	3	2		30													

CONDITION CODES

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	101018													

38

39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a					
b					
c					
d					

42 REV. CD.	42 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	101018	1	000	000	
0001	PAGE 1 OF 1	CREATION DATE	101518	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G[redacted], M M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											68
A	E43	R627	G894	R269	F329	Z8781					
C											

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
e. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAS	FIRST		

80 REMARKS

FI SPEC	
a	
b	B3 251G00000X
c	
d	

UB-04 CMS-1450 NUBC 1394.1 APPROVED OMB NO. 0938-0997 DCI Original NUBC National Uniform Billing Committee 1394104

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel Fax

PATIENT: [redacted], M **DOB:** [redacted] **MR#:** M0474
ORDERED BY: () **ORDER DATE:** 10/08/18 **ORDER#:** 4672884
ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/08/18		Other	New								
		Please send an RN to do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 10/8/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE. The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

Consolo Physician for TARxM at Office Jireh Healthcare Services LLC

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	**Status**	Pending - Discharged
Screened Allergies	Not Assessed	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Indicator Dated: 10/10/2018 for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 10/10/2018 for M[redacted]

Medical Record No M0474

Effective Date
10/10/2018

Diagnoses

ICD10s

Primary ICD10 - E43 Unspecified severe protein-calorie malnutrition
Secondary ICD10 - R62.7 Adult failure to thrive
Tertiary ICD10 - G89.4 Chronic pain syndrome
4th ICD10 - R26.9 Unspecified abnormalities of gait and mobility
5th ICD10 - F32.9 Major depressive disorder, single episode, unspecified
6th ICD10 - Z87.81 Personal history of (healed) traumatic fracture

Consolo Physician Order (2311403) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted]

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domendon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Physician Order (2311402) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted]	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications. Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018.** Recorded by jruiz on 10/17/2018 18:32.22.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel: Fax:

PATIENT: [redacted], M DOB: [redacted] MR#: M0474

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 10/10/18 ORDER#: 1606966

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/10/18		Medication	Admit	Oxybutynin Chloride Extended Release (Oxybutynin Chloride)	5 mg		1 Tab ER	ORAL	Daily		
10/10/18		Medication	Admit	OXYCODONE AND ACETAMINOPHEN 10/325 mg (oxycodone hydrochloride and acetaminophen)	10-325 mg		1 Tab	ORAL	Every 6 hrs - PRN	Pain	
10/10/18		Medication	Admit	Sertraline (Sertraline Hydrochloride)	100 mg		1 Tab	ORAL	Daily		
10/10/18		Medication	Admit	IMITREX (SUMATRIPTAN)	50 mg		1 Tab	ORAL	2 times a day		
		==> Note: Take 1 tab by mouth 2 times per day at least 2 hours between doses									

ADDITIONAL NOTE

Merging of information from Consolo Services

[redacted]ONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/10/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

TIENT: [redacted] M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 10/17/18 **ORDER#:** 1606911

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/17/18		Medication	New	Lidocaine	5% patch		1 Patch	TOPICAL	Every 12 Hours		
10/17/18		Medication	New	Omeprazole (omeprazole)	40 mg		1 Cap DR	ORAL	Daily - PRN	Gas Relief	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/17/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

12/19/18
4 PM
Speedy

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 po q 6 prn pain

for 15 days supply

ICD: M54.5

M[redacted] G[redacted] LAS VEGAS NV 89121
RX0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain

x 5 days

M54.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

11/5/18

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Oxycodone / APAP 10/325
#60
1 po q 6 prn. pain
15 DS
M54.5

[redacted] LAS VEGAS NV 89121 [redacted]
RX0167193

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain.

x 15 days

M54.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

10/11/18
5:30 PM
Honey

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 #60

1 po q 6 prn pain

15 DS

M54.5

[redacted] RX0185659

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

Consolo Physician Order (2311403) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted]

Patient Details for [redacted] (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted]	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 10/18/2018. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 10/17/2018. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Physician Order (2311402) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018** Recorded by jruiz on 10/17/2018 18:32:22.

Al. onsolo Medications for [redacted] G[redacted], M

Patient Details for [redacted] G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

Al. onsolo Medications for [redacted], M

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at least 2 hours between doses		

All Consolo Medications for [redacted]

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

All Consolo Medications for [redacted] G[redacted] M

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at least 2 hours between doses		

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

CTI

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness

PATIENT: [redacted] M **MR#:** M0474

Certification #1: Statement for First 90-day period

• I certify that [redacted] M has a life expectancy of six months or less, if the terminal illness runs its normal course.

Verbal Authorization Date: 10/10/2018 Obtained by: Mary Alyn Domondon/RN

Effective Date of Certification: 10/10/2018 To 1/7/2019

Primary DX: Unspecified severe protein-calorie malnutrition (E43)

Secondary/Related DX: Adult failure to thrive (R62.7)

Comorbidities

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter Visit Date: 10/10/2018

ADL Assessment

Ambulation	0	Transfer	0	Feeding	0
Toileting	0	Dressing	0	Bathing	0
Total ADL score	0	Total number of activities with complete dependence (0-6)		0 of 6 Activities	

Functional Status

KPS		FAST	
PPS		NYHA	

LCD Determination Status:

RN Prognosis Summary: Patient is alert and oriented to person, place, and time. Patient is unstable in balance and coordination. Diet is as tolerated. Patient with mild shortness of breath, breathing exercises taught to patient by RN. Patient requires moderate assistance with activities of daily living (ADL's) by CNA. Patient's appetite and nutritional intake is poor. Patient was previously 105 lbs and is now 82 lbs. Patient with moderate to severe pain on multiple sites, including shoulder. Patient is at risk for falls and lives in an apartment with brother.

Physician Narrative: Ms. [redacted] is a 55-year-old African American female with a terminal diagnosis of severe protein calorie malnutrition. Patient with history of traumatic fracture, sciatica, migraines, major depressive disorder, adult failure to thrive. Patient will require maximum assistance with ADL's and has a very poor gait and balance as well as significant weight loss. Patient has moderate to severe generalized pain; pain management will continue. The patient is under my care, and to the best of knowledge given the data available, has a life expectancy of six months or less if terminal illness runs normal course.

Medical Director Attestation/Certification

• I attest/confirm that I composed this narrative based on my review of patient's medical record, team assessment and/or examination of the patient.

STEPHEN DUBIN / 1023311040 — Medical Director / Physician Designee / Referring MD (if attending)

Reviewed and electronically signed by STEPHEN DUBIN (MD). — Signature / Signature on file

10/10/2018 — Date

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

PATIENT		FACILITY		ENCOUNTER	
[redacted]		**RENATO RABARA Practice**		NOTE TYPE	SOAP Note
DOB	[redacted]	T (702) 677-0661		SEEN BY	RENATO RABARA
AGE	55 yrs	9958 Corbridge st,		DATE	09/10/2018
SEX	Female	Las Vegas, NV 89178		AGE AT DOS	55 yrs
PRN	GM889522			Electronically signed by RENATO RABARA at 09/12/2018 07:08 am	

Chief complaint

For initial visit.

Patient identifying details and demographics

FIRST NAME	[redacted]	SEX	Female	ETHNICITY	Provider did not ask
MIDDLE NAME	-	DATE OF BIRTH	[redacted]		
LAST NAME	[redacted]	DATE OF DEATH	-	PREF. LANGUAGE	-
SSN	[redacted]	PRN	GM889522	RACE	Provider did not ask
				STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	[redacted]	CONTACT BY	Mobile Phone
		EMAIL	-
		HOME PHONE	-
ADDRESS LINE 2	-	MOBILE PHONE	(702) [redacted]
CITY	Las Vegas	OFFICE PHONE	-
STATE	NV	OFFICE	-
ZIP CODE	89130	EXTENSION	

FAMILY INFORMATION

NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	-		
HONE	-		
ADDRESS	-		

Insurance

PRIMARY PAYER

PAYER	NV - Medicare B (MAC J1)	INSURED ID NUMBER	541 76 7821-A
PRIORITY	Primary	GROUP NUMBER	-
TYPE	Medicare	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	09/10/2018	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	-
		STATUS	Active

AYMENT INFORMATION

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	-
PATIENT'S RELATIONSHIP TO GUARANTOR	-	SEX	-
		SOCIAL SECURITY NUMBER	-
GUARANTOR NAME	-	PRIMARY PHONE NUMBER	-
GUARANTOR ADDRESS	-	SECONDARY PHONE NUMBER	-

Vitals for this encounter

	09/10/18 10:00 AM
Height	58 in
Weight	85 lb
Temperature	97.50 °F
Pulse	77 bpm
Respiratory rate	20 bpm
O2 Saturation	93 %
BMI	17.76
Blood pressure	106/82 mmHg

Current Diagnoses	ACUITY	START	STOP
(Z87.81) Personal history of (healed) traumatic fracture	Chronic		
(M84.4795) Pathological fracture, unspecified toe(s), sequela	Chronic		
(M54.30) Sciatica, unspecified side	Chronic		
(M54.9) Dorsalgia, unspecified	Chronic		
(R32) Unspecified urinary incontinence	Chronic		
(R26.9) Unspecified abnormalities of gait and mobility	Chronic		
(G43.909) Migraine, unspecified, not intractable, without status migrainosus	Chronic		
(G89.29) Other chronic pain	Chronic		
(F32.9) Major depressive disorder, single episode, unspecified	Chronic		

Historical Diagnoses	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
Patient has no known drug allergies		

Food Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Active Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
Omeprazole 40 MG Oral Capsule Delayed Release	take 1 capsule by mouth daily, PRN	-	-
Oxybutynin Chloride (Oxybutynin Chloride ER) 5 MG Oral Tablet Extended Release 24 Hour	Take 1 tablet (5 mg) by mouth daily	-	-
Oxycodone w/ Acetaminophen (Oxycodone-Acetaminophen) 10-325 MG Oral Tablet	1 tablet orally every 6 hours as needed	-	-
Sertraline HCl 100 MG Oral Tablet	Take 1 tablet (100 mg) by mouth daily	-	-
SUMAtriptan Succinate 50 MG Oral Tablet	Take 1 tablet (50 mg) by mouth 2 times per day at least 2 hours between doses as needed	-	-

Historical Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
No immunizations recorded for this patient.					

ast medical history

MAJOR EVENTS

several surgeries due to MVA

FAMILY HEALTH HISTORY

DM
Hypertension
CA

Family health history

DIAGNOSIS	ONSET DATE
No Family health history recorded	

Advance Directive

DIRECTIVE	RECORDED
No advance directives recorded for this patient.	

Subjective

The patient is a 55 year old, female, African American who was seen for an initial visit. The patient lives alone in an apartment. The patient stated that she is separated from her husband and has 2 independent living children. The patient was born in Spokane, Washington and ultimately moved to Las Vegas. The patient stated that she had several surgeries in the leg due to a MVA. The patient said that she became disabled due to the accident. The patient has an unsteady gait and uses a cane or scooter. The patient is also complaining of chronic pain and goes to a Pain Management Doctor for her pain issues. The patient is home bound and needs home visits because she is unable to leave home safely and needs assistive device due to abnormality of gait.

REVIEW OF SYSTEMS:.
Medications: Reviewed & Up-to-date
General: no fever, no fatigue, (+) reduction in weight, (+) change in appetite.
Head: No headaches, no dizziness
Eyes: no blurred vision, no eye pain.
Ears: No Otalgia, No change in hearing, no tinnitus, no discharge
Nose: no coryza, no stuffy nose, no discharge, no post nasal drip
Throat: No dental difficulties, no sore throat, no difficulty swallowing
Neck: No stiffness, no pain, no swollen glands
Breasts: No noted lumps, no tenderness, no swelling, no nipple discharge
Heart: No chest pains, no palpitations, no leg swelling.
Lung: No dyspnea, no wheezing, no cough
Abdomen: no abdominal pain, no nausea, no vomiting
Neurologic: No numbness/tingling, no weakness, no tremor, no seizures, no changes in memory, no ataxia
Extremities: (+) pain in muscles or joints, (+) limitation of range of motion, no paresthesias or numbness
Back: (+) back pain, no spasms.
Skin: no rashes, no lesions
GU: No frequency, no urgency, no dysuria, no hematuria.
Psychiatric: (+) depressive symptoms, no anxiety, no insomnia, no changes in thought content, no suicidal thoughts.

Objective

General: Normotensive, in no acute distress.
Head: Normocephalic, no lesions.
Eyes: PERRLA, EOM's full, conjunctivae clear.
Ears: EAC's clear, TM's normal.
Nose: Mucosa normal, no obstruction.
Throat: Clear, no exudates, no lesions.
Neck: Supple, no masses, no thyromegaly, no bruits.
Chest: Lungs clear, no rales, no rhonchi, no wheezes.

Heart: RR, no murmurs, no rubs, no gallops.
Abdomen: Soft, no tenderness, no masses, bowel sounds normal.
GU: Normal, no lesions, no discharge, no hernias noted.
Back: Normal curvature, no tenderness.
Extremities: (+) several scars, no edema, no erythema.
Neuro: Physiological, no localizing findings.
Skin: Normal, no rashes, no lesions noted.

Assessment

Diagnoses attached to this encounter:

Personal history of traumatic fracture [ICD-10: Z87.81], [ICD-9: V15.51], [SNOMED: 391095006]

Pathological fracture of toe [ICD-10: M84.479S], [SNOMED: 704168008]

Sciatica [ICD-10: M54.30], [ICD-9: 724.3], [SNOMED: 23056005]

Dorsalgia [ICD-10: M54.9], [ICD-9: 724.5], [SNOMED: 267981009]

Urine incontinence [ICD-10: R32], [ICD-9: 788.30], [SNOMED: 165232002]

Abnormality of gait [ICD-10: R26.9], [ICD-9: 781.2], [SNOMED: 22325002]

Migraine [ICD-10: G43.909], [ICD-9: 346.90], [SNOMED: 37796009]

Chronic pain [ICD-10: G89.29], [ICD-9: 338.29], [SNOMED: 82423001]

MDD [ICD-10: F32.9], [ICD-9: 296.20], [SNOMED: 370143000]

Plan

The visit was explained to the patient about the set up of the visiting provider. Primary care in the home by the nurse practitioner is being supervised by an MD. It was also explained to the patient thatch is electing King Rey to be her care provider and in an emergency situation the patient needs to call 911.
The patient verbalized understanding and consent was signed.
Labs will be ordered. (CBC, CMP, TSH with reflex free T4, HgbA1C, Lipid panel)
For HH evaluation, SN
Patient will benefit from SN services for her overall health status, medications and disease process teachings.
SN to do regular check of blood pressure and log
Notify the provider if the BP is persistently <90/60 or >140/90
Continue current medications.
Low salt, Low fat diet
Patient was advised on the risk of smoking.
Fall and safety precautions.
Follow up with her Pain Management Doctor for Pain Issues.
For follow up visit after 30 days..

Medications attached to this encounter:

Sertraline HCl 100 MG Oral Tablet 1 tablet (100 mg) orally daily

Oxycodone-Acetaminophen 10-325 MG Oral Tablet 1 tablet orally every 6 hours as needed

Oxybutynin Chloride ER 5 MG Oral Tablet Extended Release 24 Hour 1 tablet (5 mg) orally daily

Omeprazole 40 MG Oral Capsule Delayed Release take 1 capsule by mouth daily, PRN

SUMAtriptan Succinate 50 MG Oral Tablet 1 tablet (50 mg) orally 2 times per day at least 2 hours between doses as needed

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/Interventions/assessments

No screenings/interventions/assessments recorded.

practicefusion

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted] H[redacted]

DOB: [redacted]

START OF CARE:

06/13/2018 TO 12/26/2018

EXHIBIT 8

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0

10/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
9/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
9/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	173.2251	0
8/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
8/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0

7/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0

Jireh Healthcare Ser[illegible]es LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

MR#	M0456	SSN	[redacted]	DOB	[redacted] (86 yrs)
LAST NAME	H[redacted]	FIRST NAME	M[redacted]	MI	
ADDRESS	[redacted] Avenue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89121
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	English
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION	Other	DENOMINATION	

LEVEL OF CARE

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]A			6/13/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	6/12/2018	SOC	6/13/2018	RE-CERT	2/7/2019
		EOC	12/26/2018	DISC CODE	Transferred to Another Hospice
ADMIT TYPE	New Admission				
STARTING CERT#	1				
[illegible]IMARY DX	Chronic obstructive pulmonary disease, unspecified (J44.9)			DISEASE	
SECOND DX	Shortness of breath (R06.02)			DISEASE	
COMORBIDITIES					

ALLERGIES — LAST UPDATED

Erythromycin — 10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Avenue	CITY	Las Vegas	STATE-ZIP	NV 89121 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Ser\ es LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

ndors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

Mortuary Info

MORTUARY NAME		CONTACT NAME		EMAIL	
ADDRESS		CITY		STATE-ZIP	
PHONE		ALT-PHONE		FAX	

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

1	2	3a PAT. CNTL #	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3644122 b. MED. REC. # M0456	0814

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	122618	

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted], M[redacted]	a [redacted] ST.
	b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	061318	12	3	2		50													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	121018													

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	26	4,63456	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
[redacted]	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
[redacted]	RN Clinical Visit	G0299	121918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
0551	RN Clinical Visit	G0299	122618	4	4803	4803	
	PAGE 1 OF 2	*CREATION DATE*	010419	TOTALS	6,62668		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO.	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57
Medicare Part A		Y	Y	000	4,63456	1427366699	OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
0	J449	R0602	R54	R1312	M6281	Z7401					

68 ADMIT DX	69 PATIENT REASON DX				70 PPS CODE	71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI	QUAL
LAST	FIRST	
79 OTHER	NPI	QUAL
LAST	FIRST	

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

CMS-1450 NUBC APPROVED OMB NO. 0938-0997

NUBC 24334604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0102

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644122 b MED. REC. # M0456	4 TYPE OF BILL 0814
		5 FED. TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 122618

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3588464 b MED REC # M0456		4 TYPE OF BILL 0813	
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 110118	THROUGH 113018	7

| | | | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3588464 b MED REC # M0456			4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 110118	THROUGH 113018	7

| | | | | |

1	2	3a PAT CNTL #	3535024	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		b. MED. REC. #	M0456	0813

5 FED TAX NO	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	100118	103118	

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted], M[redacted]	a [redacted] ST.	b LAS VEGAS	c NV	d 89119	e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	061318	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	091118													

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	100118	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	100118	4	10000	10000
0651	651-Routine Home Care	Q5001	100118	31	5,52582	000
0571	Hospice Aide Clinical Visi	G0156	100218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100518	4	10000	10000
0551	RN Clinical Visit	G0299	100818	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	100818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101518	4	10000	10000
0551	RN Clinical Visit	G0299	101618	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	101618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101918	4	10000	10000
0551	RN Clinical Visit	G0299	102218	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	102218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	102318	4	10000	10000
	PAGE 1 OF 2	CREATION DATE	110518	TOTALS	8,06597	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,52582	1427366699	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67	68
0	J449	R0602	R54	R1312	M6281	Z7401						

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

UB-04 CMS-1450 NUBC-UB04-1 APPROVED OMB NO. 0938-0997 OCR-Original

NUBC Data Processing Committee 2439A004

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535024 b. MED REC # M0456	4 TYPE OF BILL 0813
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118

8 PATIENT NAME a [redacted], M[redacted]	9 PATIENT ADDRESS a [redacted] ST.										
	b LAS VEGAS					c NV	d 89119	e USA			
10 BIRTHDATE [redacted]	11 SEX F	12 ADMISSION DATE 061318	HR 13	TYPE 14	SRC 15	16 DHR	17 STAT 30	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28		29 ACCT STATE	30
31 OCCURRENCE CODE DATE a 27 091118	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37
38	39 VALUE CODES CODE AMOUNT a 61 2982000 b c d	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	0571	Hospice Aide Clinical Visi	G0156	102418	4	10000	10000
2	0571	Hospice Aide Clinical Visi	G0156	102518	4	10000	10000
3	0571	Hospice Aide Clinical Visi	G0156	102618	4	10000	10000
4	0551	RN Clinical Visit	G0299	102918	4	4803	4803
5	0571	Hospice Aide Clinical Visi	G0156	102918	4	10000	10000
6	0571	Hospice Aide Clinical Visi	G0156	103018	4	10000	10000
7	0571	Hospice Aide Clinical Visi	G0156	103118	4	10000	10000
8							
9							
10							
11							

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3419775 b MED. REC. # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 083118

| | | |

1	JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388
3a PAT. CNTL #	3419775
b. MED. REC. #	M0456
4 TYPE OF BILL	0813
5 FED. TAX NO.	251927052
6 STATEMENT COVERS PERIOD FROM	080118
THROUGH	083118
8 PATIENT NAME	[redacted] M[redacted]
9 PATIENT ADDRESS	[redacted] ST. LAS VEGAS NV 89119 USA
10 BIRTHDATE	[redacted]
11 SEX	F
12 ADMISSION DATE	061318
13 HR	12
14 TYPE	3
15 SRC	2
17 STAT	30
31 OCCURRENCE CODE / DATE	27 061318
39 VALUE CODES CODE / AMOUNT	a 61 2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	082718	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	082718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	082818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	082918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	083018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	083118	4	10000	10000
0001	PAGE 2 OF 2	CREATION DATE	090418	TOTALS	8,27679	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	5,89063	1427366699

57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX: J449 R0602 R54 R1312 M6281 Z7401

0

67 ADMIT DX — 70 PATIENT REASON DX — 71 PPS CODE — 72 ECI — 73

74 PRINCIPAL PROCEDURE CODE DATE — a. OTHER PROCEDURE CODE DATE — b. OTHER PROCEDURE CODE DATE — 75

c. OTHER PROCEDURE CODE DATE — d. OTHER PROCEDURE CODE DATE — e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS

81CC a
b B3 251G00000X
c
d

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL # 3476860
b. MED. REC. # M0456
4 TYPE OF BILL 0813
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 090118 THROUGH 093018

8 PATIENT NAME [redacted], M[redacted]
9 PATIENT ADDRESS [redacted]ST.
LAS VEGAS NV 89119 USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	061318	12	3	2		30

31 OCCURRENCE CODE	DATE
27	091118

39 VALUE CODES CODE	AMOUNT
a 61	2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	090118	30	5,19675	000
0551	RN Clinical Visit	G0299	090318	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	090318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090718	4	10000	10000
0551	RN Clinical Visit	G0299	091018	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	091018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091618	4	10000	10000
0551	RN Clinical Visit	G0299	091718	4	4654	4654
[illegible]1	Hospice Aide Clinical Visi	G0156	091718	4	10000	10000
[illegible]1	Hospice Aide Clinical Visi	G0156	091818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092118	4	10000	10000
0551	RN Clinical Visit	G0299	092418	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	092418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092518	4	10000	10000
	PAGE 1 OF 2	CREATION DATE	100318	TOTALS	7,38291	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	5,19675	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
Ha[redacted], M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67 J449 R0602 R54 R1312 M6281 Z7401
0.

69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
74 PRINCIPAL PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81 CC b B3 251G00000X

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT. CNTL # 3476860 b MED. REC. # M0456	4 TYPE OF BILL 0813
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 090118 THROUGH 093018
8 PATIENT NAME a [redacted] M[redacted]	9 a 571445912A b LAS VEGAS	9 PATIENT ADDRESS a [redacted] ST. c NV d 89119 e USA	
10 BIRTHDATE [redacted]	11 SEX F	12 ADMISSION DATE 061318	13 HR 12	14 TYPE 3	15 SRC 2	16 DHR	17 STAT 30	18 CONDITION CODES	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
31 OCCURRENCE CODE 27 DATE 091118	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37
38	39 VALUE CODES CODE AMOUNT a 61 2982000 b c d	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	092618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	092718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	092818	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 100318	TOTALS		7,38291		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1427366699
Medicare Part A		Y	Y	000	5,19675	57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
0	J449	R0602	R54	R1312	M6281	Z7401					

68 ADMIT DX	69 PATIENT REASON DX	70 PPS CODE	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE	

76 ATTENDING NPI 1023311040 QUAL	LAST Dubin	FIRST Stephen Paul
77 OPERATING NPI	LAST	FIRST
78 OTHER NPI	LAST	FIRST
79 OTHER NPI	LAST	FIRST

80 REMARKS

81CC a
b B3 251G00000X
c
d

UB-04 CMS 1450 FACILITY ID APPROVED OMB NO. 0938-0997 0CW0(drw NUBC 2435M04

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0111

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	3a PAT CNTL # 3379728 b MED REC # M0456		4 TYPE OF BILL 0813
	5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 070118	THROUGH 073118

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3379728 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 070118 THROUGH 073118
7			

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3327573			4 TYPE OF BILL 0812
		b MED REC # M0456			
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 061318	THROUGH 063018	7

8 PATIENT NAME		9 PATIENT ADDRESS				
a [redacted]		a [redacted] ST.				
b [redacted] M		b LAS VEGAS	c NV	d 89119	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	F	061318	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	061318													

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a	61	2982000				
	b						
	c						
	d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	061318	8	9308	9308	
0571	Hospice Aide Clinical Visi	G0156	061318	4	10000	10000	
0651	651-Routine Home Care	Q5001	061318	18	3,97002	000	
0571	Hospice Aide Clinical Visi	G0156	061418	4	10000	10000	
0561	Social Services Clinical V	G0155	061518	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000	
0551	RN Clinical Visit	G0299	061818	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	061918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062218	4	10000	10000	
0551	RN Clinical Visit	G0299	062518	4	4654	4654	
0	N400574041202UN255.000		062618	1	2400	2400	
0001	PAGE 1 OF 1	CREATION DATE	070318	TOTALS	5,12672		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57
Medicare Part A		Y	Y	000	3,97002	1427366699	OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
0	J449	R0602	R54	R1312	M6281	Z7401					

68 ADMIT DX	69 PATIENT REASON DX	70 PPS CODE	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 | HCFA-1500 | APPROVED OMB NO. 0938-0997 | 0CR/Original | NUBC | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	34 PAT CNTL # 3292944 35 MED REC # M0456	4 TYPE OF BILL 081A
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 061318 THROUGH

| | | |

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Discharge Summary

PATIENT: H[redacted] M[redacted] **MR#:** M0456

Reason For Discharge: Transferred to Another Hospice

EOC: 12/26/2018

Based on the type of Discharge provide a brief summary related to; Diagnosis, health history, symptom and pain management, extent to which goals were and/or were not met, and if applicable, summarize post-discharge continuity of care orders.

Ms. Halstead transferred to another hospice due to patient daughter decision to transfer her mom to another hospice.

Transfer forms checked below sent to Receiving Agency

- ☐ POC Summary w/ List of Medications
- ☐ Advanced Directive
- ☐ DNR

Electronically Signed: 12/26/2018, By Janyvill Ruiz, ADMN

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] **DOB:** [redacted] **MR#:** M0456

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 11/16/18 **ORDER#:** 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0.5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0.5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms M[redacted] H[redacted] is an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious; sitting comfortably in wheelchair. Complains of anxiety especially during the night, "could not sleep because I am scared".
- VS wnl;
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

Electronically Signed: 11/16/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

1960

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/18/18 ORDER#: 1598477

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/18/18		Medication	New	Vitamin D	2000 units		2 Tab	ORAL	Daily		
	==>	Note: Take one tablet by mouth once daily.									
09/18/18		Medication	New	Ensure			2 bottles	Oral	Daily - PRN	Supplement	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/18/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

Jireh Healthcare Services LLC

1961

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/17/18 ORDER#: 1598417

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/17/18		Medication	New	Albuterol Sulfate (Albuterol Sulfate)	2.5 mg/3mL		1 Sol	RESPIRATORY (INHALATION)	2 times a day	SOB	
09/17/18		Medication	New	Sertraline Hydrochloride (Sertraline Hydrochloride)	50 mg		2 Tab	ORAL	Daily		

==> Note: Take two tablets by mouth once daily

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/17/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Ser\ :es LLC

PHYSICIANS ORDER

320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] **DOB:** [redacted] **MR#:** M0456

ORDERED BY: STEPHEN DUBIN **ORDER DATE:** 11/16/18 **ORDER#:** 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0.5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0.5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type	Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms Mary Halstead is an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious, sitting comfortably in wheelchair. Complains of anxiety especially during the night, "could not sleep because I am scared".
- VS wnl.
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

MD Signature: [redacted] Date: [redacted]

CONFIDENTIALITY NOTICE The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

1963
PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted], M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 08/21/18 ORDER#: 1598450

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
08/21/18		Medication	New	Calmoseptine 20.6/ .44 g00g (Zinc Oxide and menthol)			1 Oint	TOPICAL	Daily		
		==> Note: Apply to affected area every diaper change.									
08/21/18		Medication	New	VENTOLINHFA HFA (albuterol sulfate)	108 mcg		2 Aerosol	RESPIRATORY (INHALATION)	Every 6 hrs - PRN	SOB	
		==> Note: Take two puffs every 6 hours as needed for shortness of breath.									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 8/21/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

1964

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 07/03/18 ORDER#: 1598543

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
07/03/18		Medication	New	MiraLAX (Polyethylene Glycol 3350)	17 g7g		1 Powder	ORAL	Daily - PRN	Constipation	

==> Note: Mix 17 gram to 8 oz glass of water. Taken once daily by mouth as needed for constipation. To administer if no bowel movement for 3 days.

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 7/3/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx#: 170055
Rx Written : 12-19-2018

Patient : H[redacted] M[redacted]
Address : [redacted] AVE (JIREH)
LAS VEGAS NV 89121
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Quantity : 45
Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0 RPh : MLJ / CC
NO 014 Speedy @ 1:00pm 12/19/18
Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted] H[redacted] AVE (JIREH) LAS VEGAS NV 89121
RX017.0055

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0167999

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 167999

Rx Written : 11-16-2018

Patient : H[redacted], M[redacted]
Address : [redacted] (JIREH)
LAS VEGAS NV 89121
Phone # :
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100

Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY

Refills Authorized : 0 **RPh : MLJ / CC**

MD OK / Julia @ 9:00am 11/16/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted]H[redacted] [redacted]
[redacted] AVE (JIREH) LAS VEGAS NV 89121

RX0167999

Dispense As Written

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Page _____ of _____

Patient Name:	ID#	Admission Date
H[redacted], M[redacted]	M0456	6-13-18

☐ BENEFIT PERIOD

60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with M[redacted] H[redacted] *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

MJ M[redacted] H[redacted] is an 86 yo white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. pt is chairbound & is mostly in her wheelchair. She has very poor appetite & has generalized muscle weakness; needs max assist with her ADL's. If her condition continues to run its normal course, she has 6 mo or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		12-05-18

☐ BENEFIT PERIOD

60-Day Period from _____ to _____

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

DUBIN0126

WHITE - Clinical Record YELLOW - Other

Use companion form HC8007-A for Initial Certification.

Form # HC8907-B (Rev. 11/13)

Reorder From: MED-PASS® 800-438-8884

IN11 050906R

JI EH HEALTHCARE SERVIC S
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT First 90-Day Period from 6/13/2018 to 9/10/2018

I (or WE) certify that M[redacted] H[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

RN Signature	6/13/2018 Verbal Order Date
Hospice Medical Director/Associate Hospice Doctor	6/13/2018 Date
Attending Physician Signature	6/13/2018 Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from 9/11/2018 to 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor	9-11-18 Date

C. RECERTIFICATION STATEMENT 60-Day Period from 12-10-18 to 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor	12-11-18 Date

1

JIREH HEATHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas, Nevada 89102
Tel 702.359.1388 Fax 702.359.2388

Patient Instructions, Narrative, Initial IDT Record and Initial Plan of Care

(Write a history of illness, how patient appears today, and reaction to hospice program)

THE FOLLOWING INFORMATION WAS REPORTED TO THE IDT, AND WAS CONSIDERED WHEN DEVELOPING THE PLAN OF CARE.

Patient Name: H[redacted], M[redacted] MR#: M0456

NARRATIVE:

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Hospice Program was explained. Admissions forms reviewed & completed. Understanding of all hospice admission forms, & the Hospice Medicare Benefits, verbalized by Patient & Family. They are aware patient can choose not to continue Hospice at any time. They are also aware if patient chooses to revoke Hospice, a revocation statement must be signed & he/she will revert to his/her original coverage. Medications & Hospice 24 hour on call service, reviewed, understanding verbalized. Hospice admissions packet, which includes information on palliative medical care guidelines, planning for death, feeding concerns, State Hotline no., DNR, Advance Directives, and the "Medicare Hospice Benefits", reviewed & left with patient. They will call Hospice if they have any changes in condition, problems, or questions. Report given to Hospice Medical Director, admission approved by IDT, Telephone call to attending Physician, report given, order to admit to hospice care, implement palliative care protocols, & approval for hospice certification received. Initial plan of care developed.

Interdisciplinary Team Signatures		
Medical Director	Date:	Time:
Signature:	6/13/18	
Registered Nurse	Date:	Time:
Signature:	6/13/18	
Psychosocial Counselor	Date:	Time:
Signature:	MSW	6/13/18
Spiritual Counselor	Date:	Time:
Signature:	chaplain	6/10/18
CHHA	Date:	Time:
Signature:	6-13-18	
Other	Date:	Time:
Signature:		

✓	**MEDICATIONS REVIEWED**
✓	**TREATMENTS REVIEWED**

All IDT Members, Medical Director, Medical Social Worker, Skilled Nurse, Chaplain Director, Patient Care Service, Volunteer were informed about Patient Admission and concurs with Initial Plan of Care per telephone conversation.

SUGGESTED FREQUENCY FOR VISITS:

RN/LVN:	Eval, 1x/week and 2x/week as needed for respiratory issues within certification period
MSW:	1x/month as needed for psychosocial issues within certification period
PC:	Eval, */mo and */mo PRN for spiritual issues within certification period
CHHA:	5x/wk
Vol:	Refused
OTHER:	N/A
RN Signature:	
DATE:	6/13/18
TIME:	

Consolo Physician Order for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC. for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signature _____

Date 6/13/18

DUBIN0129

Chinany Care Co

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ Calmoseptine Cream topical
Apply to affected area each diaper
Change (#1)

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1137 Order # 2438194-1

RX 2 NV V FileRx.com 800-307-7717 RxPads.com

Chinany Care Corp

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ Oxygen 2L via nasal Canula
as needed for sobs.

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1136 Order # 2438194-1

RX 2 NV V FileRx.com 800-307-7717 RxPads.com

Chinany Care Corp

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ D/c Convulex 1.125 mg PO BID
D/c Risperidone 0.5 mg PO QHS
Spiriva 18 mcg c.p. hand inhaler inhale
1 Daily (#30)
Ensure 2 Can PO Daily (#60)
Albuterol 2.5 mg/3ml neb inhale TID prn
Label for Sobs, wheezing.

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1135 Order # 2438194-1

RX 2 NV V FileRx.com 800-307-7717 RxPads.com

Consolo Certification for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics
Start Of Care	06/13/2018	**Gender**	Female
Patient Address	[redacted] Ave Las Vegas, NV 89121		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
06/13/2018

Benefit Period End Date
09/10/2018

Certification Start Date
06/13/2018

Certification End Date
09/10/2018

Signed Date
06/13/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
57144591?A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that Halstead, Mary is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:04:57.

Verbal Certification received from Physician: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:05:12.

Consolo Certification for HALxM at Office Jireh Healthcare Services LLC

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:24.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/14/2018**. Recorded by jruiz on 06/14/2018 10:06:40.

Record the signature for Dugay, Julia on Certification Dated: 12/10/2018

Unscreened Allergies oplate/narcotics **Screened Allergies** Erythromycin

H[redacted], M[redacted] (470362) **MRN** M0456 **Start Of Care** 06/13/2018 **Level Of Care** ROUTINE More

Hospice Certification of Terminal Illness

Benefit Period
3

Benefit Period Start Date
12/10/2018

Benefit Period End Date
02/07/2019

Certification Start Date
12/10/2018

Certification End Date
02/07/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient Hi Claim No
[redacted]A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101
Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Exceptional Face to Face Circumstances

Exceptional Face to Face Circumstances

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **Dugay, Julia** (User) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:49.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms Mary Halstead is an 85 year old, white female with PMH of COPD (hypoxemic on room air), hypertension, age related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Pt. is chair bound and is mostly in the wheelchair. She has very poor appetite and has generalized muscle weakness. She needs maximum to complete assistance on all her ADL's.

Recorded By
Dugay, Julia (jduga)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:12.

Certification Statement

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:28:30.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Active
Screened Allergies	Erythromycin	Unscreened Allergies	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted] M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-ralls up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:57:45.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul effective 06/20/2018
Physician - Dubin, Stephen Paul effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvill effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 06/20/2018
Social Services - MSW_Minnick, Joseph effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Signature: _____

Date: _____

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 09/03/2018 for M[redacted] H[redacted], Medical Record No M0456

Effective Date
09/03/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Consolo Physician Order (2426087) Dated: 12/03/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted], M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:57:45.

Consolo Physician Order (2253456) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted], M[redacted]

Order Date
09/17/2018

Time of Event
1946

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:49:21.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:49:04.

Consolo Physician Order (2253447) Dated: 09/18/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1944

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Ensure 2 Bottle 1 times a day PO (Liquid) on 09/17/2018

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2253444) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1942

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:43:41.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:43:32.

Consolo Physician Order (2253392) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1915

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:15:54.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:15:47.

Consolo Physician Order (2253401) Dated: 08/21/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	08/21/2018	1924

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **08/21/2018**. Recorded by jruiz on 09/18/2018 19:25:23.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:25:11.

Consolo Physician Order (2253414) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/17/2018	1930

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:31:58.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:31:45.

Consolo Physician Order (2253386) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1910

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet) on 09/10/2018

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2253358) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 2 tab 1 times a day PO (2000 UNIT Tablet)	Take one tablet by mouth once daily.		

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/19/2018. Recorded by jruiz on 09/18/2018 18:49:29.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 09/18/2018. Recorded by jruiz on 09/18/2018 18:49:21.

Consolo Physician Order (2253357) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		

Consolo Physician Order (2249033) Dated: 09/03/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18.

Consolo Physician Order (2247289) Dated: 06/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	06/18/2018	1639

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Discontinue previous frequency order for chaplain. Start new chaplain frequency: 1/x mo and 3x/mo as needed for spiritual issues within certification period.

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2211649) Dated: 08/24/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	4[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	08/24/2018	1109

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX on 07/19/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Consolo Physician Order (2204657) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 1 cap(s) 1 times a day IN (18 MCG Capsule)	Take one capsule once daily.		
Ensure 2 Bottle 1 times a day PO (Liquid)	Administer 2 bottles by mouth once daily.		
Albuterol Sulfate 1 vial 3 times a day IN As Needed SOB and Wheezing ((2.5 MG/3ML) 0.083% Nebu Soln)	Administer three times a day intranasally via nebulizer as needed for shortness of breath and wheezing.		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on 07/19/2018. Recorded by Reste on 08/21/2018 04:04:36.
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on 08/21/2018. Recorded by Reste on 08/21/2018 04:00:50.

Consolo Physician Order (2204655) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for Halstead, Mary (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 04:01:27.
2. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 04:00:39.

Consolo Physician Order (2204638) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
07/19/2018

Time of Event

Physician
Okeke, Chinyere

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Calmoseptine Cream topical
Apply to affected area each diaper change

Read Back
No

Non Verbal Order
Yes

Medications

Medication	Instructions	Quantity	Refills
Calmoseptine 1 application TP (0.44;20.625 %;% Lotion)	Apply to affected area every diaper change		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:36:38.
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:36:42.

Consolo Physician Order (2204641) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
07/19/2018

Time of Event

Physician
Okeke, Chinyere

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Oxygen 2 lpm via nasal cannula as needed for shortness of breath

Read Back
No

Non Verbal Order
Yes

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2 LiterPerMin INS As Needed SOB (1 each Device)	Administer oxygen via nasal canula intranasally at two liters/minute as needed for shortness of breath.		

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:42:09.
2. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:41:47.

Consolo Physician Order (2182304) Dated: 06/13/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC. for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 06/13/2018. Recorded by mary1 on 09/16/2018 22:57:00.
2. Skilled Nurse RN_Esteban, Randy (User) signed on 08/07/2018. Recorded by Reste on 08/07/2018 13:08:37.

Consolo Physician Order (2126173) Dated: 06/26/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted] M[redacted]

Order Date
06/26/2018

Time of Event
1703

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Miralax 17 gm 1 times a day PO As Needed Constipation (17 gm Powder)	Mix 17 gm to 8oz glass of water. Take once daily by mouth as needed for constipation. To administer if no bowel movement for three days.		

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 07/04/2018. Recorded by jruiz on 07/03/2018 17:03:30.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 07/03/2018. Recorded by jruiz on 07/03/2018 17:03:24.

Consolo Physician Order (2098431) Dated: 06/12/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)	Take one tablet by mouth once daily.		
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	Take one tablet by mouth once daily in the morning.		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)	Take two capsules once daily.		
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)	Take one tablet by mouth once daily.		
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)	Take one tablet by mouth once daily.		
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)	Take one tablet by mouth once daily.		
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)	Take one tablet by mouth twice daily.		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Consolo Indicator Dated: 06/13/2018 for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 06/13/2018 for M[redacted] H[redacted] Medical Record No M0456

Effective Date
06/13/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Consolo Payer Group Details [Effective 06/13/2018 (506493)] for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Payer Group Details

Effective Date
06/13/2018

Hospice Item Sets
Medicare (traditional fee-for-service)

Payer 1: Medicare Part A

Payer Type
Medicare

Will Pay
Primary Hospice, Notice of Election, Pre Election

Payer Number
571445912A

Suspend Claims?
No

EXHIBIT 9

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel Fax

HospiceMD™

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness.

Patient Name: H[redacted] M[redacted] M0456

(Last) (First) (MI) MR#

Certification #3: Re-Certification Statement for Next 60-day period

• I certify that H[redacted], M[redacted] has a life expectancy of six months or less, if the terminal illness runs its normal course.

☑ Verbal Authorization (if needed) Date: 12/3/2018 Obtained by: Julia Dugay/ RN Name / Title

Effective Date of Certification: **12/10/2018 To 2/7/2019**

Primary DX: Chronic obstructive pulmonary disease, unspecified (J44.9)

Secondary DX:
Shortness of breath (R06.02)

Comorbidities:

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter

Visit Date: 12/3/2018 (see MD F2F visit note)

RN Assessment Narrative: Patient is alert and oriented to person, place, and time. With +3 bilateral lower extremity edema, pedal pulses faint. Patient exhibits fatigue on exertion, fair coordination, and poor balance. Diet is as tolerated with significant worsening of appetite and nutritional intake. Patient with oxygen and breathing treatment at night for comfort. Patient requires complete assistance with activities of daily living (ADL`s).

Physician Narrative: Ms. Halstead is an 85-year-old Caucasian female with diagnosis of COPD, hypoxemic on room air, hypertension, age-related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Patient is chair-bound and mostly on wheelchair. Patient with very poor appetite and has generalized muscle weakness. Patient requires maximum to complete assistance with ADL`s. I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six months or less if the terminal illness runs its normal course.

Medical Director Attestation/Certification

• I attest/confirm that I composed this narrative based on my review of patient's medical records, team assessment and/or examination of the patient.

STEPHEN DUBIN (MD) / 1023311040

Signature on File/Verified by MARY ROSE FRONDA.

Date: **12/3/2018**

Medical Director / Physician Designee / Referring MD (if attending)

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Page _____ of _____

Patient Name:	ID#	Admission Date
[redacted]	M0456	6-13-18

☐ BENEFIT PERIOD

60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with [redacted] *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		[redacted]

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

MJ Mary Halstead is an 86 yo white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. Pt is chair bound & is mostly in her wheelchair. She had very poor appetite & has generalized muscle weakness; needs max+ mod assistance with her ADL's. If her condition continues to run its normal course, she has 6 mo or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		[redacted]

☐ BENEFIT PERIOD

60-Day Period from _____ to _____

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

DUBIN0165

Use companion form HC8007-A for Initial Certification.

Form # HC8007-B (Rev. 11/13)

Reorder From: MED-PASS® 800-436-6884

INH 050906R

JIREH HEALTHCARE SERVICES
2300 Paseo Del Prado Suite B101 Las Vegas Nevada 8. .02
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT **First 90-Day Period from** 6/13/2018 **to** 9/10/2018

I (or WE) certify that M [redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

J. Ruiz
RN Signature — 6/13/2018 Verbal Order Date

Hospice Medical Director/Associate Hospice Doctor — 6/13/2018 Date

Attending Physician Signature — 6/13/2018 Date

B. RECERTIFICATION STATEMENT **Second 90-Day Period from** 9/11/2018 **to** 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — 9-11-18 Date

C. RECERTIFICATION STATEMENT **60-Day Period from** 12-10-17 **to** 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — [redacted] Date

JIREH HEALTHCARE SERVICES LLC
(HOSPICE AGENCY)

PATIENT NAME: D[redacted] B[redacted]

DOB: [redacted]

START OF CARE:

12/20/2018 TO 12/22/2018

EXHIBIT 10

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	P - Paid	$680.54	811 - Hospice (...	12/20/2018

PLEASE PRINT

2010

Clark County Coroner/Medical Examiner Office
1704 Pinto Lane, Las Vegas, Nevada 89106
Phone number (702) 455-3210
Fax # (702) 455-3101

HOSPICE REPORT

*****All lines must be completed*****

1) Date: 12/22/2018 Time: 1430 Reported By: Roberto Alfajora, RN

2) Agency: Jireh Healthcare Services Phone # you are at: [redacted] Medical Record #: M0486

3) **Last Name:** B[redacted] **First Name:** D[redacted]

4) Time pronounced: 1406 Date of Birth: [redacted] Social Security #: [redacted]

5) Race: Asian/Black/Caucasian/Hispanic/Indian/Multi-Cultured/Other (Circle One) Sex: Male / Female (Circle One)

6) Home address: [redacted] Circle

City: Las Vegas Zip: 89123 Phone: 702 [redacted]

7) Death occurred at home/group home/facility (Circle one)

8) Name of Group home or facility: Olive Grove Grouphome

9) Location of Death address: [redacted] Circle City: Las Vegas Zip: 89123

10) Local Mortuary Used: Simple Cremation Martial status: Married / Single / Widowed / Divorced (circle one)

11) Name of Next of Kin Notified: S[redacted] U[redacted] Relation: POA

12) NOK address: [redacted] Lane

City: Las Vegas Zip: 89134 Phone: 702 [redacted]

13) Who notified next of kin: Roberto Alfajora, RN Method: Telephone / At Bedside (Circle One)

14) Death Certificate will be Signed By: Dr. Stephen Dubin Phone: 702-359-1387

15) Cause of Death: End Stage Heart failure

16) Additional Information:

If the cause of death includes any traumatic injury, contact our office at 455-3210 immediately. If the cause of death is of natural causes, please fax this completed form to our office and the information will be entered into our database. Our FAX number is 455-3101

08/28/2013

2011

1	2	3a PAT CNTL #	3612023	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		b. MED REC #	M0487	081A
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7
		251927052	122018	

8 PATIENT NAME		9 PATIENT ADDRESS				
a [redacted]		a [redacted] CIRCLE				
b [redacted] D [redacted]		b LAS VEGAS	c NV	d 89123	e USA	

10 BIRTH DATE	11 SEX	12 ADMISSION DATE	HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES	29 ACCT STATE	30
[redacted]	M	122018	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	122018													

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a					
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	122018	1	000	000	
0001	PAGE 1 OF 1	CREATION DATE	122118	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B [redacted] D [redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	I5084	I4891	R627	R0602	R5381	R531	Z7401				68
0											

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

75 DRG	ECI	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS 1450 NUCF UB04 1 APPROVED OMB NO. 0938-0997 DCTC Original

NUBC National Uniform Billing Committee 2394804

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0170

2012

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644202 b MED REC # M0487	4 TYPE OF BILL 0817
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 122018 THROUGH 122218

8a PATIENT NAME	b	9 PATIENT ADDRESS a [redacted] CIRCLE			
[redacted] D[redacted]		b LAS VEGAS	c NV	d 89123	e USA

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40			

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a 61 2982000		

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	122018	3	68054	000
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	68054	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	68054	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted] D[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX																GA

67 ADMIT DX	68 PATIENT REASON DX			69	70 PPS CODE	71 ECI			72							73

74 PRINCIPAL PROCEDURE CODE DATE	a OTHER PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	75
c OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

UB-04 CMS-1450 NUCC 0904-1 APPROVED OMB NO. 0938-0997 OCR-Original

NUBC 24394634

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0171

1	2	3a PAT. CNTL #	3644201	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		b. MED. REC. #	M0487	0817
		5 FED TAX NO	6 STATEMENT COVERS PERIOD FROM	THROUGH
		251927052	122018	122218

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted]A	a [redacted] CIRCLE				
b [redacted], D[redacted]	b LAS VEGAS	c NV	d 89123	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40													

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
27	122018	55	122218											

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0551	RN Clinical Visit	G0299	122018	8	9606	000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	77660		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	77660	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted], D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66	I5084	I4891	R627	R0602	R5381	R531	Z7401				68
	0										

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	A OTHER PROCEDURE CODE	DATE	B OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

REMARKS	ECO a		
	b	B3 251G00000X	
	c		
	d		

2014

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644104 b MED REC # M0487	4 TYPE OF BILL 0811
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 122018 THROUGH 122218

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted]	a 9446 BACK BAY CIRCLE				
b [redacted] D[redacted]	b LAS VEGAS	c NV	d 89123	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40													

31 CODE	31 DATE	32 CODE	32 DATE	33 CODE	33 DATE	34 CODE	34 DATE	35 CODE	35 OCCURRENCE SPAN FROM	35 THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	36 THROUGH	37
27	122018	55	122218											

39		39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a	61	2982000				
	b						
	c						
	d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	68054		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	68054	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted], D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
0	I5084	I4891	R627	R0602	R5381	R531	Z7401				

68 ADMIT DX	69 PATIENT REASON DX			70	71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

UB-04 CMS-1450 NUCC 08/04 1 APPROVED OMB NO. 0938-0997 OCR/Original

NUBC National Uniform Billing Committee 21394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0173

MD ORDERS, TREATMENT, MEDICATION & CTI

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-369-1388
Fax : 702-362-9984

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 170144

Rx Written : 12-20-2018

Patient : B[redacted] D[redacted]
Address : [redacted] CIRCLE
LAS VEGAS NV 89123
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Male

4 PN
Hmely

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML
Quantity : 30 (thirty)
Instructions :
[redacted]E 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML
[redacted]ERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR
[redacted]EVERE ANXIETY
Refills Authorized : 0 RPh : MLJ / CC

MD called in new Rx 12/20/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

☐ Dispense As Written

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-359-1388

12/20/18
4 PM
Honey

PATIENT NAME: D[redacted] B[redacted] DATE OF BIRTH: [redacted]

Rx NUMBER: _____

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[redacted] CIRCLE LAS VEGAS NV 89123
RX0170143

TRINITY PHARMACY
2810 W CHARLESTON BLVD STE E44 LAS VEGAS, NV 89102 T: 702-776-8210 F: 702-776-7195

Jireh Healthcare Se[illegible]ces LLC

2018

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: B[illegible], D[illegible] DOB: [illegible] MR#: M0487

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 12/20/18 ORDER#: 3310180

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/20/18		Medication	New	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I
12/20/18		Medication	New	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I
12/20/18		Medication	New	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I
12/20/18		Medication	New	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H
		==> Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18		Medication	New	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H
		==> Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/20/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Patient Name: B[redacted], D[redacted] **MR#:** M0487

CURRENT TREATMENT / MEDICATION / DME LIST

All medications have been reviewed for effectiveness of drug therapy, drug side effects, actual or potential drug / food interactions, duplicate drug therapy and drug currently associated with laboratory monitoring.

Order Date	Start Date	Stop Date	Type	MEDS/DME	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer	Administered By
12/20/18	12/20/18		Medication	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I	3&4
12/20/18	12/20/18		Medication	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I	3&4
12/20/18	12/20/18		Medication	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H	3&4
		==>	Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									
12/20/18	12/20/18		Medication	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H	3&4
		==>	Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18	12/20/18		Medication	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I	3&4
12/20/18	12/20/18		Treatment									
			oxygen at 3L/min via nasal canula for comfort									

ADMINISTERED BY:(1) - SNF Nurse, (2) - Self, (3) - Fam/PCG, (4) - Hospice Nurse, (1&4) - SNF & Hospice Nurse, (2&3) - Self & Fam/PCG, (2&4) - Self & Hospice Nurse, (3&4) - Fam/PCG & Hospice Nurse , (2,3&4) - Self & Fam/PCG & Hospice Nurse

DUBIN

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual(s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

2019

Consolo Certification Dated: 12/20/2018 for B[redacted], D[redacted]

Patient Details for B[redacted], D[redacted] (Patient ID 518499, MRN M0487)

Date Of Birth	[redacted]	Status	Deceased

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
12/20/2018

Benefit Period End Date
03/19/2019

Certification Start Date
12/20/2018

Certification End Date
03/19/2019

Signed Date
12/20/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
546421189A

Disaster Acuity
Medical services required today

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 12/20/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted] D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Admin **Fronda, MaryRose** (User) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:06:18.

Verbal Certification received from Physician: Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted] D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Admin **Fronda, MaryRose** (User) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:06:33.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Mr. B[redacted] is an 83 yr old Caucasian male, lives in a group home with 24/7 assistance, POA present at time of assessment. Patient's POA Stella Urbin signed consent as the Power of Attorney. Patient admitted to Jireh hospice under routine level of care, with terminal diagnosis of end stage Heart Failure, somnolence, sleeps most of the visit, confused and anxious. Co-morbidities include atrial fibrillation/flutter, hypertension, BPH, severe weakness, fatigue, severe SOB on non re-breather oxygen 15 l/min continuously. Patient has a worsening generalized and worsening adult failure to thrive with consequent loss of weight, MAC 20.7cm, POA claimed that patient to be over 180 lbs prior to this decline, dependent on ADLs, bed confined with complete assist, PPS 30 |KPS 30. Patient is incontinent of bladder and bowel, Patient is DNR, no agressive treatment nor hospitalization per POA request. Medications reviewed and POC discussed with POA, verbally agreed on plan. IDG notified.

Recorded By
Fronda, MaryRose (mary1)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:11:45.

Consolo Certification Dated: 12/20/2018 for B[redacted], D[redacted]

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

Additional Signatures

1. Admin **Fronda, MaryRose** (User) signed on **12/21/2018**. Recorded by mary1 on 12/21/2018 17:12:03.

JIREH HEALTHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# F10486

A. CERTIFICATION STATEMENT First 90-Day Period from 12/20/2018 **to** 03/19/2019

I (or WE) certify that D[redacted] B[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

G. R.N. — RN Signature — 12/20/2018 — Verbal Order Date

[signature] — Hospice Medical Director/Associate Hospice Doctor — 12/20/18 — Date

[signature] — Attending Physician Signature — 12/20/18 — Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

_____ Hospice Medical Director/Associate Hospice Doctor — _____ Date

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

_____ Hospice Medical Director/Associate Hospice Doctor — _____ Date

DUBIN0181

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel: Fax:

PATIENT: B[redacted], D[redacted] **DOB:** [redacted] **MR#:** M0487
ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 12/19/18 **ORDER#:** 4672846
ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/19/18		Other	New								
		Please do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/19/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

5D

FILED 2025
OCT 04 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMES FORSYTHE, MD, HMD,** **Certificate of Registration No. CS05385,** **Respondent.**	**CASE NO. 19-144-CS-N** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent James Forsythe, MD, HMD, held a Nevada controlled substance registration, Certificate No. CS105385, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 17, 2019, Board staff investigated Respondent's practice at Forsythe Cancer Care Center a/k/a Century Wellness Center located at 521 Hammill Lane, Reno NV. The investigation revealed that Respondent failed to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs, including open multi-dose containers.

3. The following expired drugs were discovered in the infusion room cabinets:

- One 25-count box of Potassium Chloride Concentrate for injection, 40mEq/20ml Expiration date 2 /1/18.
- One unopened multi-dose vial of Magnesium Chloride Injection, 200 mg/ml Expiration date 12/18.
- One partial multi-dose vial of Magnesium Chloride Injection, 200 mg/ml, no opening date. Expiration date 12/17.
- Two unopened bottles of L-Lysine HCL Injection, 100 mg/ml, 30mL MDV in clear plastic bag, prescribed to Dorothy P. Expiration date 12/17/18. Compounded at McGliff Compounding Pharmacy, Santa Ana, California.

- Two unopened bottles of L-Lysine HCL Injection, 100 mg/ml, 30 mL MDV in clear plastic bag, prescribed for Gloria W. Expiration date 12/17/2018. Compounded at McGliff Compounding Pharmacy, Santa Ana, California.
- One unopened bottle of L-Lysine HCL Injection, 100 mg/ml, 30 mL MDV prescribed to Traci M. Expiration date 10/27/2018.
- One unopened bottle of Dexpanthenol 250 mg/mL 30 mL MDV prescribed to Kevin P. Expiration date 11/11/2018.
- One unopened 5-count box of Dexpanthenol Injection 250mg/ml 10mL SDV prescribed to Kim H. Expiration date 1/20/2019.
- One unopened 5-count box of Dexpanthenol Injection 250mg/ml 10mL SDV prescribed to Dorothy P. Expiration date 1/20/2019
- One opened 30 ml multi-dose vial of Methylcobalamin Injection, 1000 mcg/mL. Expiration date 1/23/19.
- One unopened 30 ml multi-dose vial of L-Lysine HCL Injection 100 mg/ml. Expiration date 12/17/18.
- Two unopened 30 ml multidose vials of Pyridoxine HCL Injection 100 mg/ml Solution. Expiration date 5/29/2019.
- One unopened 50 mL preservative-free multidose vial of Ascorbic Acid Injection 500 mg/mL. Expiration date 1/05/2018.
- One unopened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/13/2018.
- One opened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution with no opening date. Expiration date 12/13/2018.
- Three unopened 10 mL multidose vials of Folic Acid Injection 10 mg/ml Solution. Expiration date 6/25/2019.
- One opened 10 mL multidose vial of Folic Acid Injection 10 mg/ml Solution with no opening date. Expiration date 6/25/2019.
- Three 30 mL multidose vials of L-Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/17/2018.
- Six unopened 10 mL preservative-free multidose vials of Pyridoxine Hydrochloride Injection 100 mg/ml. Expiration date 12/05/2018.
- One opened 10 mL multidose vial of Mesna lgram/10 ml (100 mg/ml) with no opening date. Expiration date 11/18.
- Anfinitor 5mg tablets, #7. Expiration date 2/19
- Creon Capsules #84. Expiration date 10/18 and 11/18.
- Votrient 200 mg tablets. #60. Expiration date 1/18.

4. The following expired drugs were discovered on the store room shelves:

- Four unopened 12 count boxes of 1000 mL Lactated Ringers (Braun). Expiration 6/18.
- One opened 12 count box of 1000 mL 0.9% Sodium Chloride Injection with 4 IV bags missing (Braun). Expiration 9/16.
- One unopened 24 count box of 500 mL Lactated Ringers Injection (Baxter). Expiration 11/18.
- One partially opened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 10/18.
- One open box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 3/19.
- One unopened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 4/18.
- Two unopened boxes of 20 count 500 mL 0.9% Sodium Chloride Injection (Baxter). Expiration 3/19.

5. The investigation also revealed that Respondent possessed in his inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only."

APPLICABLE LAW

6. It is unlawful to purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.221, NRS 454.311, NRS 454.316.

7. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d); *see also* 21 CFR § 211.137.

8. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

9. The breach of the seal of a multi-dose container must be documented and the contents used within 28 days. NAC 639.67057(2).

10. It is unlawful to sell or dispense any medications that are intended for animals for human consumption. 21 CFR § 201.105.

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Violating any provision of the Federal Food, Drug and Cosmetic Act or any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11) and (12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST CAUSE OF ACTION
Violations of Law - Failure to Properly Label, Store and Secure Drugs

14. By failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, NRS 639.282(1)(d), NAC 639.601(1), and/or NAC 639.67057(2), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

SECOND CAUSE OF ACTION
Unlawful Possession of Veterinary Drugs

15. By possessing in his drug inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only" for administration to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 201.105, NRS 454.221, NRS 454.311 and/or NRS 454.316, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

16. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By his actions as alleged herein, Respondent has committed an act that would render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 4th day of October, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMES FORSYTHE, MD, HMD,** **Certificate of Registration No. CS05385,** **Respondent.**	**CASE NOS. 19-144-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The hearing for case number 19-144-CS-N has been scheduled for Wednesday, December 1, 2021, 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4th day of October, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMES FORSYTHE, MD, HMD,** **Certificate of Registration No. CS05385,** **Respondent.**	**CASE NO. 19-144-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

JAMES FORSYTHE, MD, HMD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

James Forsythe, MD, HMD
521 Hammill Ln
Reno, NV 89515

Marie Mirch, Esq.
Mirch Law Firm, LLP
1180 Rosecrans Street, Suite 104-552
San Diego, CA 92106

SHIRLEY HUNTING

Marie C. Mirch
Nevada SBN 6747
1180 Rosecrans Street #104-552
San Diego, Ca 92106
619-501-6220
marie@mirchlaw.com
Attorney for Respondent

FILED
NOV 02 2021
NEVADA STATE BOARD
OF PHARMACY

RECEIVED
NOV 2 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner.** **v.** **JAMES W. FORSYTHE, MD, HMD,** **Certificate of Registration No. CS05385** **Respondent.**	**CASE NO. 19-144-CS-N** **NOTICE OF DEFENSE AND ANSWER TO FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

Respondent, above named, hereby gives Notice of Defense to the Amended Notice of Intended Action and Accusation ("Notice") filed in the above-entitled matter before the Nevada State Board of Pharmacy and submits the following answer and affirmative defenses:

ANSWER.

JURISDICTION

1. In response to Paragraph 1 of the First Amended Notice, Respondent admits he holds a

Nevada controlled substance registration, but lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies.

FACTUAL ALLEGATIONS

2. In response to Paragraph 2 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

3. In response to Paragraph 3 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

4. In response to Paragraph 4 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

5. In response to Paragraph 5 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

APPLICABLE LAW

6. In response to Paragraph 6 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

7. In response to Paragraph 7 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

8. In response to Paragraph 8 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

9. In response to Paragraph 9 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

10. In response to Paragraph 10 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

11. In response to Paragraph 11 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

12. In response to Paragraph 12 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

13. In response to Paragraph 13 of the First Amended Notice, Respondent lacks information and belief sufficient to admit or deny the remaining allegations contained therein and therefore denies each and every allegation contained therein.

FIRST CAUSE OF ACTION

Violations of Law -Failure to properly label, store and Secure Drugs

14. In response to Paragraph 14 of the First Amended Notice, Respondent denies each and every allegation contained therein.

SECOND CAUSE OF ACTION

Unlawful Possession of Veterinary Drugs

15. In response to Paragraph 15 of the First Amended Notice, Respondent denies each and every allegation contained therein.

THIRD CAUSE OF ACTION

Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties

16. In response to Paragraph 16 of the First Amended Notice, Respondent denies each and every allegation contained therein.

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. In response to Paragraph 17 of the First Amended Notice, Respondent denies each and every allegation contained therein.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE - Failure to State a Claim upon which relief can be granted,

SECOND AFFIRMATIVE DEFENSE- Statute of Limitations

THIRD AFFIRMATIVE DEFENSE - Unclean Hands

FOURTH AFFIRMATIVE DEFENSE - Fraud

FIFTH AFFIRMATIVE DEFENSE - Laches

SIXTH AFFIRMATIVE DEFENSE - Estoppel

SEVENTH AFFIRMATIVE DEFENSE - At all times Respondent acted in good faith and had

reasonable grounds to believe his actions were in compliance with the law.

EIGHTH AFFIRMATIVE DEFENSE - Retaliation

NINTH AFFIRMATIVE DEFENSE - Ambiguity

TENTH AFFIRMATIVE DEFENSE - Waiver

ELEVENTH AFFIRMATIVE DEFENSE - Privilege

TWELFTH AFFIRMATIVE DEFENSE - Justification

THIRTEENTH AFFIRMATIVE DEFENSE - Lack of Standing

FOURTEENTH AFFIRMATIVE DEFENSE - False Claims

FIFTEENTH AFFIRMATIVE DEFENSE - Intervening Supervening causes

SIXTEENTH AFFIRMATIVE DEFENSE - Spoilation of Evidence

SEVENTEENTH AFFIRMATIVE DEFENSE - Entrapment

ADDITIONAL DEFENSES

The Respondent cannot fully anticipate all affirmative defenses that may be applicable to this action, Respondent hereby gives notice that he will rely upon further affirmative defenses as may appear during the course of this action.

Wherefore, Respondent prays that Petitioner take nothing by its Notice and Accusation , and that attorney fees and costs be awarded to the Respondent.

///

///

///

///

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the preceding document does not contain the social security number of any person.

DATED this 27th day of October,2021

BY _____

Marie Mirch

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am an employee of MIRCH LAW OFFICES, over the age of EIGHTEEN (18), and not a party to this action. In that capacity, I deposited with an overnight carrier, UPS, with postage prepaid, a true and correct copy of the foregoing **NOTICE OF DEFENSE AND ANSWER TO FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** upon the following:

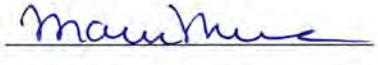
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

I also served via U.S. Mail. Postage prepaid in an envelope addressed as follows:

Brent Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

With courtesy copy emailed to Bkandt@pharmacy.nv.gov

DATED this 29TH day of October, 2021



Marie C. Mirch
Nevada SBN 6747
1180 Rosecrans Street #104-552
San Diego, Ca 92106
619-501-6220
marie@mirchlaw.com
Attorney for Respondent

FILED
NOV 30 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMES W. FORSYTHE, MD, HMD,** **Certificate of Registration No. CS05385** **Respondent.**	**CASE NO. 19-144-CS-N** **MOTION TO DISMISS AMENDED ACCUSATION OR ALTERNATIVELY FOR A MORE DEFINITE STATEMENT**

Respondent, James W. Forsythe, M.D., by and through his attorney of record, Marie Mirch moves to dismiss the Amended Notice of Intended Action and Accusation dated October 4, 2021. This motion is made pursuant to NRS 622A.360 (2)(d) and (e), NRS 639.241, and the following memorandum of points and authorities and pleadings on file herein.

A. Facts:

On May 28, 2021, the Nevada State Board of Pharmacy ("Board"), filed a Notice of Intended Action and Accusation (hereinafter "Notice") alleging four causes of action against the Respondents

James W. Forsythe, M.D. The Notice was served by mail on June 9, 2021. The factual allegations consist of the following two paragraphs:

> 2. Board staff investigated Respondent's practice at Forsythe Cancer Care Center a/k/a/ Century Wellness Center located at 521 Hammill Lane, Reno, NV. The investigation revealed that Respondent failed to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs, including open multi-dose containers.
> 3. The investigation also revealed that Respondent possessed in his inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only".

See Notice at p 1.

Respondent filed a motion to dismiss. Counsel for the parties discussed the notice and Board counsel agreed to amend. An Amended Notice and Accusation was filed on October 4, 2021.

The amended facts allege:

> 2. On or about September 17, 2019, Board staff investigated Respondent's practice at Forsythe Cancer Care Center a/k/a Century Wellness Center located at 521 Hammill Lane, Reno, Nv. The investigation revealed that Respondent failed to properly label, segregate, and/or dispose of adulterated and/or expired drugs, including multi-dose containers.
> 3. The following expired drugs were found in the infusion room cabinets:
>
> - One 25-count box of Potassium Chloride Concentrate for injection, 40mEq/20ml Expiration date 2 /1/18.
> - One unopened multi-dose vial of Magnesium Chloride Injection, 200 mg/ml Expiration date 12/18.
> - One partial multi-dose vial of Magnesium Chloride Injection, 200 mg/ml, no opening date. Expiration date 12/17.
> - Two unopened bottles of L-Lysine HCL Injection, 100 mg/ml, 30mL MDV in clear plastic bag, prescribed to Dorothy P. Expiration date 12/17/18. Compounded at McGliff Compounding Pharmacy, Santa Ana, California.
> - Two unopened bottles of L-Lysine HCL Injection, 100 mg/ml, 30 mL MDV in clear plastic bag, prescribed for Gloria W. Expiration date 12/17/2018. Compounded at McGliff Compounding Pharmacy, Santa Ana, California.
> - One unopened bottle of L-Lysine HCL Injection, 100 mg/ml, 30 mL MDV prescribed to Traci M. Expiration date 10/27/2018.
> - One unopened bottle of Dexpanthenol 250 mg/mL 30 mL MDV prescribed to Kevin P. Expiration date 11/11/2018.

- One unopened 5-count box of Dexpanthenol Injection 250mg/ml 10mL SDV prescribed to Kim H. Expiration date 1/20/2019.
- One unopened 5-count box of Dexpanthenol Injection 250mg/ml 10mL SDV prescribed to Dorothy P. Expiration date 1/20/2019
- One opened 30 ml multi-dose vial of Methylcobalamin Injection, 1000 mcg/mL. Expiration date 1/23/19.
- One unopened 30 ml multi-dose vial of L-Lysine HCL Injection 100 mg/ml. Expiration date 12/17/18.
- Two unopened 30 ml multidose vials of Pyridoxine HCL Injection 100 mg/ml Solution. Expiration date 5/29/2019.
- One unopened 50 mL preservative-free multidose vial of Ascorbic Acid Injection 500 mg/mL. Expiration date 1/05/2018.
- One unopened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/13/2018.
- One opened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution with no opening date. Expiration date 12/13/2018.
- Three unopened 10 mL multidose vials of Folic Acid Injection 10 mg/ml Solution. Expiration date 6/25/2019.
- One opened 10 mL multidose vial of Folic Acid Injection 10 mg/ml Solution with no opening date. Expiration date 6/25/2019.
- Three 30 mL multidose vials of L-Lysine HCL Injection 100 mg/ml Solution. Expiration date 12/17/2018.
- Six unopened 10 mL preservative-free multidose vials of Pyridoxine Hydrochloride Injection 100 mg/ml. Expiration date 12/05/2018.
- One opened 10 mL multidose vial of Mesna lgrarn/10 ml (100 mg/ml) with no opening date. Expiration date 11/18.
- Anfinitor 5mg tablets, #7. Expiration date 2/19
- Creon Capsules #84. Expiration date 10/18 and 11/18.
- Votrient 200 mg tablets. #60. Expiration date 1/18.

4. The following expired drugs were discovered on the store room shelves:

- Four unopened 12 count boxes of 1000 mL Lactated Ringers (Braun). Expiration 6/18.
- One opened 12 count box of 1000 mL 0.9% Sodium Chloride Injection with 4 IV bags missing (Braun). Expiration 9/16.
- One unopened 24 count box of 500 mL Lactated Ringers Injection (Baxter). Expiration 11/18.
- One partially opened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 10/18.
- One open box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 3/19.
- One unopened box of 36 count 250 mL Lactated Ringers Injection (Baxter). Expiration 4/18.

- Two unopened boxes of 20 count 500 mL 0.9% Sodium Chloride Injection (Baxter). Expiration 3/19.

5. The investigation also revealed that Respondent possessed in his inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only."

While the Amended Notice does provide the date of the investigation, and a list of the alleged expired drugs, including multi-dose containers", it still does not state a claim and is not clear enough to formulate a defense. None of the listed "drugs" are controlled substances, thus raising the issue of whether the Pharmacy Board has jurisdiction over this matter. Moreover, the Amended Notice alleges numerous violations without supporting facts. Respondent is unable to formulate a defense without notice of these basic facts.

b. Law

Nevada Revised Statute 622A.360 provides the authority for moving for a dismissal in this matter.

> Motions:
> 1. Except as otherwise provided in this chapter or as permitted by the regulatory body or hearing panel or officer, to request a ruling from the regulatory body or hearing panel or officer on any issue of law or procedure in a case, a party must file a written motion with the regulatory body or hearing panel or officer.
>
> 2. A party may file only the following prehearing motions:
>
> ...
> (d) A motion requesting a more definite statement regarding the allegations in the charging document on the ground that there is not enough information in the charging document to formulate a defense.
> (e) A motion requesting dismissal of the charging document for failure to state facts which, if true, would form a sufficient basis for discipline.

At this time, counsel seeks relief under subsection (e) as the Notice as pled fails to state a claim for

relief and violates Respondent's right to due process.

> NRS 639.241(2) defines what must be included in an accusation:
> Accusation: Form, contents and signature.
>
> 2. The accusation is a written statement of the charges alleged and must set forth in ordinary and concise language the acts or omissions with which the respondent is charged to the end that the respondent will be able to prepare a defense. The accusation must specify the statutes and regulations which the respondent is alleged to have violated, *but must not consist merely of charges phrased in language of the statute or regulation*. The accusation must be signed by the Executive Secretary of the Board acting in his or her official capacity.

c. Argument

The Notice must be dismissed because it does not satisfy Respondent's right to due process. The Board fails to notify Respondent of the factual bases for the charges against him. "Although proceedings before administrative agencies may be subject to more relaxed procedural and evidentiary rules, due process guarantees of fundamental fairness still apply". *Dutchess Bus. Servs. v. State, Bd. of Pharm* (Nev. 2008) 124 Nev. 701, 711 *citing Bivins Constr. v. State Contractors' Bd.*, 107 Nev. 281, 283, 809 P.2d 1268, 1270 (1991); see also *McClelland*, 606 F.2d at 1285-86; *Silverman,* 549 F.2d at 33. Administrative bodies must follow their established procedural guidelines and give notice to the defending party of "the issues on which decision will turn and. . . the factual material on which the agency relies for decision so that he may rebut it." *Bowman Transp. v. Ark. Best Freight System*, 418 U.S. 281, 288 n. 4 (1974); *see also Nevada St. Apprenticeship v. Joint Appren.*, 94 Nev. 763, 765, 587 P.2d 1315, 1317 (1978).

Under NRS 639.241, the Board is required to initiate the administrative hearing process by filing an accusation that sets forth in writing the charges alleged and the acts or omissions with which the respondent is charged such that the respondent may prepare a defense. The Amended Notice in

this case is still inadequate. The charges consist of nothing more than a conclusory statement of the law without applying the facts. For example, it does not allege what and how any of the listed drugs are "dangerous" drugs, and which if any were "adulterated". Further, the Notice fails to allege that "Veterinary 0.9% Sodium Chloride" is a drug, much less a "dangerous drug", and does not allege that Respondent ever used the "Veterinary 0.9% Sodium Chloride" which allegedly was labeled "For Veterinary Use Only". The Notice does not allege that this substance falls within the definition of a "dangerous drug" pursuant to NRS 454.201.

The Notice alleges the following four Causes of Action:

(1) Violation of Law - Failure to Properly Label, Store and Secure Drugs,

(2) Unlawful Possession of Veterinary Drugs,

(3) Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties, and

(4) Commission of Acts that Render Registration Inconsistent with the Public Interest.

None of the Causes of Action states a claim.

I. The First Cause of Action does not state a claim

The First Clause of action attempts to allege a "Violation of Law - Failure to Properly Label, Store and Secure Drugs. Specifically the Notice states:

> 12. By failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, NRS 639.282(1)(d), NAC 639.601(1), and/or NAC 639.67057(2), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

This Cause of Action fails to state a claim. It does not identify the drug(s) that the Board

alleges were improperly labeled, how they were improperly labeled, when they were improperly labeled, or who improperly labeled them. It does not identify which drugs allegedly were not segregated. This cause of action is a mere recital of statutes without underlying factual support.

Taking the allegations as true for purposes of a motion to dismiss, the Amended Notice fails to state a claim. The facts as allege do not support a violation of any of the cited legal authority.

a. The Notice does not allege facts to support a violation of 21 CFR §211.137

The language of 21 CFR 211.137 states:

211.137 Expiration dating.

(a) To assure that a drug product meets applicable standards of identity, strength, quality, and purity at the time of use, it **shall bear an expiration date** determined by appropriate stability testing described in § 211.166.

(b) Expiration dates shall be related to any storage conditions stated on the labeling, as determined by stability studies described in § 211.166.

(c) If the drug product is to be reconstituted at the time of dispensing, its labeling shall bear expiration information for both the reconstituted and unreconstituted drug products.

(d) Expiration dates shall appear on labeling in accordance with the requirements of § 201.17 of this chapter.

(e) Homeopathic drug products shall be exempt from the requirements of this section.

(f) Allergenic extracts that are labeled "No U.S. Standard of Potency" are exempt from the requirements of this section.

(g) New drug products for investigational use are exempt from the requirements of this section, provided that they meet appropriate standards or specifications as demonstrated by stability studies during their use in clinical investigations. Where new drug products for investigational use are to be reconstituted at the time of dispensing, their labeling shall bear expiration information for the reconstituted drug product.

(h) Pending consideration of a proposed exemption, published in the Federal Register of September 29, 1978, the requirements in this section shall not be enforced for

> human OTC drug products if their labeling does not bear dosage limitations and they are stable for at least 3 years as supported by appropriate stability data.

The alleged facts do not support a violation of this statute. To the contrary, the factual allegations contain a list of expired drugs, by name and expiration date. Accepted as true, this is evidence that each drug was labeled in compliance with 21 CFR §311.317 as each bears an expiration date. The Notice clearly does not allege any conduct that violates 21 CFR §211.137.

b. There are no factual allegations to support violation of NRS 639.282(1)(d)

The First Cause of Action also alleges that Respondent "violated. attempted to violate, assisted or abetted in the violation of or conspire to violate.. NRS 639.282(1)(d). NRS 639.282(1)(d) reads as follows:

> NRS 639.282 Unlawful possession or sale of certain pharmaceutical preparations, drugs or chemicals; destruction.
>
> 1. Except as otherwise provided in NRS 433.801, 435.700, 449.2485, 638.200,, 639.26, 639.2675;and 639.2676:,it is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which:
> (d) Is no longer safe or effective for use, as indicated by the expiration date appearing on its label;

Emphasis added.

There are no factual allegations in the Notice that Respondent intended to sell, dispense or give away any of the expired drugs. The factual allegations merely allege that expired drugs were found on the premises. It fails to state that the drugs were in facts segregated. In fact, if the matter goes to hearing, Respondent will prove that the expired drugs were segregated from the unexpired inventory to be destroyed, bundled and taped together with a red hazmat disposal bag with a sign clearly stating "expired- do not use". The investigator compromised the evidence by removing the

tape around the bundle, unwrapping it, and removing the sign. This conduct alone supports dismissal.

Because the Notice fails to allege that the Respondent intended to sell, dispense or give away the expired drugs, it fails to state a claim under NRS 639.282.

c. The Notice fails to state a violation of NAC 639.601(1)

The Notice fails to allege facts that would support a violation of NAC 639.601(1). NAC639.601(1) states:

> Prescription drugs: Separation and disposal of certain drugs.
> 1. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier.

The Amended Notice fails to allege that expired prescriptive drugs were not separated from the other drugs. The Factual Allegations allege a list of "expired drugs were discovered in the infusion room cabinets" (Amended Notice ¶3) , and others that "were discovered on the store rooms shelves". (Amended Notice ¶4) . The Amended Notice fails to allege that the drugs were separated from other prescription drugs. It cannot be amended to cure this defect, because the drugs were segregated, Taking all allegations as true for purposes of a motion to dismiss, this claim must be dismissed as it does not allege facts to support a violation of NAC 639.601(1).

d. The Amended Notice failed to state a claim that Respondent violated NAC 639.67057(2).

The First Cause of Action alleges that Respondent "violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.67057(2)". (Amended Notice ¶14) However, the factual allegations are void of any allegations that would constitute a violation of NAC 639.67057(2).

NAC 639.67057. Procedures following breach of seal of single-dose and multi-dose containers.

2. If, in the course of compounding a drug product, the seal of a multi-dose container is breached:

(a) The container must be stored according to the requirements of the manufacturer; and

(b) The contents of the container may be used within 28 days after the breach of the seal occurred.

The Amended Notice contains no facts that would advise the Respondent what conduct constitutes a violation of this legal authority. The Amended Notice identifies four opened multi dose vials that were allegedly found at the premises":

- One opened 30 ml multi-dose vial of Methylcobalamin Injection 100 mg./ml/ Expiration date 12/17/18.
- One opened 50 mL multidose vial of Lysine HCL Injection 100 mg/ml Solution with no opening date, expiration date 12/13/2018
- One opened 10 mL multidose vial of Folic Acid Injection 10 mg/ml Solution with no opening date, Expiration date 6/25/2019
- One opened 10 mL multidose vial of Mesna Igram/10 ml (100 mg/ml) with no opening date. Expiration 11/18.

See Amended Notice at ¶3

The Amended Notice contains no facts that give Respondent notice of what conduct establishes a violation of NAC 639.37057(2). There is no information or factual allegation that the containers were not stored in compliance with the requirements of the manufacturer or even what those requirements were. There is no violation of subsection 2(b) becusae there is no allegation that the multidose drugs that were found were ever used. The fact that the opened containers were there proves that they were not used. The multidose containers were segregated from the expired drugs for disposal. The Amended Notice is imposing strict liability for merely having the products on site, regardless of the fact that they were properly segregated from the unexpired drugs and marked for disposal.

e. There is no conduct that is subject to discipline pursuant to NRS 453.236(1) or NRS 639.210 (11)or (12)

The Amended Notice alleges that because Respondent "violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR §211.137, NRS 639.282(1)(d), NAC 639.601(1), and/ or NAC 639.67057(2)" Respondent "is subject to discipline pursuant to NRS 453.236(1) ad NRS 639.210(11 and (12)" (Amended Notice ¶14). However, because the Amended Notice fails to plead a violation of any of the foregoing statutes, it follows that the Amended Notice files to allege conduct upon which discipline may be imposed.

1. Discipline cannot be imposed under NRS 453.236(1)

Chapter 453 of the Nevada Revised Statutes applies to controlled substances. NRS 453.236(1) provides:

> NRS 453.236
> Suspension and revocation of registration to dispense; seizure or placement under seal of controlled substance owned or possessed by registrant; notification of suspension or revocation of registration or forfeiture of controlled substances to appropriate authority; registrant prohibited from employing person whose pharmacist's certificate was suspended or revoked. [Effective January 1, 2020.]
>
> 1. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense a controlled substance upon a finding that the registrant has:
>
> (a) Furnished false or fraudulent material information in an application filed pursuant to NRS 453.011 to 453.552, inclusive;
>
> (b) Been convicted of a felony under a state or federal law relating to a controlled substance;
>
> (c) Had his or her federal registration to dispense controlled substances suspended or revoked and is no longer authorized by federal law to dispense those substances;
>
> (d) Violated any provision of NRS 453.162 to 453.165, (re controlled substances) inclusive, or 639.23507; or

> (e) Committed an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section.

None of the forgoing reasons for suspension or revocation of registration applies in the present case. There are no allegations in the Amended Notice that would apply to NRS 453.231(1)(a)-(d). NRS Chapter 453 applies to controlled substances. There are no controlled substances alleged in the Amended Notice. There are no allegations that Respondent furnished false information in an application, that he has been convicted of a felony, had his federal registration to dispense controlled substances revoked, or that he violated any provision of NRS 453.162 to 453.165, inclusive, or 639.23507. Subsection (e) requires the Board to identify "an act that would render registration under NRS 453.231 inconsistent with the public interest". The Amended Notice relies on the recitation of statutes in the First Cause of Action, alleged violation of 21 CFR §211.137, NRS 639.282(1)(d), NAC 639.601(1), and/ or NAC 639.67057(2). As discussed above, the Amended Notice does not plead facts that Respondent violated any of the foregoing statutes. Therefore, the Amended Notice fails to state a claim for discipline under NRS 453.236(1).

2. The Amended Notice does not plead facts to support imposition of discipline pursuant to NRS 639.210(11) or (12)

The Amended Notice alleges discipline may be imposed pursuant to NRS 639.210(11 and (12). There are no factual allegations contained in the Amended Notice that support this conclusion.

> NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:
>
> 11. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs;

12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit;

a. There are no allegations that satisfy imposing discipline under NRS 639.210(11)

There are no facts or allegations contained in the Amended Notice that Respondent violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescriptive drugs. Therefore NRS 639.210(11) cannot be the basis to impose discipline on the Respondent. The only federal law cited in the First Cause of Action is 21 CFR § 211.137 which requires drugs to be labeled with the expiration date. The Amended Notice lists the drugs by name and expiration date, which is a judicial admission that the drugs were labeled with expiration dates. There are no facts to support a finding that any drug was missing an expiration date on the label in violation of 21 CFR 211.137. Without a violation of federal law, there can be no discipline imposed under NRS 639.210(11).

b. There are no allegations that support discipline pursuant to NRS 639.210(12)

The Amended Notice contains no factual allegations that fall under NRS 639.210(12) which requires Respondent "violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit". Again, the Amended Notice

relies on the recitation of statutes in the First Cause of Action, alleged violation of 21 CFR §211.137, NRS 639.282(1)(d), NAC 639.601(1), and/ or NAC 639.67057(2). As discussed above, the Amended Notice does not plead facts that Respondent violated any of the foregoing statutes. Therefore, the Amended Notice fails to state a claim for discipline under NRS 639.210(12).

II. The Second Cause of Action does not state a claim

The Second Cause of Action in the Amended Notice is plead as follows:

Second Cause of Action - Unlawful Possession of Veterinary Drugs

> 15. By possessing in his drug inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only" for administration to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 201.105, NRS 454.221, NRS 454.311 and/or NRS 454.316, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

This allegation is insufficient to state a claim. The Amended Notice contains no factual allegations that Respondent ever administered or intended to administer the veterinary drug to patients. Alleging possession alone does not comprise use or intent to use the drug.

A. The notice does not allege facts that constitute a violation under 21 CFR 201.105

The Second Cause of Action alleges violations of 21 CFR §201.105 which defines when a drug is exempt from section 502(f)(1) of the act. It states:

> § 201.105 Veterinary drugs.
> A drug subject to the requirements of section 503(f)(1) of the act shall be exempt from section 502(f)(1) of the act if all the following conditions are met: [conditions are then listed in subsections (a)-(f)

This statute defines when a drug is exempt, it is not a statute that defines a violation. The Amended Notice fails to allege any conduct that could be a violation of this section. It does not even allege whether or not the Veterinary 0.9% Sodium Chloride is subject to the requirements of section

503(f)(1).

B. The Notice fails to allege a violation of NRS §454.221

The second statute identified in the notice under the Second Cause of Action is "NRS 454.221" which prohibits furnishing dangerous drug without a prescription. NRS 454.221 provides in pertinent part:

> Furnishing dangerous drug without prescription prohibited; penalty; exceptions.
>
> 1. A person who furnishes any dangerous drug except upon the prescription of a practitioner is guilty of a category D felony and shall be punished as provided in NRS 193.130, unless the dangerous drug was obtained originally by a legal prescription.
>
> **2. The provisions of this section do not apply to the furnishing of any dangerous drug by:**
>
> **(a) A practitioner to his or her patients;**
> (emphasis added)

The Amended Notice acknowledges that James W. Forsythe, MD, HMD is a physician in Nevada. (Amended Notice ¶1). Therefore under the plain language of the statute, NRS 454.221(2)(a), it does not apply to Respondent because he is a practitioner.

Moreover, the Amended Notice fails to identify or plead: (1) a dangerous drug; or (2) that Respondent "furnished" the drug, (3) what drug, (4) to whom it was furnished, (5) whether that person was a patient, or (6) when it was furnished. Further the statute does not apply to a practitioner furnishing dangerous drugs to his patients. The only drugs Dr. Forsythe has ever "furnished" have been to his patients, and none have been improper or "for Veterinary use only". The Notice does not allege that the veterinary drug is either "dangerous" or that it was "furnished". Without this information, there is no claim and it must be dismissed.

C. The Notice does not allege a violation of NRS §454.311

The next statute alleged in the Second Cause of Action is NRS 454.311 which states:

1. A person, other than a peace officer or inspector of the Board in the performance of his or her official duty, who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug or a prescription for a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration is guilty of a category E felony and shall be punished as provided in NRS 193.130.

2. A person who knowingly has in his or her possession any false, fictitious, forged or altered prescription for a dangerous drug is guilty of a category E felony and shall be punished as provided in NRS 193.130.

3. A person who knowingly:

(a) Receives any dangerous drug from, or has in his or her possession or under his or her control any dangerous drug obtained by, another person as a result of any forged, false, fictitious or altered prescription; or

(b) Fills a prescription which is not genuine,

is guilty of a category E felony and shall be punished as provided in NRS 193.130.

There is no allegation that Respondent, knowingly or intentionally "obtained or attempted to obtain possession of a dangerous drug or a prescription for a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration". This claim must therefore be dismissed.

D. The Notice does not allege a violation of NRS §454.316

The Notice also cites NRS §454.316, which provides:

NRS 454.316 Possession of dangerous drug without prescription unlawful; penalties; exceptions.

1. Except as otherwise provided in this section, a person who possesses a dangerous drug, except that furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner, is guilty of a gross misdemeanor. A person who has been twice previously convicted of any offense:

(a) Described in this section; or

(b) Pursuant to any other law of the United States or this or any other state or district which if committed in this State would have been punishable as an offense under this section, is guilty of a category E felony and shall be punished as provided in NRS 193.130.

2. **A prescription is not required for possession of a dangerous drug by a person authorized by NRS 454.213,** any other person or class of persons approved by the Board pursuant to regulation, jobbers, wholesalers, manufacturers or laboratories authorized by laws of this State to handle, possess and deal in dangerous drugs if the drugs are in stock containers properly labeled and have been procured from a manufacturer, wholesaler or pharmacy, or by a rancher who possesses a dangerous drug in a reasonable amount for use solely in the treatment of livestock on his or her own premises.

Emphasis added.

The Amended Notice fails to state a claim because it does not allege or identify a "dangerous drug", or illegal possession of the same. Moreover, the Respondent James W. Forsythe. M.D. falls under the exception contained in NRS 454.316(2) which cited to NRS 454.213(1)(a) which in turn provides that a practitioner may possess a dangerous drug.

Authority to possess and administer dangerous drug. 1. Except as otherwise provided in NRS 454.217, a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:
(a) A practitioner

There are no factual allegations contained in the Amended Notice which, if true, would establish a violation of NRS 454.316.

Because the Amended Notice fails to plead facts that Respondent violated NRS 454.221, NRS 454.311 and/or NRS 454316, and 21 CFR 201.105 merely defines when a drug is exempt from section 502(f)(1). the Second Cause of Action must be dismissed.

///

///

E. The Notice fails to plead a claim for discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12)

The Second Cause of action alleges that violation of the four forgoing statutes subjects subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12). However, because the Amended Notice fails to adequately plead a violation of any 21 CFR § 201.105, NRS 454.221, NRS 454.311 and/or NRS 454.316, Respondent cannot be subject to discipline. The Second Cause of Action must therefore be dismissed.

The Amended Notice alleges that because Respondent "violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR §201.105, NRS 454.221 NRS 454.311 and/ or NRS 454.316", Respondent "is subject to discipline pursuant to NRS 453.236(1) ad NRS 639.210(11 and (12)" (Amended Notice ¶15). However, because the Amended Notice fails to plead a violation of any of the foregoing statutes, it follows that the Amended Notice files to allege conduct upon which discipline may be imposed.

1. Discipline cannot be imposed under NRS 453.236(1)

Chapter 453 of the Nevada Revised Statutes applies to controlled substances. NRS 453.236(1) provides:

> NRS 453.236
> Suspension and revocation of registration to dispense; seizure or placement under seal of controlled substance owned or possessed by registrant; notification of suspension or revocation of registration or forfeiture of controlled substances to appropriate authority; registrant prohibited from employing person whose pharmacist's certificate was suspended or revoked. [Effective January 1, 2020.]
>
> 1. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense a controlled substance upon a finding that the registrant has:
>
> (a) Furnished false or fraudulent material information in an application filed pursuant to NRS 453.011 to 453.552, inclusive;

(b) Been convicted of a felony under a state or federal law relating to a controlled substance;

(c) Had his or her federal registration to dispense controlled substances suspended or revoked and is no longer authorized by federal law to dispense those substances;

(d) Violated any provision of NRS 453.162 to 453.165, (re controlled substances) inclusive, or 639.23507; or

(e) Committed an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section.

None of the forgoing reasons for suspension or revocation of registration applies in the present case. There are no allegations in the Amended Notice that would apply to NRS 453.231(1)(a)-(d). NRS Chapter 453 applies to controlled substances. There are no controlled substances alleged in the Amended Notice. There are no allegations that Respondent furnished false information in an application, that he has been convicted of a felony, had his federal registration to dispense controlled substances revoked, or that he violated any provision of NRS 453.162 to 453.165, inclusive, or 639.23507. Subsection (e) requires the Board to identify "an act that would render registration under NRS 453.231 inconsistent with the public interest". The Amended Notice relies on the recitation of statutes in the Second Cause of Action, alleged violation of 21 CFR §201.105, NRS 454.221 NRS 454.311 and/ or NRS 454.316 As discussed above, the Amended Notice does not plead facts that Respondent violated any of the foregoing statutes. Therefore, the Amended Notice fails to state a claim for discipline under NRS 453.236(1).

2. The Amended Notice does not plead facts to support imposition of discipline pursuant to NRS 639.210(11) or (12)

The Amended Notice alleges discipline may be imposed pursuant to NRS 639.210(11 and (12). There are no factual allegations contained in the Amended Notice that support this conclusion.

a. There are no allegations that satisfy imposing discipline under NRS 639.210(11)

There are no facts or allegations contained in the Amended Notice that Respondent violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescriptive drugs. Therefore NRS 639.210(11) cannot be the basis to impose discipline on the Respondent. The only federal law cited in the First Cause of Action is 21 CFR §201.105 which merely defines when a drug is exempt from section 502(f)(1) of the act, not a violation. Without a violation of federal law, there can be no discipline imposed under NRS 639.210(11).

b. There are no allegations that support discipline pursuant to NRS 639.210(12)

The Amended Notice contains no factual allegations that fall under NRS 639.210(12) which requires Respondent "violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit". Again, the Amended Notice relies on the recitation of statutes in the Second Cause of Action, Respondent "violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR §201.105, NRS 454.221 NRS 454.311 and/ or NRS 454.316", Respondent "is subject to discipline pursuant to NRS 453.236(1) ad NRS 639.210(11 and (12)" (Amended Notice ¶15). As discussed above, the Amended Notice does not plead facts that Respondent violated any of the foregoing statutes. Therefore, the Amended Notice fails to state a claim for discipline under NRS 639.210(12).

3. The Third Cause of Action is not properly Plead

The Third cause of action is plead as follows:

(3) Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties,

16. **By his actions as alleged herein**, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(I), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

[emphasis added]

The claim stands solely on the phrase "by his actions as alleged herein". However, as discussed above, the factual allegations are woefully inadequate to support a charge of any wrongdoing. There are no actions alleged in the Amended Notice, just a recitation of statutes with no factual allegation to support the alleged wrongdoing. The claim must therefore be dismissed.

4. The Fourth Cause of Action fails to state a claim

The Fourth Cause of Action is pled as follows:

(4) Commission of Acts that Render Registration Inconsistent with the Public Interest.

17. By his actions as alleged herein, Respondent has committed an act that would render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

Like the Third Cause of Action, the Fourth Claim relies on the "actions alleged herein", yet the Notice fails to allege any specific acts. The deficiency in pleading the First, Second and Third claims applies to the Fourth claim as well, due to the fact that it relies on "actions alleged herein". This claim must be dismissed.

d. Conclusion

All of the forgoing allegations are no more than a recitation of charges phrased in language of the statute or regulation statutory basis for each claim, without factual allegations of what specific conduct supports the allegations. This type of pleading is prohibited under NRS 639.241(2). There are no allegations of facts that support wrongdoing under any of the statutes recited in the Amended Notice, there are no allegations concerning any controlled substance, no allegations of any "dangerous" drug, or allegations that Respondent furnished a drug. There are allegations that Respondent failed to label drugs with an expiration date, yet the Amended Notice recites the expired drugs by the expiration date which is an admission that they were labeled with such.

Without a sufficient complaint, Respondent is denied due process. Respondent therefore respectfully request the Amended Notice be dismissed its entirety.

Alternatively, Respondent moves for an order for a more definite statement to address the shortcomings of the pleading addressed herein. There is not enough information in the charging document to formulate a defense.

Affirmation Pursuant to NRS 239B.030: The undersigned does hereby affirm that the preceding document does not contain the social security number of any person.

DATED November 30, 2021

BY Marie Mirch

Marie Mirch

CERTIFICATE OF MAILING

Pursuant to NRCP 5(b), I certify that I am an employee of MIRCH LAW OFFICES, over the age of EIGHTEEN (18), and not a party to this action. In that capacity, I deposited via overnight delivery, with postage prepaid, a true and correct copy of the foregoing **MOTION TO DISMISS OR ALTERNATIVELY FOR A MORE DEFINITE STATEMENT** upon the following:

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

Brett Kandt
General Counsel
Nevada Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nv 89521

A copy was also served via email and facsimile on this date to:

(775) 850-1444

pharmacy@pharmacy.nv.gov

bkandt@pharmacy.nv.gov

DATED November 30, 2021

Marie Mirch

Marie Mirch

FILED
DEC 7 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAMES FORSYTHE, MD, HMD,** **Certificate of Registration No. CS05385,** **Respondent.**	**CASE NO. 19-144-CS-N** **OPPOSITION TO RESPONDENT'S MOTION TO DISMISS AMENDED ACCUSATION OR ALTERNATIVELY FOR A MORE DEFINITE STATEMENT**

Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this opposition to Respondent James Forsythe, MD, HMD's Pre-Hearing Motion to Dismiss Amended Accusation or Alternatively for a More Definite Statement filed November 30, 2021 (Motion). This opposition is made pursuant to NRS 622A.360(3) and based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. PROCEDURAL BACKGROUND

The Notice of Intended Action and Accusation was filed and served on or about May 28, 2021. The entire bate-stamped case file and a list of potential witnesses was produced in response to Respondent's discovery request on July 22, 2021.

The First Amended Notice of Intended Action and Accusation (Amended Accusation) was filed and served in this matter on or about October 4, 2021. Respondent filed an Answer and Notice of Defense on or about November 2, 2021.

II. LEGAL STANDARD

Respondent seeks dismissal of the Amended Accusation "for failure to state facts which, if true, would form a sufficient basis for discipline." NRS 622A.360(2(e). Respondent faces a high bar. *See Buzz Stew, Ltd. Liab. Co. v. City of N. Las Vegas*, 124 Nev. 224, 227-28, 181 P.3d

670, 672 (2008) (standard for a motion to dismiss for failure to state a claim under NRCP 12(b)(5)).

On a motion to dismiss for failure to state a claim, the Board must construe the Amended Accusation liberally and draw every fair inference in favor of the State. *See Brown v. Kellar*, 97 Nev. 582, 583, 636 P.2d 874, 874 (1981). All factual allegations in the Amended Accusation must be accepted as true. *See Hynds Plumbing & Heating Co. v. Clark Cty. Sch. Dist.*, 94 Nev. 776, 777, 587 P.2d 1331, 1332 (1978). Dismissal may result only if the prosecution can prove no set of facts that support the charges. *See Simpson v. Mars Inc.*, 113 Nev. 188, 190, 929 P.2d 966, 967 (1997).

III. ARGUMENT

Respondent's Motion must be denied since it is predicated upon erroneous application of the law and because the Amended Accusation states facts which, accepted as true, form a sufficient basis for discipline.

A. The Amended Accusation states four cognizable causes of action.

In a contested case, "[o]pportunity must be afforded all parties to respond and present evidence and argument on all issues involved." NRS 233B.121 (4). The accusation "is a written statement of the charges alleged and must set forth in ordinary and concise language the acts or omissions with which the respondent is charged to the end that the respondent will be able to prepare a defense." NRS 639.241(2). The accusation in part "must specify the statutes and regulations which the respondent is alleged to have violated." *Id.*

Paragraph 2 of the Amended Accusation alleges that an investigation of Respondent's practice at Forsythe Cancer Care Center a/k/a Century Wellness Center on September 17, 2019, revealed that Respondent "failed to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs, including open multi-dose containers." Paragraph 3 lists in detail twenty (20) expired drugs that were discovered in the infusion room cabinets. Paragraph and 4 lists in detail seven (7) expired drugs were discovered on the storeroom shelves. Paragraph 5

further alleges: "Respondent possessed in his inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only."

The Amended Accusation sufficiently alleges the facts necessary to establish each of the four causes of action against Respondent. The First Cause of Action (Paragraph 14) cites the statutes and regulations Respondent is charged with violating by failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients. The Second Cause of Action (Paragraph 15) cites the statutes and regulations Respondent is charged with violating by possessing in his drug inventory Veterinary 0.9% Sodium Chloride labeled "For Veterinary Use Only" for administration to human patients. As a consequence of his actions, the Third Cause of Action (Paragraph 16) charges Respondent with unprofessional conduct, and the Fourth Cause of Action (Paragraph 17) charges Respondent with committing acts that render his registration under NRS 453.226 inconsistent with the public interest. The factual allegations, taken as true, establish that Respondent is subject to discipline pursuant to NRS 639.210(4), (11) and (12), NRS 453.236(1)(d) and/or NRS 453.241(1).

B. Respondent's hyper-technical misinterpretation of the law does not warrant relief.

Respondent proceeds to cite the language of each law he is charged with violating and then manufacture arguments against their application out of thin air. For instance, Respondent contends that 21 CFR § 211.137 does not apply to him, even though the stated purpose of expiration dating as set forth in subsection (a) is "[t]o assure that a drug product meets applicable standards of identity, strength, quality, and purity at the time of use." Respondent also asks the Board to disregard the express language of 21 CFR § 201.105 establishing that federal law restricts veterinary drugs to use by or on the order of a licensed veterinarian for animal patients only.

Respondent's arguments often border on the nonsensical, such as his assertions that failing to use the term "dangerous drugs" or to specify *when* drugs were improperly labeled and *who* improperly labeled them are pleading defects fatal to the State's case. As another example,

Respondent further claims that the State must specifically plead, and consequently prove, that the drugs in question were actually administered or furnished to patients. Respondent also concocts an intent element that does not exist in the laws he is charged with violating. Respondent is reading something into the law that is not found in the express language. "[I]f the plain meaning of a statute is clear on its face, then this court will not go beyond the language of the statute to determine its meaning." *Beazer Homes Nev., Inc. v. Eighth judicial Dist. Court*, 120 Nev. 575, 579-80, 97 P.3d 1132, 1135 (2004) (citations omitted). The State need only plead the essential elements for each charge in order to make out a prima facie case.

In response to the allegations of failure to segregate, Respondent raises material issues of fact that are not appropriate on a motion to dismiss. *See, e.g., Pennymac Holdings, LLC v. Fid. Nat'l Ins. Co.*, 134 Nev. 995, 423 P.3d 608 (2018); *Malfabon v. Garcia*, 111 Nev. 793, 798, 898 P.2d 107, 110 (1995). Finally, Respondent makes a misguided argument that the Board somehow lacks jurisdiction over him as the holder of a controlled substance registration. However, under NRS 453.231(1)(b) failure to comply with State law is an act inconsistent with the public interest that forms a basis for discipline under NRS 453.236(1)(d). Nor can Respondent seriously question the Board's express statutory authority to enforce the provisions of Chapters 453, 454 and 639 of NRS for the protection of the public. NRS 639.070(1)(l).

C. Respondent is not being denied due process.

"Nevada is a notice-pleading jurisdiction and pleadings should be liberally construed to allow issues that are fairly noticed to the adverse party." *Nevada State Bank v. Jamison Family Partnership*, 106 Nev. 792, 801, 801 P.2 1377, 1383 (1990). The Nevada Supreme Court has further held that "in the context of administrative pleadings, 'due process requirements of notice are satisfied where the parties are sufficiently apprised of the nature of the proceedings so that there is no unfair surprise.'" *Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 124 Nev. 701, 712, 191 P.3d 1159, 1167(2008) (citations omitted).

Due process is not violated unless an administrative proceeding is so fundamentally unfair that a party is prevented from reasonably presenting his case and prejudiced as a result.

Manufactured Home Cmtys., Inc. v. Cty. of San Luis Obispo, 167 Cal. App. 4th 705, 711 (2008) (*citing Sinaiko v. Superior Court*, 122 Cal. App. 4th 1133, 1140 (2004)). In this case, on July 22, 2021, Respondent was provided bate-stamped copies of the entire case file in response to his discovery request. Respondent therefore has in his possession all of the documentary evidence that will be introduced against him. Respondent is receiving a hearing, including the opportunity to present evidence, call witnesses and cross-examine opposing witnesses in conformance with NRS 233B.121(4) and NRS 233B.123(4)). Respondent has been accorded all necessary due process guarantees of fundamental fairness, including the opportunity to prepare a defense.

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully requests that the Board deny Respondent's Motion and proceed with a hearing on the merits.

RESPECTFULLY SUBMITTED this 7th day of December 2021.

By:

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway – Suite 206
Reno, NV 89509
bkandt@pharmacy.nv.gov

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 7th day of December 2021, I served a true and correct copy of the foregoing document by U.S. Mail and by electronic mail to the following:

Marie Mirch. Esq.
marie@mirchlaw.com
Mirch Law Firm LLP
1180 Rosecrans Street - Suite 104-552
San Diego, CA 92106

BRETT KANDT

5E

FILED 2073
SEP 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CHAD HALL, DO, Certificate of Registration No. CS20510, Respondent.	Case No. 21-108-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Chad Hall, DO, held a Nevada controlled substance registration, Certificate of Registration No. CS20510, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 19, 2019, in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, Respondent was charged with the following crimes: conspiracy to distribute a controlled substance – buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 USC § 846 and 18 USC § 2; distribution of a schedule III controlled substance– buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 CFR §1306.04 and 18 USC § 2; distribution of a schedule IV controlled substance– valium, in violation of 21 USC § 841(a)(1) and (b)(2), 21 CFR §1306.04 and 18 USC § 2; obtaining a controlled substance by misrepresentation – buprenorphine, in violation of 21 USC § 843(a)(3) and (d)(1) and 18 USC § 2; and maintaining a drug-involved premises, in violation of 21 USC § 856 (a)(1) and (b) and 18 USC § 2.

3. On his biennial renewal application for Certificate of Registration No. CS20510 for 2020, Respondent failed to disclose to the Board the charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF.

APPLICABLE LAW

4. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e).

6. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

7. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

8. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

9. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

10. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

11. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

SECOND CAUSE OF ACTION

Furnishing False Material Information to Board

12. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION

Obtaining Registration by False or Fraudulent Application

13. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(10).

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, and failing to comply with applicable federal and state laws relating to controlled substances in violation of Title 21 United States Code and NRS Chapter 453, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NOS. 21-108-CS-S **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NO. 21-108-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

CHAD HALL, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Chad Hall, DO
[redacted] N. Green Valley Parkway, Bldg [redacted]
Henderson, NV 89074

SHIRLEY HUNTING

SEALED

Office of the United States Attorney
District of Nevada
501 Las Vegas Boulevard, Suite 1100
Las Vegas, Nevada 89101
(702) 388-6336

FILED RECEIVED
ENTERED SERVED ON
COUNSEL/PARTIES OF RECORD
JUN 19 2019
CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: DEPUTY

NICHOLAS A. TRUTANICH
United States Attorney
District of Nevada
Nevada Bar Number 13644
NADIA AHMED
Assistant United States Attorney
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101
Phone: (702) 388-6336
Fax: (702) 388-6020
nadia.ahmed@usdoj.gov

Representing the United States of America

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA
-OOO-

UNITED STATES OF AMERICA,

Plaintiff,

vs.

CHAD HALL, D.O.,

MICHAEL HALPRIN, a/k/a Michael Vincent,

RONALD SMITH, M.D.,

JANELL OLSON, and

EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

Defendants.

SEALED
CRIMINAL INDICTMENT

CASE NO: 2:19-cr-00154 ~~2:18-CR-154~~

VIOLATIONS:

21 U.S.C. § 841(a)(1) & (b)(1)(E) and b(2) – Distribution of a Controlled Substance (Schedules III & IV)

21 U.S.C. § 843 – Obtaining a Controlled Substance by Misrepresentation

21 U.S.C. § 846 - Conspiracy to Distribute a Controlled Substance

21 U.S.C. § 856 – Maintaining a Drug-Involved Premises

18 U.S.C. § 2 – Aiding and Abetting

THE GRAND JURY CHARGES THAT:

INTRODUCTION

At all times material to this Indictment:

1. The Controlled Substances Act, Title 21, United States Code, Sections 801, *et seq.*, governs the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA makes it "unlawful for any person knowingly or intentionally ... to manufacture, distribute, or dispense ... a controlled substance."

2. The CSA defines a "controlled substance" as a drug or other substance that is included in one of five schedules - Schedule I, II, III, IV, or V - of Subchapter I, Part B of the Act. 21 U.S.C. § 802(6). Drugs or substances are placed into these schedules based, at least in part, on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

a. "Schedule II" indicates that the drug or other substance has a currently accepted medical use with severe restrictions and has a high potential for abuse that can lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).

b. "Schedule III" indicates that the drug or other substance has a currently accepted medical use with a potential for abuse that is less than those drugs listed in Schedule II, but can lead to moderate or low physical dependence or high psychological dependence. 21 U.S.C. § 812(b)(3).

3. Title 21, Code of Federal Regulations, Sections 1308.12, 1308.13, 1308.14, and 1308.15 lists the drugs and other substances contained in Schedules II, III, IV, and V, respectively.

4. Title 21, United States Code, Section 822(b) and Title 21, Code of Federal Regulations, Section 290.1, provide that the controlled substances listed in Schedules II-V can be dispensed or distributed only pursuant to a prescription issued by a medical

practitioner registered with the United States Drug Enforcement Administration ("DEA"). The DEA, as authorized by the Controlled Substances Act, issues registration numbers to qualifying medical practitioners that allow them to issue prescriptions for Schedule II-V controlled substances.

5. Accordingly, under Title 21, Code of Federal Regulations, Section 1306.03, controlled substances, such as opioid pain medications, can be dispensed only pursuant to a valid prescription from a medical practitioner authorized by the DEA to distribute controlled substances.

6. Under Title 21, United States Code, Section 802(10), the term "dispense" means to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery. The term "dispenser" means a practitioner who so delivers a controlled substance to an ultimate user.

7. Under Title 21, United States Code, Section 802(11), the term "distribute" means to deliver (other than by administering or dispensing) a controlled substance or a listed chemical. The term "distributor" means a person who so delivers a controlled substance or a listed chemical.

8. Title 21, Code of Federal Regulations, Section 1306.04 provides that in order for a prescription for a controlled substance to be valid, it "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice."

9. A prescription for a controlled substance issued without a legitimate medical purpose or outside of the individual practitioner's usual course of his professional practice

is not a valid prescription, and the person who issues the prescription violates Title 21, United States Code, Section 841(a)(1).

10. The Defendant, Chad Hall (hereinafter "Hall"), is a licensed Doctor of Osteopathic Medicine ("D.O.") who practices in Nevada under D.O. license number DO1729. As part of Hall's practice, he prescribes Controlled Substances, including highly addictive opioids, under his DEA license number FH3496557. Hall maintains the licensure for a medical practice known as Detoxification Solutions ("Solutions"), doing business as Advanced Medical – Center for Detoxification and Psychiatry (CPRX), LLC.

11. The Defendant, Michael Halprin (hereinafter "Halprin") a/k/a Michael Vincent, is an unlicensed, in Nevada, Advanced Practice Registered Nurse ("APRN") who formerly practiced in Florida under license number APRN935042. Halprin cannot prescribe any medications, including controlled substances, or independently provide treatment for patients. Halprin is the sole managing member of Solutions. Halprin sometimes presents himself to patients as "Dr. Mike."

12. The Defendant, Ronald Smith ("Smith"), is a licensed Medical Doctor ("M.D.") who practices in Nevada under M.D. license number 11778. As part of Smith's practice, he prescribes Controlled Substances including highly addictive opioids, under his DEA license number BS9687116.

13. The Defendant, Janell Olson ("Olson") is not licensed as a medical practitioner. Olson cannot issue valid prescriptions for any medications, including controlled substances, or independently provide treatment for patients.

14. The Defendant, Eghomware Igbinovia, a/k/a Jerry Igbinovia (hereinafter "Igbinovia"), is the owner and head pharmacist at ACRx Pharmacy ("ACRx"), 3200 N. Soaring Gulls Dr., Suite 101, Las Vegas, Nevada, 89129. Igbinovia is responsible for

furnishing specially compounded patient-specific buprenorphine troches directly to Solutions.

15. During the date range alleged in this Indictment, Defendants Hall and Smith routinely prescribed Schedule III controlled substances including buprenorphine and Suboxone to Solutions patients, outside the usual course of professional practice, without a legitimate medical purpose. Additionally, Defendant Halprin routinely distributed Schedule III controlled substances, including buprenorphine and Suboxone, without a medical license or a DEA Number. Defendant Olson also distributed Schedule III controlled substances without a medical license or a DEA Number and assisted all other defendants in their unlawful practices.

16. Defendants Hall, Halprin, Smith and Olson also submitted patient-specific prescriptions for specially-compounded buprenorphine lozenges under false patient names to ACRx Pharmacy. Defendant Igbinovia specially compounded the buprenorphine lozenges and delivered them to Solutions. Hall, Halprin, Smith and Olson then dispensed these patient-specific Schedule III medications to patients at Solutions in exchange for cash payments.

COUNT ONE
(Conspiracy to Distribute Controlled Substance)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E), and 846

17. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

18. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,

JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, did knowingly and intentionally conspire, confederate, and agree with each other and with persons known and unknown to the Grand Jury, to commit an offense against the United States, to wit: distribute quantities of buprenorphine, a Schedule III controlled substance; all in violation of Title 21, United States Code, Sections 841(a)(1) and 841(b)(1)(E), 846, and Title 18, United States Code, Section 2.

COUNTS TWO AND THREE
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)

19. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

20. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O., and
JANELL OLSON,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of A Schedule III controlled substance, to wit: buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
2	January 15, 2019	Patient A	Buprenorphine
3	January 29, 2019	Patient A	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS FOUR AND FIVE
(Distribution of Controlled Substances - Schedule IV)
Title 21 U.S.C. §§ 841(a)(1), (b)(2)

21. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

22. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of a Schedule IV controlled substance, to wit: Valium, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
4	January 15, 2019	Patient A	Valium
5	January 29, 2019	Patient A	Valium

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(2); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS SIX AND SEVEN
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

23. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

24. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

RONALD SMITH, M.D.,

defendant herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
6	March 12, 2019	Patient B	Buprenorphine
7	March 26, 2019	Patient B	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS EIGHT THROUGH TWENTY
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

25. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

26. On or about the dates set forth below, in the State and Federal District of Nevada,

EGHOMWARE IGBINOVIA,

defendant herein, did knowingly and intentionally create, distribute and dispense a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual

course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
8	January 18, 2019	Patient C	Buprenorphine
9	January 18, 2019	Patient D	Buprenorphine
10	January 18, 2019	Patient E	Buprenorphine
11	January 18, 2019	Patient F	Buprenorphine
12	January 18, 2019	Patient G	Buprenorphine
13	January 18, 2019	Patient H	Buprenorphine
14	January 18, 2019	Patient I	Buprenorphine
15	January 18, 2019	Patient J	Buprenorphine
16	January 18, 2019	Patient K	Buprenorphine
17	January 18, 2019	Patient L	Buprenorphine
18	January 18, 2019	Patient M	Buprenorphine
19	January 18, 2019	Patient N	Buprenorphine
20	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS TWENTY-ONE THROUGH THIRTY-THREE
(Obtaining a Controlled Substance by Misrepresentation)
21 U.S.C. § 843(a)(3), (d)(1)

27. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

28. On or about the dates set forth below, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,
RONALD SMITH, M.D., and
JANELL OLSON,

defendants herein, did knowingly and intentionally acquire and obtain possession of buprenorphine, a Schedule III controlled substance, by misrepresentation, fraud, forgery, deception and subterfuge, as listed below, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Acquisition	Patient	Controlled Substance
21	January 18, 2019	Patient C	Buprenorphine
22	January 18, 2019	Patient D	Buprenorphine
23	January 18, 2019	Patient E	Buprenorphine
24	January 18, 2019	Patient F	Buprenorphine
25	January 18, 2019	Patient G	Buprenorphine
26	January 18, 2019	Patient H	Buprenorphine
27	January 18, 2019	Patient I	Buprenorphine
28	January 18, 2019	Patient J	Buprenorphine
29	January 18, 2019	Patient K	Buprenorphine
30	January 18, 2019	Patient L	Buprenorphine
31	January 18, 2019	Patient M	Buprenorphine
32	January 18, 2019	Patient N	Buprenorphine
33	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 843(a)(3) and (d)(1), and Title 18, United States Code, Section 2.

COUNT THIRTY-FOUR
(Maintaining a Drug-Involved Premises)
21 U.S.C. § 856, 18 U.S.C. § 2

29. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

30. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did unlawfully and knowingly open, lease, rent, use and maintain a place known as Detoxification Solutions, LLC, located at 1701 North Green Valley Parkway, Building 5, Suite A, Henderson, Nevada 89704, for the purpose of distributing buprenorphine, a controlled substance; all in violation of Title 21, United States Code, Section 856(a)(1) and (b), Title 18 United States Code, Section 2.

FORFEITURE ALLEGATION
(Conspiracy to Distribute Controlled Substance; Distribution of Controlled Substances - Schedules III, IV; Obtaining a Controlled Substance by Fraud; and Maintaining a Drug-Involved Premises)

31. The allegations of Counts 1-34 of this Criminal Indictment are hereby realleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

32. Upon conviction of any of the felony offenses charged in Counts 1-34 of this Criminal Indictment,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,
JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, shall forfeit to the United States of America, any property, real or personal, which constitutes or is derived from proceeds traceable to violations of 21 U.S.C §§ 841(a)(1), 843(a)(3), and 856, specified unlawful activities as defined in 18 U.S.C. §§ 1956(c)(7)(A) and 1961(1)(D), or 21 U.S.C. § 846, conspiracy to commit such offenses:

defendants herein, shall forfeit to the United States of America, any property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all moneys, negotiable instruments, securities, or other things of value furnished or intended to be furnished in exchange for a controlled substance or listed chemical in violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846, all proceeds traceable to such an exchange, and all moneys, negotiable instruments, and securities used or intended to be used to facilitate any violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all real property, including any right, title, and interest (including any leasehold interest) in the whole of any lot or tract of land and any appurtenances or improvements, which is used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

1. any and all property with the requisite nexus to violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846 including, but not limited to, at least access devices, electronic equipment, and fraudulent documentation pursuant to the forfeiture statutes in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C); and
2. an in personam criminal forfeiture money judgment including, but not limited to, at least an amount to be calculated pursuant to the forfeiture statute in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C)

(all of which constitutes property).

33. If any property being subject to forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c), as a result of any act or omission of the defendants -

a. cannot be located upon the exercise of due diligence;
b. has been transferred or sold to, or deposited with, a third party;
c. has been placed beyond the jurisdiction of the court;
d. has been substantially diminished in value; or
e. has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States of America, pursuant to 21 U.S.C. § 853(p), to seek forfeiture of any other property of the defendants for the property listed above.

All pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. §§ 841(a)(1), 843(a)(3), 846, 853(a)(1), 853(a)(2), 853(p), and 856; 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

DATED: this the 19th day of June, 2019.

A TRUE BILL:

/S/
FOREPERSON OF THE GRAND JURY

NICHOLAS A. TRUTANICH
United States Attorney

NADIA AHMED
Assistant United States Attorney

Renewal Application
Controlled Substance

Application Fee :	$200.00
Convenience Fee :	$10.00
License Number :	CS20510
License T ype :	Controlled Substance
New Expiration Date :	10/31/2022

Personal Information

First Name : CHAD

Middle (initial only) : G.

Last Name : HALL

License # : CS20510

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Chad Hall DO PC

Military Address : ☐

Street : [redacted]Kings Arms Lane

Country : United States

City : Las Vegas

State : Nevada

Zip : 89138

Practice Phone : (702) 518-2365

Practice Fax : (801) 360-6950

Email Address : [redacted]

Sex : Male

Practice License Number: DO1729

Specialty: IM

Child Support Information – Check appropriate answer

- ○ I am NOT SUBJECT to a court order for the support of a child.
- ◉ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ○ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable	○ Yes ◉ No
Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable	○ Yes ◉ No
Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	○ Yes ◉ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	○ Yes ◉ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state?	○ Yes ◉ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?	○ Yes ◉ No
4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	○ Yes ◉ No

Acknowledgement and Declaration

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Chad Hall

Date Of Application : 10/31/2020

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	$210.00

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 62644447623

InvoiceDate : 10/31/2020

Paid

Pay & Submit

5F

FILED 2101
OCT 23 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RONALD SMITH, MD,** **Certificate of Registration No. CS13980,** **Respondent.**	**CASE NO. 20-212-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ronald Smith, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS13980, issued by the Board.

FACTUAL ALLEGATIONS

2. On June 20, 2019, Respondent surrendered his DEA Certificate of Registration No. BS9687116 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

4. On or about July 22, 2019, Board staff served Respondent with notice that his surrender of his DEA Certificate of Registration No. BS9687116 for cause operated as an

immediate suspension of his Certificate of Registration No. CS13980 with the Board pursuant to NRS 639.2107.

FIRST CAUSE OF ACTION
Surrender of DEA Registration for Cause

5. By surrendering his DEA Certificate of Registration No. BS9687116 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized by Federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

6. By surrendering his DEA Certificate of Registration No. BS9687116 for cause, the suspension of Respondent's Certificate of Registration No. CS13980 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 23rd day of October, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RONALD SMITH, MD,** **Certificate of Registration No. CS13980,** **Respondent.**	**CASE NO. 20-212-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of October, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of October, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ronald Smith, MD
[redacted] N. Buffalo Street, [redacted]
Las Vegas, NV 89145

SHIRLEY HUNTING

COPY

FILED
AUG 22 2019
NEVADA STATE BOARD
OF PHARMACY

MARK H. HUTCHINGS, ESQ.
Nevada Bar No. 12783
C. BENJAMIN SCROGGINS, ESQ.
Nevada Bar No. 07902
HUTCHINGS & TRUITT
552 East Charleston Boulevard
Las Vegas, Nevada 89104
Tel.: (702) 660-7700
Fax: (702) 552-5202
mhutchings@hutchingslawgroup.com
benscrogginsesq@gmail.com

Attorneys for Respondent,
RONALD SMITH, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. RONALD DAVID SMITH, MD, Certificate of Registration No. CS13980, Respondent.	Case No.: 19-109-CS-S **ANSWER AND NOTICE OF DEFENSE** **Date of Hearing: Sep. 4, 2019** **Time of Hearing: 9:00 a.m.**

Respondent, RONALD DAVID SMITH, MD (hereinafter "Dr. Smith"), by and through his attorneys, MARK H. HUTCHINGS, ESQ. and C. BENJAMIN SCROGGINS, ESQ. of HUTCHINGS & TRUITT, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That he is currently under indictment in the United States District Court for the District of Nevada in the case of United States of America vs. Chad Hall, D.O., Michael Halprin, a/k/a Michael Vincent, Ronald Smith, M.D., Janell Olson, and Eghomware Igbinovia, a/k/a Jerry Igbinovia, Case No. 2:19-cr-00154 (hereinafter "the federal case").

2. That the facts and circumstances alleged in the Nevada State Board of Pharmacy's

Notice of Intended Action and Accusation are the same or are substantially similar to the facts and circumstances alleged by the United States Attorney's Office in the federal case.

3. That providing any specific factual response to the Notice of Intended Action and Accusation would require Dr. Smith to make statements that could be used against him in proceedings in the federal case.

4. The privilege against self-incrimination embodied in the Fifth Amendment to the United States Constitution, applicable to the states through the Fourteenth Amendment to the United States Constitution, can be "'claimed in any proceeding, be it criminal or civil, administrative or judicial, investigatory or adjudicatory . . . it protects any disclosures which the witness may reasonably apprehend could be used in a criminal prosecution or which could lead to other evidence that might be so used.'" In re Gault, 387 U.S. 1, 47-48 (1967), quoting Murphy v. Waterfront Comm'n, 378 U.S. 52, 94 (1964) (emphasis added in original).

5. "[T]he availability of the privilege does not turn upon the type of proceeding in which its protection is invoked, but upon the nature of the statement or admission and the exposure which it invites. The privilege may, for example, be claimed in a civil or administrative proceeding, if the statement is or may be inculpatory." In re Gault, 387 U.S. 1, 48 (1967) (emphasis added).

6. Dr. Smith cannot be compelled to answer the specific allegations set forth in the Notice of Intended Action and Accusation.

7. Dr. Smith's refusal to answer the allegations is in no way an admission of any of the allegations.

REQUEST FOR STAY OF PROCEEDINGS

Based upon the foregoing, Dr. Smith hereby requests that the proceedings of the Nevada State Board of Pharmacy be stayed until such time as the federal case is resolved. Dr. Smith

understands that his Certificate of Registration No. CS13980 with the Nevada State Board of Pharmacy is suspended until the allegations set forth in the Accusation are fully addressed and adjudicated by the Board.

DATED this 19th day of August, 2019.

HUTCHINGS & TRUITT

MARK H. HUTCHINGS, ESQ.
Nevada Bar No. 12783
C. BENJAMIN SCROGGINS, ESQ.
Nevada Bar No. 07902
552 East Charleston Avenue
Las Vegas, Nevada 89104
Tel.: (702) 660-7700
Fax: (702) 552-5202
mhutchings@hutchingslawgroup.com
benscrogginsesq@gmail.com

Attorneys for Respondent,
RONALD DAVID SMITH, M.D.

CERTIFICATE OF SERVICE

I hereby certify that I served the foregoing Answer and Notice of Defense by depositing two copies of the same in the United States Mail, First-Class Postage Prepaid, addressed to:

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

CERTIFIED this 19 day of August, 2019.

By: _____
An Employee of Hutchings & Truitt

U. S. Department of Justice - Drug Enforcement Administration

DEA USE ONLY

File No.

SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT *(Print)*	ADDRESS OF REGISTRANT
RONALD SMITH	1701 N. GREEN VALLEY PKWY, SUITE A HENDERSON, NV 89074
DEA REGISTRATION NO. BS9687116	

SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE
Ronald Smith	6/20/19

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
Jayne Tomko Griffin 6/20/2019 Jayne Tomko Griffin	Diversion IS
NAME AND DATE	TITLE
SA Courtney Collins 06/20/2019	FBI Special Agent

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL
WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: bkandt@pharmacy.nv.gov • FAX: (775) 850-1444

July 22, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:
BuckeyeMD121@yahoo.com

Ronald Smith, M.D.
[redacted] N Buffalo Street [redacted]
Las Vegas NV 89145

Re: Suspension of Certificate of Registration No. CS13980

Dear Dr. Smith:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. BS9687116 on June 20, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS CS13980 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

SEALED

Office of the United States Attorney
District of Nevada
501 Las Vegas Boulevard, Suite 1100
Las Vegas, Nevada 89101
(702) 388-6336

FILED RECEIVED
ENTERED SERVED ON
COUNSEL/PARTIES OF RECORD
JUN 19 2019
CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: DEPUTY

NICHOLAS A. TRUTANICH
United States Attorney
District of Nevada
Nevada Bar Number 13644
NADIA AHMED
Assistant United States Attorney
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101
Phone: (702) 388-6336
Fax: (702) 388-6020
nadia.ahmed@usdoj.gov

Representing the United States of America

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA
-OOO-

UNITED STATES OF AMERICA,

Plaintiff,

vs.

CHAD HALL, D.O.,

MICHAEL HALPRIN, a/k/a Michael Vincent,

RONALD SMITH, M.D.,

JANELL OLSON, and

EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

Defendants.

SEALED
CRIMINAL INDICTMENT

2:19-cr-00154

CASE NO: ~~2:18-CR-154~~

VIOLATIONS:

21 U.S.C. § 841(a)(1) & (b)(1)(E) and b(2) – Distribution of a Controlled Substance (Schedules III & IV)

21 U.S.C. § 843 – Obtaining a Controlled Substance by Misrepresentation

21 U.S.C. § 846 - Conspiracy to Distribute a Controlled Substance

21 U.S.C. § 856 – Maintaining a Drug-Involved Premises

18 U.S.C. § 2 – Aiding and Abetting

THE GRAND JURY CHARGES THAT:

INTRODUCTION

At all times material to this Indictment:

1. The Controlled Substances Act, Title 21, United States Code, Sections 801, *et seq.*, governs the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA makes it "unlawful for any person knowingly or intentionally ... to manufacture, distribute, or dispense ... a controlled substance."

2. The CSA defines a "controlled substance" as a drug or other substance that is included in one of five schedules - Schedule I, II, III, IV, or V - of Subchapter I, Part B of the Act. 21 U.S.C. § 802(6). Drugs or substances are placed into these schedules based, at least in part, on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

a. "Schedule II" indicates that the drug or other substance has a currently accepted medical use with severe restrictions and has a high potential for abuse that can lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).

b. "Schedule III" indicates that the drug or other substance has a currently accepted medical use with a potential for abuse that is less than those drugs listed in Schedule II, but can lead to moderate or low physical dependence or high psychological dependence. 21 U.S.C. § 812(b)(3).

3. Title 21, Code of Federal Regulations, Sections 1308.12, 1308.13, 1308.14, and 1308.15 lists the drugs and other substances contained in Schedules II, III, IV, and V, respectively.

4. Title 21, United States Code, Section 822(b) and Title 21, Code of Federal Regulations, Section 290.1, provide that the controlled substances listed in Schedules II-V can be dispensed or distributed only pursuant to a prescription issued by a medical

practitioner registered with the United States Drug Enforcement Administration ("DEA"). The DEA, as authorized by the Controlled Substances Act, issues registration numbers to qualifying medical practitioners that allow them to issue prescriptions for Schedule II-V controlled substances.

5. Accordingly, under Title 21, Code of Federal Regulations, Section 1306.03, controlled substances, such as opioid pain medications, can be dispensed only pursuant to a valid prescription from a medical practitioner authorized by the DEA to distribute controlled substances.

6. Under Title 21, United States Code, Section 802(10), the term "dispense" means to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery. The term "dispenser" means a practitioner who so delivers a controlled substance to an ultimate user.

7. Under Title 21, United States Code, Section 802(11), the term "distribute" means to deliver (other than by administering or dispensing) a controlled substance or a listed chemical. The term "distributor" means a person who so delivers a controlled substance or a listed chemical.

8. Title 21, Code of Federal Regulations, Section 1306.04 provides that in order for a prescription for a controlled substance to be valid, it "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice."

9. A prescription for a controlled substance issued without a legitimate medical purpose or outside of the individual practitioner's usual course of his professional practice

is not a valid prescription, and the person who issues the prescription violates Title 21, United States Code, Section 841(a)(1).

10. The Defendant, Chad Hall (hereinafter "Hall"), is a licensed Doctor of Osteopathic Medicine ("D.O.") who practices in Nevada under D.O. license number DO1729. As part of Hall's practice, he prescribes Controlled Substances, including highly addictive opioids, under his DEA license number FH3496557. Hall maintains the licensure for a medical practice known as Detoxification Solutions ("Solutions"), doing business as Advanced Medical – Center for Detoxification and Psychiatry (CPRX), LLC.

11. The Defendant, Michael Halprin (hereinafter "Halprin") a/k/a Michael Vincent, is an unlicensed, in Nevada, Advanced Practice Registered Nurse ("APRN") who formerly practiced in Florida under license number APRN935042. Halprin cannot prescribe any medications, including controlled substances, or independently provide treatment for patients. Halprin is the sole managing member of Solutions. Halprin sometimes presents himself to patients as "Dr. Mike."

12. The Defendant, Ronald Smith ("Smith"), is a licensed Medical Doctor ("M.D.") who practices in Nevada under M.D. license number 11778. As part of Smith's practice, he prescribes Controlled Substances including highly addictive opioids, under his DEA license number BS9687116.

13. The Defendant, Janell Olson ("Olson") is not licensed as a medical practitioner. Olson cannot issue valid prescriptions for any medications, including controlled substances, or independently provide treatment for patients.

14. The Defendant, Eghomware Igbinovia, a/k/a Jerry Igbinovia (hereinafter "Igbinovia"), is the owner and head pharmacist at ACRx Pharmacy ("ACRx"), 3200 N. Soaring Gulls Dr., Suite 101, Las Vegas, Nevada, 89129. Igbinovia is responsible for

furnishing specially compounded patient-specific buprenorphine troches directly to Solutions.

15. During the date range alleged in this Indictment, Defendants Hall and Smith routinely prescribed Schedule III controlled substances including buprenorphine and Suboxone to Solutions patients, outside the usual course of professional practice, without a legitimate medical purpose. Additionally, Defendant Halprin routinely distributed Schedule III controlled substances, including buprenorphine and Suboxone, without a medical license or a DEA Number. Defendant Olson also distributed Schedule III controlled substances without a medical license or a DEA Number and assisted all other defendants in their unlawful practices.

16. Defendants Hall, Halprin, Smith and Olson also submitted patient-specific prescriptions for specially-compounded buprenorphine lozenges under false patient names to ACRx Pharmacy. Defendant Igbinovia specially compounded the buprenorphine lozenges and delivered them to Solutions. Hall, Halprin, Smith and Olson then dispensed these patient-specific Schedule III medications to patients at Solutions in exchange for cash payments.

COUNT ONE
(Conspiracy to Distribute Controlled Substance)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E), and 846

17. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

18. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,

JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, did knowingly and intentionally conspire, confederate, and agree with each other and with persons known and unknown to the Grand Jury, to commit an offense against the United States, to wit: distribute quantities of buprenorphine, a Schedule III controlled substance; all in violation of Title 21, United States Code, Sections 841(a)(1) and 841(b)(1)(E), 846, and Title 18, United States Code, Section 2.

COUNTS TWO AND THREE
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)

19. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

20. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O., and
JANELL OLSON,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of A Schedule III controlled substance, to wit: buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
2	January 15, 2019	Patient A	Buprenorphine
3	January 29, 2019	Patient A	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS FOUR AND FIVE
(Distribution of Controlled Substances - Schedule IV)
Title 21 U.S.C. §§ 841(a)(1), (b)(2)

21. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

22. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of a Schedule IV controlled substance, to wit: Valium, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
4	January 15, 2019	Patient A	Valium
5	January 29, 2019	Patient A	Valium

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(2); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS SIX AND SEVEN
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

23. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

24. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

RONALD SMITH, M.D.,

defendant herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
6	March 12, 2019	Patient B	Buprenorphine
7	March 26, 2019	Patient B	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS EIGHT THROUGH TWENTY
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

25. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

26. On or about the dates set forth below, in the State and Federal District of Nevada,

EGHOMWARE IGBINOVIA,

defendant herein, did knowingly and intentionally create, distribute and dispense a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual

course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
8	January 18, 2019	Patient C	Buprenorphine
9	January 18, 2019	Patient D	Buprenorphine
10	January 18, 2019	Patient E	Buprenorphine
11	January 18, 2019	Patient F	Buprenorphine
12	January 18, 2019	Patient G	Buprenorphine
13	January 18, 2019	Patient H	Buprenorphine
14	January 18, 2019	Patient I	Buprenorphine
15	January 18, 2019	Patient J	Buprenorphine
16	January 18, 2019	Patient K	Buprenorphine
17	January 18, 2019	Patient L	Buprenorphine
18	January 18, 2019	Patient M	Buprenorphine
19	January 18, 2019	Patient N	Buprenorphine
20	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS TWENTY-ONE THROUGH THIRTY-THREE
(Obtaining a Controlled Substance by Misrepresentation)
21 U.S.C. § 843(a)(3), (d)(1)

27. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

28. On or about the dates set forth below, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,
RONALD SMITH, M.D., and
JANELL OLSON,

defendants herein, did knowingly and intentionally acquire and obtain possession of buprenorphine, a Schedule III controlled substance, by misrepresentation, fraud, forgery, deception and subterfuge, as listed below, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Acquisition	Patient	Controlled Substance
21	January 18, 2019	Patient C	Buprenorphine
22	January 18, 2019	Patient D	Buprenorphine
23	January 18, 2019	Patient E	Buprenorphine
24	January 18, 2019	Patient F	Buprenorphine
25	January 18, 2019	Patient G	Buprenorphine
26	January 18, 2019	Patient H	Buprenorphine
27	January 18, 2019	Patient I	Buprenorphine
28	January 18, 2019	Patient J	Buprenorphine
29	January 18, 2019	Patient K	Buprenorphine
30	January 18, 2019	Patient L	Buprenorphine
31	January 18, 2019	Patient M	Buprenorphine
32	January 18, 2019	Patient N	Buprenorphine
33	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 843(a)(3) and (d)(1), and Title 18, United States Code, Section 2.

COUNT THIRTY-FOUR
(Maintaining a Drug-Involved Premises)
21 U.S.C. § 856, 18 U.S.C. § 2

29. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

30. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did unlawfully and knowingly open, lease, rent, use and maintain a place known as Detoxification Solutions, LLC, located at 1701 North Green Valley Parkway, Building 5, Suite A, Henderson, Nevada 89704, for the purpose of distributing buprenorphine, a controlled substance; all in violation of Title 21, United States Code, Section 856(a)(1) and (b), Title 18 United States Code, Section 2.

FORFEITURE ALLEGATION
(Conspiracy to Distribute Controlled Substance; Distribution of Controlled Substances - Schedules III, IV; Obtaining a Controlled Substance by Fraud; and Maintaining a Drug-Involved Premises)

31. The allegations of Counts 1-34 of this Criminal Indictment are hereby realleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

32. Upon conviction of any of the felony offenses charged in Counts 1-34 of this Criminal Indictment,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,
JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, shall forfeit to the United States of America, any property, real or personal, which constitutes or is derived from proceeds traceable to violations of 21 U.S.C §§ 841(a)(1), 843(a)(3), and 856, specified unlawful activities as defined in 18 U.S.C. §§ 1956(c)(7)(A) and 1961(1)(D), or 21 U.S.C. § 846, conspiracy to commit such offenses:

defendants herein, shall forfeit to the United States of America, any property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all moneys, negotiable instruments, securities, or other things of value furnished or intended to be furnished in exchange for a controlled substance or listed chemical in violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846, all proceeds traceable to such an exchange, and all moneys, negotiable instruments, and securities used or intended to be used to facilitate any violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all real property, including any right, title, and interest (including any leasehold interest) in the whole of any lot or tract of land and any appurtenances or improvements, which is used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

1. any and all property with the requisite nexus to violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846 including, but not limited to, at least access devices, electronic equipment, and fraudulent documentation pursuant to the forfeiture statutes in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C); and
2. an in personam criminal forfeiture money judgment including, but not limited to, at least an amount to be calculated pursuant to the forfeiture statute in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C)

(all of which constitutes property).

33. If any property being subject to forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c), as a result of any act or omission of the defendants -

a. cannot be located upon the exercise of due diligence;
b. has been transferred or sold to, or deposited with, a third party;
c. has been placed beyond the jurisdiction of the court;
d. has been substantially diminished in value; or
e. has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States of America, pursuant to 21 U.S.C. § 853(p), to seek forfeiture of any other property of the defendants for the property listed above.

All pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. §§ 841(a)(1), 843(a)(3), 846, 853(a)(1), 853(a)(2), 853(p), and 856; 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

DATED: this the 19th day of June, 2019.

A TRUE BILL:

/S/
FOREPERSON OF THE GRAND JURY

NICHOLAS A. TRUTANICH
United States Attorney

NADIA AHMED
Assistant United States Attorney

5G

FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333, and** **THOMAS E. STREBEL, RPH,** **Certificate of Registration Nos. 18239 and TD01379,** **Respondents.**	CASE NO. 19-053-CS-S 19-053-RPH-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, R.Ph., in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kord T. Strebel, MD (Dr. Strebel), held a controlled substance registration, Certificate of Registration No. CS13593, and dispensing practitioner registration, Certificate of Registration No. PD00333; and Thomas E. Strebel, R.Ph. (pharmacist Strebel), held a pharmacist registration, Certificate of Registration No. 18239, and a dispensing technician registration, Certificate of Registration No. TD01379, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondents operate the Nevada Obstetrical Charity Clinic, located at 1950 Pinto Lane in Las Vegas.

3. On March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found violations of Nevada law.

4. Respondents failed to keep complete and accurate records of nonsterile compounded drug products. Board staff reviewed approximately 110 compounding records and all lacked any documentation of the individual that performed the compounding or the individual that checked the final product.

5. Dr. Strebel failed to verify the accuracy of dispensed compounded drug products.

6. Respondents failed to establish and follow policies and procedures for compounding and dispensing nonsterile drug products.

7. Respondents failed to properly and accurately label prescriptions. Prescriptions reviewed showed errors made on the number of refills ordered by Dr. Strebel. Some prescriptions written with "NO" refills indicated "refills" on the electronic record and medication label, while other prescriptions written with refills indicated "NO" refills in the electronic record. Other prescriptions specified a beyond use date that predated the date of the prescription. Prescriptions also lacked mandated auxiliary labels for alcohol consumption warning.

8. Respondents had possession of unlabeled bottles of medication.

9. Respondents failed to conduct and maintain an accurate biennial inventory of controlled substances.

10. Dr. Strebel permitted Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic.

11. Dr. Strebel failed to upload required information to the Prescription Monitoring Program when dispensing controlled substances to several patients from November 4, 2017 to November 4, 2019.

12. On or about June 11, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

13. On or about May 19, 2021, Board staff attempted to perform an annual inspection of the Nevada Obstetrical Charity Clinic and were denied entry.

14. On or about June 7, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

15. On at least two occasions Dr. Strebel filled prescriptions - Prescription Nos. 501818 and 501846 - written by another practitioner and failed to strictly follow the instructions of the practitioner when filling and dispensing the medication.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. By failing to keep complete and accurate records of nonsterile compounded drug products in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6701, NAC 639.67019, NAC 639.742(5) and/or 21 CFR § 211.113(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. By failing to verify the accuracy of dispensed compounded drug products, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742(5) and/or NAC 639.743(2) (a) & (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. By failing to establish and follow policies and procedures for compounding and dispensing nonsterile drug products, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.67015 and/or NAC 639.67035,

engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. By failing to properly and accurately label prescriptions, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6703(1) and/or NAC 639.745(1)(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. By possessing and storing unlabeled bottles of medication, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.476 and/or NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(d), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. By failing to maintain at least two years' worth of biennial inventories of controlled substances in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and/or 21 CFR § 1304.11, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. By permitting Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic, Dr. Strebel violated, attempted to violate, assisted or abetted in the

violation of or conspired to violate NAC 649.742(3), NAC 639.743 and/or 21 CFR § 1301.71, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

EIGHTH CAUSE OF ACTION

Failure to Report Dispensing of Controlled Substances

(Respondent Kord T. Strebel, MD)

23. By failing to upload required information to the Prescription Monitoring Program when dispensing controlled substances, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.163, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

NINTH CAUSE OF ACTION

Unlawful Dispensing

(Respondent Kord T. Strebel, MD)

24. Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742 and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he verified data entry as accurate and the final product on prescriptions as accurate when they were not and dispensed prescriptions written by other practitioners, and is subject to discipline pursuant to NRS 639.210(4) and (12).

TENTH CAUSE OF ACTION

Failure to Permit Access for Inspection

25. By denying Board staff entry to perform an annual inspection on or about May 19, 2021, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(6), NAC 453.300, NRS 454.286, NRS 454.291, NRS 639.090, NRS 639.236-.239, NRS 639.289, NAC 639.245, NAC 639.482-.489 and/or NAC 639.935(4) engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333,** **Respondent.**	CASE NO. 19-053-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kord T Strebel, MD
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

JOSHUA M. DICKEY
Nevada Bar No. 6621
REBECCA L. CROOKER
Nevada Bar No. 15202
BAILEY❖KENNEDY
8984 Spanish Ridge Avenue
Las Vegas, Nevada 89148-1302
Telephone: 702.562.8820
Facsimile: 702.562.8821
JDickey@BaileyKennedy.com
RCrooker@BaileyKennedy.com

Attorneys for Respondent
Kord T. Strebel, M.D.

FILED
DEC 15 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KORD T. STREBEL, MD,
Certificate of Registration Nos. CS13593 and PD00333, and

THOMAS E. STREBEL, RPH,
Certificate of Registration Nos. 18239 and TD01379,

Respondents.

CASE NO. 19-053-CS-S
19-053-RPH-S

RESPONDENT KORD T. STREBEL, M.D.'S ANSWER AND NOTICE OF DEFENSE

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Respondent Kord T. Strebel, M.D. ("Dr. Strebel"), by and through his counsel of record, Bailey❖Kennedy, hereby answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation as follows:

JURISDICTION

1. Answering paragraph 1, Dr. Strebel states that the allegation "The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein" constitutes a legal conclusion to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law. Dr. Strebel admits that he held a controlled substance registration (Certificate of Registration No.

CS13593) and a dispensing practitioner registration (Certificate of Registration No. PD00333) issued by the Board. With respect to the remaining allegation Dr. Strebel states that no response is required as it is directed to Thomas E. Strebel, R.Ph.

2. Dr. Strebel admits the allegations contained in paragraph 2.

3. Answering paragraph 3, Dr. Strebel admits that on March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 3 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

4. Dr. Strebel denies the allegations contained in paragraph 4.

5. Dr. Strebel denies the allegations contained in paragraph 5.

6. Dr. Strebel denies the allegations contained in paragraph 6.

7. Answering paragraph 7, Dr. Strebel denies that he failed to properly and accurately label prescriptions. Dr. Strebel further states that in a past inspection in 2017, two isolated errors were identified and were corrected.

8. Answering paragraph 8, Dr. Strebel denies that he has possession of unlabeled bottles of medication. Dr. Strebel further states that the two unmarked bottles identified in the 2019 inspection were mixing containers that were cleaned and were empty.

9. Dr. Strebel denies the allegations contained in paragraph 9.

10. Dr. Strebel denies the allegations contained in paragraph 10. Dr. Strebel further states that he was involved in the ordering of any controlled substances, dangerous drugs, and drug products. Dr. Strebel further states that Thomas Strebel, although a pharmacy tech with Nevada Obstetrical Charity Clinic, is, in fact a registered pharmacist.

11. Dr. Strebel denies the allegations contained in paragraph 11.

12. Answering paragraph 12, Dr. Strebel admits that on or about June 11, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. Dr.

BAILEY ❖ KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Strebel denies that areas identified for correction were ongoing. The remaining allegations in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

13. Answering paragraph 13, Dr. Strebel admits that on or about May 19, 2021, Board staff attempted to perform an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel denies that Board staff was denied entry.

14. Answering paragraph 14, Dr. Strebel admits that on or about June 7, 2021, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

15. Dr. Strebel denies the allegations in paragraph 15.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. Dr. Strebel denies the allegations contained in paragraph 16.

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. Dr. Strebel denies the allegations contained in paragraph 17.

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. Dr. Strebel denies the allegations contained in paragraph 18.

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. Dr. Strebel denies the allegations contained in paragraph 19.

BAILEY ❖ KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. Dr. Strebel denies the allegations contained in paragraph 20.

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. Dr. Strebel denies the allegations contained in paragraph 21.

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. Dr. Strebel denies the allegations contained in paragraph 22.

EIGHTH CAUSE OF ACTION
Failure to Report Dispensing of Controlled Substances
(Respondent Kord T. Strebel, MD)

23. Dr. Strebel denies the allegations contained in paragraph 23.

NINTH CAUSE OF ACTION
Unlawful Dispensing
(Respondent Kord T. Strebel, MD)

24. Dr. Strebel denies the allegations contained in paragraph 24.

TENTH CAUSE OF ACTION
Failure to Permit Access for Inspection

25. Dr. Strebel denies the allegations contained in paragraph 25.

AFFIRMATIVE DEFENSES

1. The Pharmacy Board fails to state a cognizable claim upon which relief may be granted.

2. The Pharmacy Board's claims are barred, in whole or in part, because at all relevant times Dr. Strebel acted in compliance with all lawful requirements for the retention of his controlled substance and dispensing practitioner registrations.

3. The Pharmacy Board's causes of action are barred, in whole or in part, because the Pharmacy Board is unable to prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

BAILEY ❖ KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

4. The Notice of Intended Action and Accusation violates Dr. Strebel's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Pharmacy Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutionally vague as applied to Dr. Strebel's actions.

6. The applicable statute of limitations bars all and/or some of the Pharmacy Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Pharmacy Board's claims are barred, in whole or in part, because Dr. Strebel's actions were justified under the circumstances.

9. The Pharmacy Board's claims are barred, in whole or in part, by the equitable doctrines of laches, estoppel, and/or unclean hands.

10. The Pharmacy Board's claims are barred, in whole or in part, because the Pharmacy Board has acted in an arbitrary and capricious manner.

11. Dr. Strebel reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

DATED this 15th day of December, 2021.

BAILEY❖KENNEDY

By: */s/ Joshua M. Dickey*
JOSHUA M. DICKEY
REBECCA L. CROOKER

Attorneys for Respondent
Kord T. Strebel, M.D.

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 15th day of December, 2021, service of the foregoing **RESPONDENT KORD T. STREBEL, M.D.'S ANSWER AND NOTICE OF DEFENSE** was made via email to the following:

BRETT KANDT, GENERAL COUNSEL
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Email: bkandt@pharmacy.nv.gov

Attorneys for Petitioner
Nevada State Board of Pharmacy

/s/ Joshua M. Dickey
Joshua M. Dickey, an Employee of
BAILEY❖KENNEDY

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379,** **Respondent.**	CASE NO. 19-053-RPH-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Thomas E. Strebel, RPH
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

FILED
DEC 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KORD T. STREBEL, MD, Certificate of Registration Nos. CS13593 and PD00333, and THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379, Respondents.	Case Nos. 19-053-CS-S 19-053-RPH-S **THOMAS E. STREBEL'S ANSWER TO THE NOTICE OF INTENDED ACTION AND ACCUSATION AND NOTICE OF DEFENSE**

Thomas E. Strebel, R.Ph., answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation:

Jurisdiction

1. Answering paragraph 1, Mr. Strebel states that the allegation "The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein" constitutes a legal conclusion to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law. Mr. Strebel admits that he held a pharmacist registration (Certificate of Registration No. 18239) and a dispensing technician registration (Certificate of Registration No. TD01379) issued by the Board. With respect to the remaining allegation Mr. Strebel states that no response is required as it is directed to Kord T. Strebel, M.D.

Factual Allegations

2. Mr. Strebel admits the allegations contained in paragraph 2.

3. Answering paragraph 3, Mr. Strebel admits that on March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Mr. Strebel further

admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 3 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

4. Mr. Strebel denies the allegations contained in paragraph 4.

5. With respect to the allegations in paragraph 5, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

6. Mr. Strebel denies the allegations contained in paragraph 6.

7. Answering paragraph 7, Mr. Strebel denies that he failed to properly and accurately label prescriptions. Mr. Strebel further states that in a past inspection in 2017, two isolated errors were identified and corrected.

8. Answering paragraph 8, Mr. Strebel denies that he has possession of unlabeled bottles of medication. Mr. Strebel further states that the two unmarked bottles identified in the 2019 inspection were mixing containers that were cleaned and were empty.

9. Mr. Strebel denies the allegations contained in paragraph 9.

10. Mr. Strebel denies the allegations contained in paragraph 10. Mr. Strebel further states that, although a pharmacy tech with the Clinic, he is, in fact a registered pharmacist.

11. With respect to the allegations in paragraph 11, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

12. Answering paragraph 12, Mr. Strebel admits that on or about June 11, 2020, Board staff performed an annual inspection of the Clinic. Mr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. Mr. Strebel denies that areas identified for correction were ongoing. The remaining allegations in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

13. Answering paragraph 13, Mr. Strebel admits that on or about May 19, 2021, Board staff attempted to perform an annual inspection of the Clinic. Mr. Strebel denies that Board staff was denied entry.

14. Answering paragraph 14, Mr. Strebel admits that on or about June 7, 2021, Board staff performed an annual inspection of the Clinic. Mr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

15. With respect to the allegations in paragraph 15, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. Mr. Strebel denies the allegations contained in paragraph 16.

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. With respect to the allegations in paragraph 17, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. Mr. Strebel denies the allegations contained in paragraph 18.

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. Mr. Strebel denies the allegations contained in paragraph 19.

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. Mr. Strebel denies the allegations contained in paragraph 20.

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. Mr. Strebel denies the allegations contained in paragraph 21.

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. With respect to the allegations in paragraph 22, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

EIGHTH CAUSE OF ACTION
Failure to Report Dispensing of Controlled Substances
(Respondent Kord T. Strebel, MD)

23. With respect to the allegations in paragraph 23, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

NINTH CAUSE OF ACTION
Unlawful Dispensing
(Respondent Kord T. Strebel, MD)

24. With respect to the allegations in paragraph 24, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

TENTH CAUSE OF ACTION
Failure to Permit Access for Inspection

25. Mr. Strebel denies the allegations contained in paragraph 25.

Affirmative Defenses

1. The Board fails to state a cognizable claim upon which relief may be granted.

2. The Board's claims are barred, in whole or in part, because at all relevant times Mr. Strebel acted in compliance with all lawful requirements for the retention of his pharmacist and dispensing technician registrations.

3. The Board's causes of action are barred, in whole or in part, because the Board cannot prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

4. The Notice of Intended Action and Accusation violates Mr. Strebel's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutionally vague as applied to Mr. Strebel's actions.

6. The applicable statute of limitations bars all and/or some of the Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Board's claims are barred, in whole or in part, because Mr. Strebel's actions were justified under the circumstances.

9. The Board's claims are barred, in whole or in part, by the equitable doctrines of waiver, laches, estoppel, and/or unclean hands.

10. The Board's claims are barred, in whole or in part, because the Board has acted in an arbitrary and capricious manner.

11. Mr. Strebel reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or

appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

Dated this 15th day of December 2021.

David J. Merrill, P.C.

By:

David J. Merrill
Nevada Bar No. 6060
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 566-1935
Attorneys for Respondent Thomas E. Strebel, R.Ph.

Certificate of Service

I certify that I am an employee of David J. Merrill, P.C. and that on the 15th day of December 2021, I served Thomas E. Strebel's Answer to the Notice of Intended Action and Accusation and Notice of Defense by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at his last known address:

Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Employee of David J. Merrill, P.C.

5I

FILED
DEC 14 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIRCY M. MOORE, DVM,** **Certificate of Registration No. CS23796,** **Respondent.**	**CASE NO. 21-111-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Sircy M. Moore, DVM, held a Nevada controlled substance registration, Certificate No. CS23796, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about August 26, 2021, Board staff assisted Nevada Board of Veterinary Medical Examiners staff in investigating Respondent's practice, at Doc Mo's Kindred Spirits Animal Hospital, located at 2437 E. Cheyenne Avenue in North Las Vegas. The investigation revealed that Respondent was dispensing controlled substances and/or dangerous drugs for animal patients without a valid dispensing practitioner registration.

3. The investigation also revealed that controlled substances and dangerous drugs were not kept in a locked storage area with access restricted to authorized persons, and that Respondent failed to properly store, segregate and/or dispose of adulterated and/or expired drugs.

4. The investigation also revealed that Respondent failed to keep records and maintain inventories for controlled substances in conformance with the recordkeeping and inventory requirements of state and federal law.

5. On or about December 9, 2021, Respondent was ordered pursuant to NRS 639.2895(1) to cease and desist dispensing any controlled substances or dangerous drugs for animal patients.

APPLICABLE LAW

6. A licensed veterinarian who wishes to dispense controlled substances or dangerous drugs must register with the Board. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 454.215; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.7423.

7. All controlled substances and dangerous drugs in the possession of a dispensing practitioner must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 453.410(1)(d); NAC 639.7423(5); NAC.639.745.

8. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d); *see also* 21 CFR § 211.137.

9. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

10. Persons registered to dispense controlled substances shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law; it is unlawful for a person to fail to make, keep or furnish any record, notification, order form, statement, invoice or information required by law. 21 U.S.C. §

842(a)(5); 21 CFR § 1304.04; 21 CFR § 1304.11; 21 CFR § 1304.21; NRS 453.246; NRS 453.326(1)(a); NAC 453.410(1); NAC 639.7423(5); NAC.639.745.

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

12. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

14. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Violation of Federal and State Law - Unlawful Dispensing

16. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR §

1306.03(a)(1), NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 454.215, NRS 454.221, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.7423, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and (12).

SECOND COUNT

Violation of Federal and State Law - Failure to Properly Store and Secure Drugs

17. By permitting unrestricted and unsecured access to the stock of controlled substances and/or dangerous drugs at his practice, and failing to properly store, segregate and/or dispose of adulterated and/or expired drugs to ensure they could not be administered to patients, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, 21 CFR § 1301.71, NRS 639.282(1)(d), NAC 453.410(1)(d), NAC 639.601(1), NAC 639.7423(5) and/or NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

THIRD COUNT

Violation of Federal and State Law – Controlled Substance Inventories and Recordkeeping

18. By failing to keep records and maintain inventories for controlled substances in conformance with the recordkeeping and inventory requirements of state and federal law, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 842(a)(5), 21 CFR § 1304.04, 21 CFR § 1304.11, 21 CFR § 1304.21, NRS 453.246, NRS 453.326(1)(a), NAC 453.410(1), NAC 639.7423(5) and/or NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

FOURTH COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH COUNT

Unprofessional Conduct – Dispensing without a Valid Registration

20. By dispensing controlled substances and/or dangerous drugs without a valid dispensing practitioner registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

SIXTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

21. By his actions as alleged herein, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 14th day of December, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIRCY M. MOORE, DVM,** **Certificate of Registration No. CS23796,** **Respondent.**	**CASE NO. 21-111-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, January 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of December 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SIRCY M. MOORE, DVM,** **Certificate of Registration No. CS23796,** **Respondent.**	**CASE NO. 21-111-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

SIRCY M. MOORE, DVM

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of December, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sircy Moore, DVM
Doc Mo's Kindred Spirits Animal Hospital
2437 E. Cheyenne Ave.
North Las Vegas, NV 89030

SHIRLEY HUNTING

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

December 9, 2021

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: nu4cuss@yahoo.com

Sircy Moore, DVM
Doc Mo's Kindred Spirits Animal Hospital
2437 E. Cheyenne Avenue
Las Vegas, NV 89030

CEASE and DESIST: Unlicensed Dispensing in Nevada

Dear Dr. Moore:

The Nevada State Board of Pharmacy (Board) has determined that you are engaged in dispensing prescription drugs for animal patients without a valid registration. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.23505 and NAC 639.7423.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing any controlled substances or dangerous drugs for animal patients.

Please be aware that the forgoing does not preclude the filing of administrative charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 1329 94

6

6A

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 3, 2021

VIA CERTIFIED U.S. MAIL 9171 9690 0935 0252 0549 40

Sandra Bledsoe
c/o Revenge MD
2405 W. Horizon Ridge Pkwy #100
Henderson, Nevada 89052

Re: CITATION/FINE: Unlicensed Activity (Case No. 21-042-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that from approximately July 15, 2015, to at least February 14, 2016, in the course of your ownership and operation of VIP Faces, located at 1900 East Desert Inn Road in Las Vegas, you engaged in unlicensed activity and fraudulently representing yourself to be a practitioner as follows:

1. You and/or the staff of VIP Faces unlawfully purchased, accessed, stored, possessed, administered, furnished and/or dispensed dangerous drugs, specifically performing cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.
2. You and/or the staff of VIP Faces unlawfully provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.
3. You and/or the staff of VIP Faces unlawfully counseled patients regarding their medical treatment, including the administration of dangerous drugs.
4. You engaged in the unlawful use of Frank P. Silver, MD's authority as a licensed practitioner to purchase, possess and store an unsecured stock of dangerous drugs at VIP Faces, and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars ($10,000.00) pursuant to NRS 639.2895(3). You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Bret Whipple, Esq.

9171 9690 0935 0252 0549 33

JUSTICE LAW CENTER

1100 S. 10th Street, Las Vegas, Nevada 89104
T: (702) 731-0000 F: (702) 974-4008
bretwhipple@gmail.com

June 2, 2021

FILED
JUN 02 2021
NEVADA STATE BOARD OF PHARMACY

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

BY E-mail: bkandt@pharmacy.nv.gov

RE: Revenge MD, CITATION/FINE: Unlicensed Activity (Case No. 21-042-S)

Dear Mr. Kandt:

Please accept this letter as notice of my client's appeal of the refenced citation, and its request for a hearing to the Board.

Very truly yours,

Bret Whipple, Esq.

cc: Sandra Bledsoe

FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SANDRA BLEDSOE, D/B/A VIP FACES, Respondent.	Case No. 21-042-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 3, 2021, a Cease and Desist/Citation and Fine was served upon Respondent Sandra Bledsoe (Bledsoe) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. From approximately July 15, 2015, to at least February 14, 2016, Bledsoe owned and operated VIP Faces, located at 1900 East Desert Inn Road in Las Vegas.

2. Bledsoe is not a licensed practitioner in Nevada.

3. Bledsoe retained Frank P. Silver, MD (Silver), as supervising physician and medical director of VIP Faces, and engaged in the unlawful use of Silver's authority as a licensed practitioner to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs.

4. Bledsoe and/or the staff of VIP Faces unlawfully provided on-site medical treatment, including the administration of dangerous drugs through cosmetic injections, to patients who had not been examined by a practitioner to determine whether a dangerous drug was medically necessary, and without direct supervision from a practitioner.

5. Bledsoe and/or the staff of VIP Faces unlawfully performed cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex.

6. Bledsoe and/or the staff of VIP Faces unlawfully counseled patients regarding their medical treatment, including the administration of dangerous drugs.

7. Bledsoe purchased, possessed and stored an unsecured stock of dangerous drugs at VIP Faces, and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

8. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Dr. Silver's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to his failure to adequately supervise Bledsoe in the operation of VIP Faces, and NRS 630.306(1)(b)(3), related to Bledsoe possessing and administering dangerous drugs to patients. *See* EXHIBIT A hereto.

9. On or about June 2, 2021, the Nevada State Board of Pharmacy entered an Order in Case No. 21-001-CS-S, and imposed discipline on Dr. Silver's Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, related to his failure to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit,* cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316. *See* EXHIBIT B hereto.

10. On or about June 2, 2021, Bledsoe appealed the Cease and Desist/Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

1. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.221; NRS 454.31; NRS 454.316; NRS 454.321; NRS 454.356.

2. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

> [A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:
>
> (1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*
>
> (2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

3. It is a felony offense to knowingly or intentionally obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 454.311(1).

4. It is a criminal offense to possess a dangerous drug in violation of Nevada law. NRS 454.316(1).

5. It is a felony offense to furnish any dangerous drug in violation of Nevada law. NRS 454.221(1).

6. It is a felony offense to perform a surgical procedure on another person without a license. NRS 200.840(1).

7. It is unlawful for any person to have in his or her possession, or under his or her control, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation or drug which is no longer safe or effective for use, as indicated by the expiration date appearing on its label, or adulterated. 21 U.S.C. § 331; 21 U.S.C. § 351; 21 CFR § 211.137; NRS 585.370; NRS 585.520; NRS 639.282(1)(d).

8. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

FIRST CAUSE OF ACTION
Violations of Federal and State Law

9. By engaging in unlicensed practice as alleged herein, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, 21 CFR § 211.137, NRS 200.840(1), NRS 454.213, NRS 454.221(1), NRS 454.311(1), NRS 454.316(1), NRS 454.321, NRS 454.356, NRS 585.370, NRS 585.520, NRS 639.100(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.637-.640.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the

Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

FRANK P. SILVER, M.D.

SETTLEMENT AGREEMENT

Case No: 20-4041-1

Date: December 4, 2020

ADJUDICATING MEMBERS

Rachakonda D. Prahbu, M.D.
Victor M. Muro, M.D.
Weldon Havins, M.D., J.D.
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

INDEX

1. FIRST AMENDED COMPLAINT

2. SETTLEMENT AGREEMENT

Exhibit A

1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **FRANK P. SILVER, M.D, Respondent.**	**Case No. 20-4041-1**

FILED
NOV 17 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)[1] of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Frank P. Silver, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 2641), and has been licensed by the Board since August 8, 1972. Respondent is a medical doctor specializing in gynecology and infertility. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

Statement of Nevada Law Applicable to "Medical Spas" and "Medical Doctors" Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

///

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury and Aury Nagy, M.D.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. Pursuant to NRS 630.020, the "practice of medicine" means either (1) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in subsections (1) and (2) by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States, or (4) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections (1) and (2).

4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for initiating disciplinary action or denying licensure.

5. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine is by delegating specific tasks to an adequately supervised and trained "medical assistant." Pursuant to NRS 630.0129, a "medical assistant" means a person who (a) performs clinical tasks under the supervision of a physician or physician assistant; and (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; and the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the delegating practitioner knows that the medical assistant possesses the knowledge, skill and

training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer; and (d) the employer of the medical assistant has complied with the requirements of subsection 2 as they relate to the task.

8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a medical assistant, except in a specific case of emergency in a rural area.[2]

9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure,"[3] the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

10. The term "medical director" is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes so-called "medical directors" to violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and NRS 630.0129, and NAC 630.800 to NAC 630.840:

a. If a practitioner, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner may lawfully do so only by delegating tasks to an adequately supervised, competent and properly trained medical assistant.

---

[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733, pertaining to Medical Facilities, defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument,"

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

b. If a practitioner, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then: (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and assisting the unlicensed practice of medicine.

c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and that the practitioner is nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.

d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

Cosmetologists, "Medical Spas,""Medical Estheticians," & Unlicensed Practice of Medicine

12. Pursuant to NRS 644A.030, a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of electrolysis, depilatories, waxing, or sugaring, except for the permanent removal of hair with needles,

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services. Likewise, pursuant to NRS 644A.065, a licensed "esthetician" is not authorized to practice medicine in any way. Instead, pursuant to NRS 644A.075, a licensed esthetician is licensed to engage in "[b]eautifying, massaging, cleansing or stimulating the skin of the human body by the use of cosmetic preparations, antiseptics, tonics, lotions or creams or any device, electrical or otherwise, for the care of the skin," "[a]pplying cosmetics, eyelash extensions or eyelashes to any person, tinting eyelashes and eyebrows, eyelash perming and lightening hair on the body," and "[r]emoving superfluous hair from the body of any person by the use of depilatories, waxing, tweezers or sugaring."

13. Pursuant to NAC 644A.790 a cosmetologist and esthetician is further explicitly prohibited from performing "invasive procedures," which is defined as "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which for the sake of regulating the practice of cosmetologists and estheticians includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

14. There is no such license as "medical esthetician"[4] or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. The term "medical esthetician" is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes cosmetologists or estheticians to violate or circumvent the aforementioned statutes and regulations of the Nevada Medical Practice Act by referring to themselves as "medical estheticians" or "medical cosmetologists."[5]

///

[4] Esthetician is sometimes spelled "aesthetician." Nevada law in NRS Chapter 644A refers to "esthetician," and, accordingly, this spelling is used throughout this Complaint.

[5] In fact, use of the title "medical esthetician" or "medical cosmetologist" by individuals licensed by the Nevada State Board of Cosmetology (NSBC) is prohibited in Nevada. It is grounds for disciplinary action by the NSBC if a licensee uses the term "expert," "advanced," or "medical" in connection with the description of his or her practice. *See* NAC 644A.870(2).

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

15. Accordingly, a Nevada licensed cosmetologist or esthetician may not practice medicine in any way, or perform invasive medical procedures or medical services of any kind, except as a "medical assistant" to a Nevada licensed medical professional, i.e., either as the medical assistant of a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800 to NAC 630.830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of another medical professional who is duly licensed pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

16. If a cosmetologist or esthetician practices or purports to practice medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices

17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

18. Pursuant to NRS 454.201, a "dangerous drug" is "any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, the following, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: 'Rx Only'; (2) procaine hydrochloride with preservatives and stabilizers (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State Board of Health for manufacture in this State but have not been approved as drugs by the Food and Drug Administration; or (3) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety."

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner.

20. Pursuant to NRS 454.009, a "hypodermic" device is "any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection."

21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device (that is restricted by federal law to sale by or on the order of a physician), unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to NRS 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

22. Accordingly, pursuant to NRS 454.009, NRS 454.201, NRS 454.316, NRS 454.321 and NRS 454.510, a Nevada licensed cosmetologist and/or aesthetician is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

23. NAC 639.742(1) provides that a practitioner who wishes to dispense dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense dangerous drugs.

24. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> (a) All drugs are ordered by the dispensing practitioner;
> (b) All drugs are received and accounted for by the dispensing practitioner;
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
> (d) All drugs are dispensed in accordance with NAC 639.745.[6]
> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
> (f) All drugs are dispensed only to the patient personally at the facility;
> (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient.
> (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

---

[6] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727) 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall: (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include: (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address; (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug; (3) The directions for use; (4) The date the prescription was issued; and (5) A unique identifying number. (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480. (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801. (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements. (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section. 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing. 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is: (a) Maintained on paper, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location. (a) Maintained in a computer, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

26. NAC 639.742(4)(a) to NAC 639.742(b) provides, in part, that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

27. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.
(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:
(1) The date on which the permission was granted;
(2) The name of the practitioner granting the permission;
(3) The name of the person obtaining the permission;
(4) The name of the drug dispensed; and
(5) The name of the manufacturer or distributor of the drug
(c) Using secret formulas.
(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.
(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.
(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.
(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.
(i) Performing any of his or her duties as the holder of a license,

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

> certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
> (j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.
> (k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.
> (l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.
> (m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.
> (n) Dispensing a drug as a dispensing practitioner of a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona-fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

30. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)–(3), (4)(a)–(b), or 639.945(1)–(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Respondent's Medical Directorship of Sandra Bledsoe

31. At all relevant times alleged herein, Respondent was an OB/GYN in Las Vegas, Nevada.

32. On or about July 15, 2015, Respondent entered into an agreement (Agreement) with an individual identified as Sandra Bledsoe (Bledsoe). This Agreement allowed Bledsoe to inject Botox, Juvaderm and B12 Vitamin Complex to cosmetic clients, and Respondent acted as supervising physician/Medical Director for VIP Faces, located at 1900 East Desert Inn Road, Las Vegas, Nevada 89169, which was located within the offices of the Desert Inn Women's Clinic. Desert Inn Medical Center owned and operated Desert Inn Women's Clinic at that time. This Agreement provided VIP Faces would pay Desert Inn Medical Center one thousand dollars ($1,000.00) per month for utilization of two rooms for VIP Faces to perform cosmetic injections using Botox and Juvederm. Also, VIP Faces agreed to refer to Respondent weight loss patients if requested by the client. As Medical Director of VIP Faces, Respondent would examine some, but not all, of VIP Faces clients.

33. On February 24, 2016, the Board's investigators and investigators from the Pharmacy Board inspected VIP Faces located at 1900 E. Desert Inn Road, Las Vegas, NV. Bledsoe was not present during this inspection. However, Respondent was present and stated the following: that he was the supervising physician/Medical Director of VIP Faces, which was owned by Bledsoe, whom he had known for about a year. Unlike his other OB-GYN patients, Respondent did not have a physician-patient relationship with Bledsoe's VIP Faces cosmetic patients. Respondent also stated that he did not examine Bledsoe's cosmetic patients and saw them as they came out of VIP Faces rooms. Respondent did not establish a bona-fide medical relationship with Bledsoe's clients unless they requested other medical care, such as weight loss or gynecology. If a client requested a weight-loss program, then Respondent would examine the patient and prescribe Phentermine as part of their weight loss program. Inspectors found in a refrigerator one used vial of Botox one hundred (100) units with approximately fifty (50) units remaining and two more unopened boxes of Botox units. Respondent admitted that he allowed Bledsoe to act like a medical assistant in ordering products from drug makers Allergan and

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was ordering for VIP Faces' use or her own personal use.

34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's medical supervision, and without Respondent's medical orders or instructions. Bledsoe also injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-loss.

35. Respondent was not a manager, agent, officer or employee of VIP Faces.

36. Respondent had no ownership or member interest in VIP Faces, but he had a contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by Respondent during the time Respondent served as Medical Director of VIP Faces.

38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her independent contractors of VIP Faces were licensed by any Nevada professional licensing board pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the State of Nevada.

39. Other than Respondent as Medical Director no person in any way affiliated with VIP Faces held a medical license issued by the Nevada Medical Board.

40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed esthetician.

41. During Respondent's supervision as Medical Director pursuant to the Agreement, VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or consulted Bledsoe.

42. Respondent has been licensed in active status (License No. PD00433) by the Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and hypodermic devices are available only by prescription, and are dangerous drugs as defined by NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP Faces, as Bledsoe solely controlled their possession.

44. As a result, Respondent, negligently through his lack of supervision, provided the aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and control to Bledsoe.

45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or utilized hypodermic devices, to VIP Faces' patients.

46. During Respondent's supervision pursuant to the Agreement, the conduct by Bledsoe constitutes the practice of medicine in Nevada.

47. During Respondent's supervision pursuant to the Agreement on the date of inspection, VIP Faces' medical records contained no entries for patient history, notes, examination findings, procedures performed, or therapeutic procedures performed by Respondent, unless the patient was referred by VIP Faces for weight loss or other gynological procedures.

48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces without adequate supervision by Respondent.

49. Botox and Juvederm were stored in a secure, locked room or cabinet to which the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to these dangerous drugs and/or hypodermic devices.

50. Botox is introduced hypodermically, that is, subcutaneously.

51. During Respondent's supervision as Medical Director pursuant to the Agreement, Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a dispensing license as required by the Pharmacy Board.

52. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent was not always present when Bledsoe injected the aforementioned dangerous drugs.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

53. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent neither received personally nor accounted for personally the dangerous drugs and/or hypodermic devices utilized for injections administered by Bledsoe.

a. The dangerous drugs and the use of hypodermic devices were not dispensed in accordance with NAC 639.745. Respondent did not have a bona-fide therapeutic relationship with some of the VIP Faces patients at issue.

b. Respondent personally did not inject the drugs dispensed in VIP Faces' two rooms, Respondent failed to assure through supervision that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

54. Respondent failed to adequately supervise Bledsoe to ensure that she possessed the knowledge, skill, and training to perform injections on clients and/or patients safely and properly.

COUNT I

NRS 630.306(1)(r): Failure to Adequately Supervise

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action against a licensee.

57. By the conduct described herein, Respondent failed to supervise adequately, or supervise properly Bledsoe, and any contractors of VIP Faces in their performance of medical tasks as Medical Director pursuant to the Agreement.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT II

NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations

59. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

60. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

61. By the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including, but not limited to NAC 639.742(1)–(3), (4)(a)–(b), 639.945(1)–(3).

62. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and,

///

///

///

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

Dated this 17 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq., J.D., General Counsel
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 17 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury

M. Neil Duxbury, Chairman

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 17th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST AMENDED COMPLAINT**, via Electronic Mail to the following parties:

Valerie I. Fujii, Esq.
c/o Frank P. Silver, M.D.
Law Offices of Valerie I. Fujii & Associates
val@fujiilawlv.com

DATED this 17th day of November, 2020.

Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

2

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against FRANK P. SILVER, M.D., Respondent.	Case No. 20-4041-1

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 6, 2020, in Case No. 20-8462-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. If the Board does not agree and approve this Agreement, then Respondent may rescind this Agreement in its entirely. Respondent understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable

upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, if the Board approves this Agreement, and all conditions, then Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations).

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within six (6) months of the Board's acceptance, adoption and approval of this Agreement, the current amount being three thousand one-hundred and forty-five dollars and forty-four cents ($3145.44). not including any costs that may be necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of $524.24, with the first payment due on December 18, 2020, and last payment tendered no later than June 4, 2021.

c. Respondent shall pay a fine of five hundred dollars ($500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME *shall be in addition* to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board does not accept the settlement terms of this Agreement, then the Respondent may withdraw his admissions(s) within this Agreement and may rescind the Agreement in its entirety.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Agreement and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court, State of Nevada, Clark County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 27 day of NOV, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

DATED this 24th day of November, 2020.

VALARIE I. FUJII & ASSOCIATES

By: Valarie Ise Fujii
Valarie I. Fujii, Esq.
Attorneys for Respondent

DATED this 24 day of NOVEMBER, 2020.

Frank P Silver M.D
Frank P. Silver, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

FILED
FEB 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. FRANK P. SILVER, MD, Certificate of Registration Nos. CS04120 and PD00433, Respondent.	Case No. 21-001-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Frank P. Silver, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, both issued by the Board.

FACTUAL ALLEGATIONS

2. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to failure to adequately supervise a medical assistant, and NRS 630.306(1)(b)(3), related to engaging in conduct that violates Board regulations for possessing and administering dangerous drugs.

3. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent acted as supervising physician and medical director of VIP Faces, located at 1900 East Desert Road, Las Vegas, Nevada, at the time of the events alleged herein.

Exhibit B

4. As detailed in the NSBME's order in Case No. 20-4041-1, Sandra Bledsoe (Bledsoe) owned and operated VIP Faces. Bledsoe is not a licensed as a practitioner in Nevada.

5. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe to act under his authority to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs, specifically to perform cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.

6. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary.

7. As detailed in the NSBME's order in Case No. 20-4041-1, with Respondent's knowledge and authorization, Bledsoe and/or the staff of VIP Faces provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.

8. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and administer dangerous drugs to patients without his supervision.

9. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to counsel patients regarding their medical treatment, including the administration of dangerous drugs.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or

dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

11. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

> [A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:
>
> (1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*
>
> (2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

12. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)

and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

17. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

18. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

20. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent aided and abetted Bledsoe and/or the staff of VIP Faces in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

21. By permitting Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of State Law

22. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's

order in Case No. 20-4041-1, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SIXTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-4041-1, and by violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1) as alleged herein, Respondent has committed acts that render his registrations to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

Signed this 15th day of February, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. FRANK P. SILVER, MD, Certificate of Registration Nos. CS04120 and PD00433, Respondent.	CASE NOS. 21-001-CS-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 14, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of February, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. FRANK P. SILVER, MD, Certificate of Registration Nos. CS04120 and PD00433, Respondent.	CASE NO. 21-001-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

FRANK P. SILVER, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Frank Silver, MD
1900 E Desert Inn Rd
Las Vegas, NV 89169

SHIRLEY HUNTING

FILED
JUN 2 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FRANK P. SILVER, MD,** **Certificate of Registration Nos. CS04120 and PD00433,** **Respondent.**	**Case No. 21-001-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, by and through counsel, Richard A. Schonfeld, Esq., David Z. Chesnoff, Esq., and Valarie I. Fujii, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 15, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about February 28, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing which may be sufficient to establish a factual basis for the violations alleged therein, *to wit,* that:

A. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3);

B. Respondent at times failed to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit,* cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316; and

C. Respondent engaged in conduct contrary to the public interest as defined in NAC 639.945(1).

7. Respondent has not any professional affiliation nor engaged in professional practice with VIP Faces for over three years.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.241(1) and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation,

the Board and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, stipulate to the following:

A. Respondent shall pay a fine of Three-Thousand Dollars ($3000.00) payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay One-Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall establish policies and procedures within his practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a cosmetic injectable exists before the medication is ordered or administered;

ii. The practitioner who examines the patient and orders a cosmetic injectable maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;

iii. To the extent a cosmetic injectable called for in an order is put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and

iv. All cosmetic injectables are kept in a locked storage area with access restricted to authorized persons.

D. Respondent shall comply with all federal and state statutes and regulations regarding cosmetic injectables.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 2, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter shall be heard by the Board. The terms herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations set forth in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of May, 2021

5/21/21

FRANK P. SILVER, MD,
Certificate of Registration Nos.
CS04120 and PD00433

Signed this ___ day of May, 2021

BRETT [illegible]T, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 21st day of May, 2021

RICHARD A. SCHONFELD, ESQ.
DAVID Z. CHESNOFF, ESQ.
Counsel for Respondent

APPROVED AS TO FORM AND CONTENT this 21 day of May, 2021

Valarie Ise Fujii

VALARIE I. FUJII, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, in Case No. 21-001-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 2nd day of June, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of June, 2021, I served a true and correct copy of the foregoing document by electronic mail to rschonfeld@cslawoffice.net and by Certified U.S. Mail to the following:

Richard A. Schonfeld, Esq.
CHESNOFF & SCHONFELD
520 South Fourth Street
Las Vegas, NV 89101

BRETT KANDT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this, 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe c/o
Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104

SHIRLEY HUNTING

Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

FRANK P. SILVER, M.D.

SETTLEMENT AGREEMENT

Case No: 20-4041-1

Date: December 4, 2020

ADJUDICATING MEMBERS

Rachakonda D. Prahbu, M.D.
Victor M. Muro, M.D.
Weldon Havins, M.D., J.D.
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

INDEX

1. FIRST AMENDED COMPLAINT

2. SETTLEMENT AGREEMENT

1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **FRANK P. SILVER, M.D,** **Respondent.**	**Case No. 20-4041-1**

FILED
NOV 17 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)[1] of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Frank P. Silver, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 2641), and has been licensed by the Board since August 8, 1972. Respondent is a medical doctor specializing in gynecology and infertility. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

Statement of Nevada Law Applicable to "Medical Spas" and "Medical Doctors" Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

/ / /

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury and Aury Nagy, M.D.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. Pursuant to NRS 630.020, the "practice of medicine" means either (1) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in subsections (1) and (2) by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States, or (4) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections (1) and (2).

4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for initiating disciplinary action or denying licensure.

5. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine is by delegating specific tasks to an adequately supervised and trained "medical assistant." Pursuant to NRS 630.0129, a "medical assistant" means a person who (a) performs clinical tasks under the supervision of a physician or physician assistant; and (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; and the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the delegating practitioner knows that the medical assistant possesses the knowledge, skill and

training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer; and (d) the employer of the medical assistant has complied with the requirements of subsection 2 as they relate to the task.

8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a medical assistant, except in a specific case of emergency in a rural area.[2]

9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure,"[3] the delegating practitioner must be immediately available to exercise oversight in person while the medical assistant performs the task.

10. The term "medical director" is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes so-called "medical directors" to violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and NRS 630.0129, and NAC 630.800 to NAC 630.840:

a. If a practitioner, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner may lawfully do so only by delegating tasks to an adequately supervised, competent and properly trained medical assistant.

---

[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733, pertaining to Medical Facilities, defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument,"

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

b. If a practitioner, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then: (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and assisting the unlicensed practice of medicine.

c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and that the practitioner is nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.

d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

Cosmetologists, "Medical Spas,""Medical Estheticians," & Unlicensed Practice of Medicine

12. Pursuant to NRS 644A.030, a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of electrolysis, depilatories, waxing, or sugaring, except for the permanent removal of hair with needles,

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services. Likewise, pursuant to NRS 644A.065, a licensed "esthetician" is not authorized to practice medicine in any way. Instead, pursuant to NRS 644A.075, a licensed esthetician is licensed to engage in "[b]eautifying, massaging, cleansing or stimulating the skin of the human body by the use of cosmetic preparations, antiseptics, tonics, lotions or creams or any device, electrical or otherwise, for the care of the skin," "[a]pplying cosmetics, eyelash extensions or eyelashes to any person, tinting eyelashes and eyebrows, eyelash perming and lightening hair on the body," and "[r]emoving superfluous hair from the body of any person by the use of depilatories, waxing, tweezers or sugaring."

13. Pursuant to NAC 644A.790 a cosmetologist and esthetician is further explicitly prohibited from performing "invasive procedures," which is defined as "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which for the sake of regulating the practice of cosmetologists and estheticians includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

14. There is no such license as "medical esthetician"[4] or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. The term "medical esthetician" is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes cosmetologists or estheticians to violate or circumvent the aforementioned statutes and regulations of the Nevada Medical Practice Act by referring to themselves as "medical estheticians" or "medical cosmetologists."[5]

///

[4] Esthetician is sometimes spelled "aesthetician." Nevada law in NRS Chapter 644A refers to "esthetician," and, accordingly, this spelling is used throughout this Complaint.

[5] In fact, use of the title "medical esthetician" or "medical cosmetologist" by individuals licensed by the Nevada State Board of Cosmetology (NSBC) is prohibited in Nevada. It is grounds for disciplinary action by the NSBC if a licensee uses the term "expert," "advanced," or "medical" in connection with the description of his or her practice. *See* NAC 644A.870(2).

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

15. Accordingly, a Nevada licensed cosmetologist or esthetician may not practice medicine in any way, or perform invasive medical procedures or medical services of any kind, except as a "medical assistant" to a Nevada licensed medical professional, i.e., either as the medical assistant of a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800 to NAC 630.830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of another medical professional who is duly licensed pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

16. If a cosmetologist or esthetician practices or purports to practice medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices

17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

18. Pursuant to NRS 454.201, a "dangerous drug" is "any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, the following, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: 'Rx Only'; (2) procaine hydrochloride with preservatives and stabilizers (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State Board of Health for manufacture in this State but have not been approved as drugs by the Food and Drug Administration; or (3) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety."

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner.

20. Pursuant to NRS 454.009, a "hypodermic" device is "any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection."

21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device (that is restricted by federal law to sale by or on the order of a physician), unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to NRS 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

22. Accordingly, pursuant to NRS 454.009, NRS 454.201, NRS 454.316, NRS 454.321 and NRS 454.510, a Nevada licensed cosmetologist and/or aesthetician is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

23. NAC 639.742(1) provides that a practitioner who wishes to dispense dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense dangerous drugs.

24. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> (a) All drugs are ordered by the dispensing practitioner;
> (b) All drugs are received and accounted for by the dispensing practitioner;
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
> (d) All drugs are dispensed in accordance with NAC 639.745.[6]
> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
> (f) All drugs are dispensed only to the patient personally at the facility;
> (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient.
> (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

---

[6] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727) 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall: (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include: (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address; (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug; (3) The directions for use; (4) The date the prescription was issued; and (5) A unique identifying number. (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480. (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801. (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements. (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section. 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing. 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is: (a) Maintained on paper, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location. (a) Maintained in a computer, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

26. NAC 639.742(4)(a) to NAC 639.742(b) provides, in part, that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

27. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.
(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:
(1) The date on which the permission was granted;
(2) The name of the practitioner granting the permission;
(3) The name of the person obtaining the permission;
(4) The name of the drug dispensed; and
(5) The name of the manufacturer or distributor of the drug
(c) Using secret formulas.
(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.
(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.
(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.
(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.
(i) Performing any of his or her duties as the holder of a license,

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

> certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
> (j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.
> (k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.
> (l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.
> (m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.
> (n) Dispensing a drug as a dispensing practitioner of a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona-fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

30. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)–(3), (4)(a)–(b), or 639.945(1)–(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

/ / /

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Respondent's Medical Directorship of Sandra Bledsoe

31. At all relevant times alleged herein, Respondent was an OB/GYN in Las Vegas, Nevada.

32. On or about July 15, 2015, Respondent entered into an agreement (Agreement) with an individual identified as Sandra Bledsoe (Bledsoe). This Agreement allowed Bledsoe to inject Botox, Juvaderm and B12 Vitamin Complex to cosmetic clients, and Respondent acted as supervising physician/Medical Director for VIP Faces, located at 1900 East Desert Inn Road, Las Vegas, Nevada 89169, which was located within the offices of the Desert Inn Women's Clinic. Desert Inn Medical Center owned and operated Desert Inn Women's Clinic at that time. This Agreement provided VIP Faces would pay Desert Inn Medical Center one thousand dollars ($1,000.00) per month for utilization of two rooms for VIP Faces to perform cosmetic injections using Botox and Juvederm. Also, VIP Faces agreed to refer to Respondent weight loss patients if requested by the client. As Medical Director of VIP Faces, Respondent would examine some, but not all, of VIP Faces clients.

33. On February 24, 2016, the Board's investigators and investigators from the Pharmacy Board inspected VIP Faces located at 1900 E. Desert Inn Road, Las Vegas, NV. Bledsoe was not present during this inspection. However, Respondent was present and stated the following: that he was the supervising physician/Medical Director of VIP Faces, which was owned by Bledsoe, whom he had known for about a year. Unlike his other OB-GYN patients, Respondent did not have a physician-patient relationship with Bledsoe's VIP Faces cosmetic patients. Respondent also stated that he did not examine Bledsoe's cosmetic patients and saw them as they came out of VIP Faces rooms. Respondent did not establish a bona-fide medical relationship with Bledsoe's clients unless they requested other medical care, such as weight loss or gynecology. If a client requested a weight-loss program, then Respondent would examine the patient and prescribe Phentermine as part of their weight loss program. Inspectors found in a refrigerator one used vial of Botox one hundred (100) units with approximately fifty (50) units remaining and two more unopened boxes of Botox units. Respondent admitted that he allowed Bledsoe to act like a medical assistant in ordering products from drug makers Allergan and

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was ordering for VIP Faces' use or her own personal use.

34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's medical supervision, and without Respondent's medical orders or instructions. Bledsoe also injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-loss.

35. Respondent was not a manager, agent, officer or employee of VIP Faces.

36. Respondent had no ownership or member interest in VIP Faces, but he had a contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by Respondent during the time Respondent served as Medical Director of VIP Faces.

38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her independent contractors of VIP Faces were licensed by any Nevada professional licensing board pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the State of Nevada.

39. Other than Respondent as Medical Director no person in any way affiliated with VIP Faces held a medical license issued by the Nevada Medical Board.

40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed esthetician.

41. During Respondent's supervision as Medical Director pursuant to the Agreement, VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or consulted Bledsoe.

42. Respondent has been licensed in active status (License No. PD00433) by the Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and hypodermic devices are available only by prescription, and are dangerous drugs as defined by NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP Faces, as Bledsoe solely controlled their possession.

44. As a result, Respondent, negligently through his lack of supervision, provided the aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and control to Bledsoe.

45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or utilized hypodermic devices, to VIP Faces' patients.

46. During Respondent's supervision pursuant to the Agreement, the conduct by Bledsoe constitutes the practice of medicine in Nevada.

47. During Respondent's supervision pursuant to the Agreement on the date of inspection, VIP Faces' medical records contained no entries for patient history, notes, examination findings, procedures performed, or therapeutic procedures performed by Respondent, unless the patient was referred by VIP Faces for weight loss or other gynological procedures.

48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces without adequate supervision by Respondent.

49. Botox and Juvederm were stored in a secure, locked room or cabinet to which the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to these dangerous drugs and/or hypodermic devices.

50. Botox is introduced hypodermically, that is, subcutaneously.

51. During Respondent's supervision as Medical Director pursuant to the Agreement, Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a dispensing license as required by the Pharmacy Board.

52. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent was not always present when Bledsoe injected the aforementioned dangerous drugs.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

53. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent neither received personally nor accounted for personally the dangerous drugs and/or hypodermic devices utilized for injections administered by Bledsoe.

a. The dangerous drugs and the use of hypodermic devices were not dispensed in accordance with NAC 639.745. Respondent did not have a bona-fide therapeutic relationship with some of the VIP Faces patients at issue.

b. Respondent personally did not inject the drugs dispensed in VIP Faces' two rooms, Respondent failed to assure through supervision that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

54. Respondent failed to adequately supervise Bledsoe to ensure that she possessed the knowledge, skill, and training to perform injections on clients and/or patients safely and properly.

COUNT I

NRS 630.306(1)(r): Failure to Adequately Supervise

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action against a licensee.

57. By the conduct described herein, Respondent failed to supervise adequately, or supervise properly Bledsoe, and any contractors of VIP Faces in their performance of medical tasks as Medical Director pursuant to the Agreement.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT II

NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations

59. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

60. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

61. By the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including, but not limited to NAC 639.742(1)–(3), (4)(a)–(b), 639.945(1)–(3).

62. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and,

///

///

///

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

Dated this 17 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq., J.D., General Counsel
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 17 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

M. Neil Duxbury

M. Neil Duxbury, Chairman

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 17th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST AMENDED COMPLAINT**, via Electronic Mail to the following parties:

Valerie I. Fujii, Esq.
c/o Frank P. Silver, M.D.
Law Offices of Valerie I. Fujii & Associates
val@fujiilawlv.com

DATED this 17th day of November, 2020.

Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

2

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against FRANK P. SILVER, M.D., Respondent.	**Case No. 20-4041-1**

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 6, 2020, in Case No. 20-8462-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. If the Board does not agree and approve this Agreement, then Respondent may rescind this Agreement in its entirely. Respondent understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable

upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, if the Board approves this Agreement, and all conditions, then Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations).

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within six (6) months of the Board's acceptance, adoption and approval of this Agreement, the current amount being three thousand one-hundred and forty-five dollars and forty-four cents ($3145.44). not including any costs that may be necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of $524.24, with the first payment due on December 18, 2020, and last payment tendered no later than June 4, 2021.

c. Respondent shall pay a fine of five hundred dollars ($500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME *shall be in addition* to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board does not accept the settlement terms of this Agreement, then the Respondent may withdraw his admissions(s) within this Agreement and may rescind the Agreement in its entirety.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Agreement and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

10. Binding Effect. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. Forum Selection Clause. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court, State of Nevada, Clark County.

12. Attorneys' Fees and Costs. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. Failure to Comply With Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 27 day of NOV, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

DATED this 24th day of November, 2020.

VALARIE I. FUJII & ASSOCIATES

By: Valarie Ise Fujii
Valarie I. Fujii, Esq.
Attorneys for Respondent

DATED this 24 day of November, 2020.

Frank P Silver M.D
Frank P. Silver, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

FILED
JUN 2 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FRANK P. SILVER, MD,** **Certificate of Registration Nos. CS04120 and PD00433,** **Respondent.**	**Case No. 21-001-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, by and through counsel, Richard A. Schonfeld, Esq., David Z. Chesnoff, Esq., and Valarie I. Fujii, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about February 15, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about February 28, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing which may be sufficient to establish a factual basis for the violations alleged therein, *to wit,* that:

A. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3);

B. Respondent at times failed to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit,* cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316; and

C. Respondent engaged in conduct contrary to the public interest as defined in NAC 639.945(1).

7. Respondent has not any professional affiliation nor engaged in professional practice with VIP Faces for over three years.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.241(1) and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation,

the Board and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, stipulate to the following:

A. Respondent shall pay a fine of Three-Thousand Dollars ($3000.00) payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay One-Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall establish policies and procedures within his practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a cosmetic injectable exists before the medication is ordered or administered;

ii. The practitioner who examines the patient and orders a cosmetic injectable maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;

iii. To the extent a cosmetic injectable called for in an order is put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and

iv. All cosmetic injectables are kept in a locked storage area with access restricted to authorized persons.

D. Respondent shall comply with all federal and state statutes and regulations regarding cosmetic injectables.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 2, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter shall be heard by the Board. The terms herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations set forth in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of May, 2021

5/21/21

FRANK P. SILVER, MD,
Certificate of Registration Nos.
CS04120 and PD00433

Signed this ___ day of May, 2021

BRETT [illegible]DT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 21st day of May, 2021

RICHARD A. SCHONFELD, ESQ.
DAVID Z. CHESNOFF, ESQ.
Counsel for Respondent

APPROVED AS TO FORM AND CONTENT this 21 day of May, 2021

Valarie Ise Fujii

VALARIE I. FUJII, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, in Case No. 21-001-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 2nd day of June, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of June, 2021, I served a true and correct copy of the foregoing document by electronic mail to rschonfeld@cslawoffice.net and by Certified U.S. Mail to the following:

Richard A. Schonfeld, Esq.
CHESNOFF & SCHONFELD
520 South Fourth Street
Las Vegas, NV 89101

BRETT KANDT

FILED
NOV 18 2021
NEVADA STATE BOARD OF PHARMACY

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENGE MD,

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MOTION TO DISMISS DUE TO FAILURE TO STATE A CLAIM

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

I. Procedural Background.

The Nevada State Board of Pharmacy ("the Board") has submitted a Cease and Desist/Citation and Fine alleging violations of Nevada law upon Respondent, Case No. 21-042-B-S and 21-042-C-S (henceforth the "B" and "C" cases). The cases makes allegations of conduct ranging from July 2015 through February 2016 and present-day allegations. This first case alleges one cause of action. Respondent concurrently faces separate allegations in Cases 21-042-B-S and 21-042-C-S. Those cases involve allegations, including six (6) different causes of action. Paragraphs 4-9 of the Complaint detail the causes of action as criminal felonies.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021. The current date of the hearing for both cases is set for December 1, 2021.

II. Legal Argument.

DEFENDANT HAS ALWAYS OPERATED HER BUSINESSES UNDER THE SUPERVISION OF A LICENSED PHYSICAIN

Regarding the B case, Frank Silver had a valid license from the Nevada Medical Board to practice medicine. Dr. Silver has stated that he agreed to supervise Defendant in her medical injections. (Exhibit A).[1] The Board has failed to show how Defendant's acts under Dr. Silver were unsupervised or not a direct result of his supervision. Further, Revenge MD also has a medical director with a valid license. Nothing in the Complaint demonstrates that any of Defendant's actions were undertaken without the supervision of a licensed practitioner.

Every charge by the Board of Pharmacy requires that the party *knowingly* undertake the conduct proscribed by statute. Nev. Rev. Stat. § 624.024 defines knowingly:

---

[1] Counsel is currently waiting on the certified copy for the Stipulation and Order in 18A003327. The document attached is materially identical to the filed copy and Counsel will supplement this motion with the certified copy of the Stipulation and Order when it arrives.

> "Knowingly" imports a knowledge that the facts exist which constitute the act or omission, and does not require knowledge of the prohibition against the act or omission. Knowledge of any particular fact may be inferred from the knowledge of such other facts as should put an ordinarily prudent person upon inquiry.

For Defendant to have knowingly done anything without the supervision or prescription of a practitioner, the Defendant would have had to have known the practitioner had failed to adequately supervise or prescribe the recommended course of action. *Poole v. Nev. Auto Dealership Invs.*, 449 P.3d 479, 483 (Nev. App. 2019). Nothing in the Complaint or the Board's evidence demonstrates that Defendant was aware that she undertook any of the acts without proper supervision by a practitioner. Accordingly, because the Board has failed to allege or demonstrate how Defendant knowingly undertook any of these actions, the Complaint should be dismissed for failure to state a claim.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

EXHIBIT A

Valarie I. Fujii, Esq.
704 South Sixth Street
Las Vegas, NV 89101
702-341-6464
vip@fujiilawlv.com

LAS VEGAS TOWNSHIP JUSTICE COURT

CLARK COUNTY, NEVADA

FRANK P. SILVER, MD, an individual Plaintiff, v. SANDRA BLEDSOE, an individual Defendant.	CASE NO.: DEPT. NO. **PROPOSED** FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter having come on for non-jury trial before the Honorable _____ on _____2018, Plaintiff Frank Silver, MD appearing by and through Valarie I. Fujii, Esq. and Sandra Bledsoe appearing pro se, and after reading and considered the pleadings filed by the parties; having reviewed the evidence admitted during the trial; and having heard and carefully considered the testimony of the witnesses called to testify; having considered the oral and written arguments of counsel, and with the intent of deciding all claims before the Court pursuant to NRCP 52(a) and 58; the Court makes the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. Dr. Frank P. Silver owns Desert Inn Medical Center doing business as "Silmo" located at 1900 E. Desert Inn Road, Las Vegas, NV 89169. Dr. Silver is a board certified OB/GYN and provides family, personal injury and disability medical treatment for his patients. Dr. Silver and other medical personnel conduct business within the medical center. Dr. Silver has been practicing medicine for over 50 years.

2. Sandra Bledsoe is a "medical injector" who specializes in injecting fillers, including botox, restalyne and other products for cosmetic purposes.

3. Approximately three years ago, Dr. Silver and Bledsoe entered into a verbal agreement whereby Dr. Silver created a corporation called "Silver Lining Wellness Ltd. Dr. Silver agreed to "supervise" Bledsoe while she performed injections on Bledsoe's clients. Dr. Silver would get $1,000 a month rent from Bledsoe and he also received $10 per client file that Bledsoe would perform injections on. In exchange, all of Silver Lining Wellness' business was run completely by Bledsoe. Bledsoe handled all of the accounts receivable, paid all of the expenses of the corporation, and basically ran the business with Silver merely "supervising" her injections on her clients as a "supervising" doctor. Consequently, Bledsoe signed all of the checks of Silver Lining Wellness and regulated all activities because she was actually completely running the business/corporation. By law, at the time, an injector like Bledsoe, had to be supervised when giving injections by a doctor in order to perform these injections on clients.

4. Silver Lining Wellness utilized Wells Fargo Bank to process its credit card transactions for paying clients. Instead of charging a fee for each credit card transaction like some companies, like for example, "Square", Wells Fargo instead, billed monthly a "transaction fee" for paying cosmetic clients' credit card transactions run through the business. Obviously, depending on business, this expense amount varied monthly.

5. During the month of April (4/3/18 through 4/27/18, Bledsoe- through Silver Linings Wellness-ran $54,364.38 in credit card charges which resulted in transactions fees due for merchant services totaling $1,615.12. This business expense, or fee transaction, is reflected on Wells Fargo's bank statements by the 9th or 10th of every month. That month Wells Fargo also gave Silver Linings a credit of $43.66 which reflected a credit to the transaction fees as funds were still in the account before Dr. Silver closed the account upon Bledsoe's leaving around that same time. Bledsoe took all of the funds from the account-which properly belonged to her from Silver Linings Wellness from her injections.

6. Bledsoe left the business with Dr. Silver in May of 2018, and Dr. Silver thereafter closed the Wells Fargo account Bledsoe had access to on May 10, 2018. The bank charged Silver Wellness' account another $416.22 for credit card transactions fees from 4/30/18 to 5/10/18-reflecting the date that Silver closed the account.

7. Although Bledsoe left the business and began working for at another doctor's office utilizing that doctor's corporation "Revenge MD" with her new physician, Bledsoe failed to pay Dr. Silver for the final credit card transaction fees incurred from utilizing Wells Fargos for Bledsoe's injection clients. The amount of the fees owed totaled $1,987.68 ($1,571.46 from April and $416.22 from May). This "expense" was Bledsoe's responsibility pursuant to the oral agreement made between Bledsoe and Dr. Silver.

8. On June 11, 2018, Dr. Silver paid Wells Fargo Bank the $1987.68 transaction fee expense.

9. Dr. Silver retained an attorney to recover Bledsoe's expense as he was forced to pay the bank as he is the President of the corporation that Bledsoe completely utilized when she ran the business. Dr. never received the profits of the business and never paid expenses- this was all Bledsoe's responsibility per their oral agreement. In fact, Bledsoe drained the entire bank account with Wells Fargo when she left the clinic.

10. On July 11, 2018, Valarie Fujii, Esq. sent a demand letter to Bledsoe requesting that the $1,987.68 be paid back to Dr. Silver. Further, that Dr. Silver would have no other choice than to file a lawsuit for damages ***and attorneys*** fees if she failed to pay.

11. On July 24, 2018 Valerie Fujii, Esq. received a letter from Bledsoe's accountant refusing to pay the requested amount. Fujii thereafter filed suit on behalf of Dr. Silver in Las Vegas Justice Court for breach of oral contract and/or unjust enrichment.

CONCLUSIONS OF LAW

12. To prevail on his breach of contract claim, Silver must demonstrate: (1) the existence of an enforceable agreement; (2) Dr. Silver's performance; (3) Bledsoe's breach; and (4) Dr. Silver's damages as a result of Bledsoe's breach.

13. An oral agreement may be an enforceable contract if the parties have agreed upon the material terms. *See May v. Anderson*, 121 Nev. 668, 672, 119 P.3d 1254, 1257 (2005) (addressing the requirements of a contract); *Stone v. Mission Bay Mortg. Co.*, 99 Nev. 802, 672 P.2d 629 (1983) (recognizing the existence of an oral contract); *see also Tallman v. Eighth Judicial Dist. Court*, 131 Nev. ___, ___, 359 P.3d 113, 119 (2015) (addressing changes to an arbitration agreement and recognizing that oral contracts may be enforceable even where the parties have a prior written agreement).

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 18 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES / REVENGE MD,

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MOTION TO DISMISS DUE TO INSUFFICIENT PLEADING

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

I. Procedural Background.

The Nevada State Board of Pharmacy ("the Board") has submitted a Cease and Desist/Citation and Fine alleging violations of Nevada law upon Respondent, Case No. 21-042-B-S and 21-042-C-S (henceforth the "B" and "C" cases). The cases makes allegations of conduct ranging from July 2015 through February 2016 and present-day allegations. This first case alleges one cause of action. Respondent concurrently faces separate allegations in Cases 21-042-B-S and 21-042-C-S. Those cases involve allegations, including six (6) different causes of action. Paragraphs 4-9 of the Complaint detail the causes of action as criminal felonies.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021. The current date of the hearing for both cases is set for December 1, 2021.

II. Legal Argument.

THE COMPLAINT FAILS TO GIVE DEFENDANT ADEQUATE NOTICE UNDER DUE PROCESS BECAUSE IT FAILS TO LIST ANYTHING OTHER THAN CONCLUSORY ALLEGATIONS

The Complaint itself merely alleges that Defendant committed several violations of Nevada statutes, but it fails to mention any *specific acts, practices, procedures, or policies* of the Defendant that implicate the Defendant in these crimes. "The procedure for preparing and serving an accusation set forth in NRS 639.241 comports with minimum standards of due process by ensuring that a party to a hearing before the Board is apprised of the charges against it and the factual predicates for those charges." *Dutchess Bus. Servs. v. State, Bd. of Pharm*, 124 Nev. 701, 711-12 (Nev. 2008).

Further, the "C" case is without a definite time period beyond the fact that Defendant currently operates Revenge MD. Both Complaints are bereft on any *specific factual* predicates for Defendant *knowingly* committing any of the alleged violations of law. The Board's

furnished evidence merely presents the existence of several "dangerous drugs" and orders for those drugs.

Consequently, the Complaint should be dismissed because it fails to meet pleading standards required for due process.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 18 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, / REVENGE MD

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES/REVENGE MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

I. Procedural Background.

The Nevada State Board of Pharmacy ("the Board") has submitted a Cease and Desist/Citation and Fine alleging violations of Nevada law upon Respondent, Case No. 21-042-B-S and 21-042-C-S (henceforth the "B" and "C" cases). The cases makes allegations of conduct ranging from July 2015 through February 2016 and present-day allegations. This first case alleges one cause of action. Respondent concurrently faces separate allegations in Cases 21-042-B-S and 21-042-C-S. Those cases involve allegations, including six (6) different causes of action. Paragraphs 4-9 of the Complaint detail the causes of action as criminal felonies.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021. The current date of the hearing for both cases is set for December 1, 2021.

II. Legal Argument.

A. The Board should Dismiss The B Case Because the Applicable Statute of Limitations Have Run on All Claims.

The B case outlines the time period of the offending conduct as starting in 2015 and ending in 2016.

> **NRS 171.085 Limitations for felonies.** Except as otherwise provided in NRS 171.080 to 171.084, inclusive, and 171.095, an indictment for:
>
> 1. Theft, robbery, burglary, forgery, arson, sex trafficking, a violation of NRS 90.570, a violation punishable pursuant to paragraph (c) of subsection 3 of NRS 598.0999 or a violation of NRS 205.377 must be found, or an information or complaint filed, within 4 years after the commission of the offense.
>
> 2. Sexual assault must be found, or an information or complaint filed, within 20 years after the commission of the offense.

> 3. **Any felony other than the felonies listed in subsections 1 and 2 must be found, or an information or complaint filed, within 3 years after the commission of the offense.**

Consequently, the B case, because all its violations are felonies, are time barred.

B. The Board is without subject matter jurisdiction to hear the claims in the C case because those claims require a higher standard of proof than mere preponderance because the proceedings and right in question are quasi-criminal.

While the Board of Pharmacy is an administrative agency charged with performing quasi judicial functions, the current proceedings fail to sufficiently guard Defendant's due process rights because the matter is *at least* quasi-criminal and the quantum of proof is mere preponderance. Due process requires that the floor of the burden on the Board of Pharmacy be at least an intermediate standard of evidentiary proof.

"Although the legislature may not delegate its power to legislate, it may delegate the power to determine the facts or state of things upon which the law makes its own operations depend." *Sheriff v. Luqman*, 101 Nev. 149, 153 (Nev. 1985). The agency is only authorized to determine the facts which will make the statute effective…[s]uch authority will be upheld as constitutional so long as suitable standards are established by the legislature for the agency's use of its power." *Id.*

When an agency engages in fact finding of a quasi judicial nature, courts note the special nature of actions between the government and those under its authority. *See Crowell v. Benson*, 285 U.S. 22, 50 (1932). The Supreme Court has held that vesting administrative bodies with quasi judicial functions implicates Article III of the United States Constitution. *Northern Pipeline Co. v. Marathon Pipe Line Co.*, 458 U.S. 50, 83-84 (1982).[1]

---

[1] "The constitutional system of checks and balances is designed to guard against "encroachment or aggrandizement" by Congress at the expense of the other branches of government….But when Congress creates a statutory right, it clearly has the discretion, in defining that right, to create presumptions, or assign burdens of proof, or prescribe remedies; it may also provide that persons seeking to vindicate that right must do so before particularized tribunals created to perform the specialized

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

And state courts recognize that vesting ultimate judicial authority of any kind in an administrative body runs counter to due process. *See e.g. Salt Lake City v. Ohms*, 881 P.2d 844, 852 (Utah 1994).[2]

So too, do state courts recognize that criminal causes of action implicate unique due process concerns in the context of quasi-judicial proceedings. *County Council v. Investors Funding*, 270 Md. 403, 440 n.13 (Md. 1973).[3]

"A person "has a liberty interest in employment protected by the Due Process Clause" if "the dismissal effectively precludes future work in the individual's chosen profession."" *Braswell v. Shoreline Fire Dept*, 622 F.3d 1099, 1102-03 (9th Cir. 2010). Consequently, any punitive measures taken to invade such a liberty interest require a higher evidentiary standard than mere preponderance. *Id.*

Further, in Nevada, attorney discipline is a quasi-criminal matter. *In Matter of Discipline of Kevin J. Mirch*, No. 49212, at *1 (Nev. Apr. 10, 2008). Accordingly, the Nevada Supreme Court

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

---

adjudicative tasks related to that right. Such provisions do, in a sense, affect the exercise of judicial power, but they are also incidental to Congress' power to define the right that it has created. No comparable justification exists, however, when the right being adjudicated is not of congressional creation. In such a situation, substantial inroads into functions that have traditionally been performed by the Judiciary cannot be characterized merely as incidental extensions of Congress' power to define rights that it has created. Rather, such inroads suggest unwarranted encroachments upon the judicial power of the United States, which our Constitution reserves for Art. III courts."

[2] "The very attempt by the legislature to designate an individual other than a duly appointed judge to wield ultimate judicial power is, in and of itself, a violation of the separation of powers doctrine. Oversight of that individual by the judiciary is irrelevant because of the constitutional requirement that only duly appointed judges exercise ultimate judicial power in courts of record."

[3] "The power of adjudication to determine guilt or innocence in criminal cases cannot constitutionally be conferred upon administrative agencies because the criminal defendant is entitled to special procedural protection of a kind not given in civil proceedings in court or in proceedings before administrative agencies."

has stated that the standard of proof for attorney discipline is *clear and convincing* evidence. *See In re Stuhff*, 108 Nev. 629, 635 (Nev. 1992).

Here, however, each of the enumerated statutes constitutes a felony, unlike mere professional license revocation or professional discipline. Each statute is entirely criminal in nature, by its own terms:

> "A person who performs a surgical procedure on another person without a license which results in:
>
> 1. No substantial bodily harm to the person who received the procedure:
>
> (a) For a first offense, **is guilty of a category C felony** and shall be punished as provided in NRS 193.130.

Nev. Rev. Stat. § 200.840

> "1. A person who furnishes any dangerous drug except upon the prescription of a practitioner is **guilty of a category D felony** and shall be punished as provided in NRS 193.130, unless the dangerous drug was obtained originally by a legal prescription."

Nev. Rev. Stat. § 454.221

> 1. A person, other than a peace officer or inspector of the Board in the performance of his or her official duty, who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug or a prescription for a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration is **guilty of a category E felony** and shall be punished as provided in NRS 193.130.
>
> 2. A person who knowingly has in his or her possession any false, fictitious, forged or altered prescription for a dangerous drug **is guilty of a category E felony** and shall be punished as provided in NRS 193.130.
>
> 3. A person who knowingly:
>
> (a) Receives any dangerous drug from, or has in his or her possession or under his or her control any dangerous drug obtained by, another person as a result of any forged, false, fictitious or altered prescription; or
>
> (b) Fills a prescription which is not genuine, **is guilty of a category E felony** and shall be punished as provided in NRS 193.130.

Nev. Rev. Stat. § 454.311.

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

Article I, Section 8 of the Nevada constitution states that "one may not be tried for a capital or other infamous crime except "upon presentment or indictment of the grand jury, or upon information duly filed by a district attorney or attorney general of the State."

Consequently, the Board of Pharmacy is engaging in quasi-judicial fact-finding concerning *criminal matters*. Such factual findings, even in this civil context, would and will have preclusive effect in criminal proceedings. *See Britton v. City of North Las Vegas*, 106 Nev. 690, 693 (Nev. 1990); *See Yates v. United States*, 354 U.S. 298, 335 (1957).[4] Because the Board of Pharmacy adheres to a preponderance of the evidence standard of proof, the Board of Pharmacy is without subject matter jurisdiction to hear or decide on these criminal facts.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

[4] "We are in agreement with petitioner that the doctrine of collateral estoppel is not made inapplicable by the fact that this is a criminal case, whereas the prior proceedings were civil in character."

FILED
NOV 22 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SANDRA BLEDSOE, D/B/A VIP FACES,** **Respondent.**	**Case No. 21-042-S** **MOTION TO STRIKE/ OPPOSITION TO RESPONDENT'S MOTIONS TO DISMISS**

The Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this motion to strike/opposition to Respondent Sandra Bledsoe's Motion to Dismiss Due to Failure to State a Claim, Motion to Dismiss Due to Lack of Subject Matter Jurisdiction, and Motion to Dismiss Due to Insufficient Pleading (collectively "Motions to Dismiss"), all filed November 17, 2021.[1] This motion/opposition is based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. FACTUAL AND PROCEDURAL BACKGROUND

On or about May 3, 2021, pursuant to NRS 639.2895 a Cease and Desist/Citation and Fine was served upon Respondent alleging numerous violations of Nevada law arising from unlicensed practice in her ownership and operation of VIP Faces in Las Vegas from July 15, 2015, to at least February 14, 2016. On or about June 2, 2021, Bledsoe appealed the citation and requested a joint hearing before the Board. On or about July 23, 2021, Respondent was served with a Statement to the Respondent and Notice of Hearing pursuant to NRS 233B.121 for her VIP Faces appeal (hereinafter "NRS 233B Statement").

[1] Respondent's Motions to Dismiss conflate her VIP Faces appeal with a separate appeal of two citations for unlicensed practice in her current ownership and operation of Revenge MD in Henderson and Reno (Case Nos. 21-042-B-S and 21-042-C-S). A separate motion to strike/opposition has been filed in the Revenge MD appeal.

II. LEGAL STANDARD

The VIP Faces appeal is authorized by NRS 639.2895(2) and governed by the statutes for the adjudication of contested cases set forth in NRS 233B.121-.126, *inclusive*. The Board's authority is limited to either upholding or dismissing the citation. *See Andrews v. Nevada State Board of Cosmetology*, 86 Nev. 207, 208, 467 P.2d 96, 96-96 (2007).

Dismissal for failure to state a claim *prior* to a hearing should only result if the prosecution can prove no set of facts that support the charges. *See Simpson v. Mars Inc.*, 113 Nev. 188, 190, 929 P.2d 966, 967 (1997). The Board may strike "any insufficient defense or any redundant, immaterial, impertinent, or scandalous matter" filed in this matter. *See* NRCP 12(f); *see also Jordan v. State*, 121 Nev. 44, 61 n.32, 110 P.3d 30, 43, n.32 (2005), *abrogated on other grounds*.

III. ARGUMENT

Respondent's Motions to Dismiss must be stricken or denied since they are procedurally improper, predicated upon erroneous application of the law, and without merit.

A. Respondent is not being denied due process.

Respondent asserts that the NRS 233B Statement denies her due process in that it makes conclusory allegations.[2] NRS 233B.121(2) specifies that notice in a contested case must include:

(a) A statement of the time, place and nature of the hearing.
(b) A statement of the legal authority and jurisdiction under which the hearing is to be held.
(c) A reference to the particular sections of the statutes and regulations involved.
(d) A short and plain statement of the matters asserted.

The NRS 233B Statement clearly meets these requirements: it sets forth ten paragraphs of factual allegations, eight paragraphs citing applicable law, and one cause of action. "Nevada is a notice-pleading jurisdiction and pleadings should be liberally construed to allow issues that are fairly noticed to the adverse party." *Nevada State Bank v. Jamison Family Partnership*, 106

[2] Respondent cites NRS 639.241, which requires the filing of an accusation to initiate disciplinary proceedings against licensees and does not apply to the VIP Faces appeal.

Nev. 792, 801, 801 P.2 1377, 1383 (1990). The Nevada Supreme Court has further held that "in the context of administrative pleadings, 'due process requirements of notice are satisfied where the parties are sufficiently apprised of the nature of the proceedings so that there is no unfair surprise.'" *Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 124 Nev. 701, 712, 191 P.3d 1159, 1167 (2008).

Due process is not violated unless an administrative proceeding is so fundamentally unfair that a party is prevented from reasonably presenting his case and prejudiced as a result. *Manufactured Home Cmtys., Inc. v. Cty. of San Luis Obispo*, 167 Cal. App. 4th 705, 711 (2008) (*citing Sinaiko v. Superior Court*, 122 Cal. App. 4th 1133, 1140 (2004)). In this case, on or about September 24, 2021, Respondent was provided bate-stamped copies of the entire case file in response to her discovery request. Respondent is receiving a hearing, including the opportunity to present evidence, call witnesses and cross-examine opposing witnesses in conformance with NRS 233B.121(4) and NRS 233B.123(4)). Respondent has been accorded all necessary due process guarantees of fundamental fairness, including the opportunity to prepare a defense.

B. Respondent's Motions to Dismiss are predicated upon erroneous application of the law.

Respondent erroneously applies the law in numerous respects in an effort to contrive phantom defenses of failure to state a claim, lack of subject matter jurisdiction, and insufficient pleading.

1. Respondent erroneously asserts as a defense that she did not "knowingly" break the law.

Respondent presents the novel defense that she could not, and did not, know that she wasn't adequately supervised by Frank Silver, MD, in her operation of VIP Faces, and therefore cannot be responsible for violating the law. Although some of the laws she violated have a

"knowingly" element, that element does not absolve her of responsibility for her actions.[3] The definition applicable to the offenses in question appears in NRS 193.017:

> "Knowingly" imports a knowledge that the facts exist which constitute the act or omission of a crime, and does not require knowledge of its unlawfulness. Knowledge of any particular fact may be inferred from the knowledge of such other facts as should put an ordinarily prudent person upon inquiry.

This amounts to "constructive knowledge" and the Nevada Supreme Court has ruled that: "constructive knowledge fulfills a statutory requirement that an act be done 'knowingly' . . . state of mind need not be proved by positive or direct evidence, but may be inferred from conduct and the facts and circumstances disclosed by the evidence." *Garcia v. Sixth Judicial Dist. Court*, 117 Nev. 697, 701, 30 P.3d 1110, 1113 (2001) (*citing State v. Rhodig*, 101 Nev. 608, 611, 707 P.2d 549, 551 (1985)).

Respondent "knew" she was purchasing, storing, possessing, administering, furnishing and/or dispensing drugs to patients who had not been examined by a practitioner. Respondent "knew" she was providing on-site medical treatment to patients, including the administration of drugs through cosmetic injections, without direct practitioner supervision. Respondent "knew" she was counseling patients regarding their medical treatment. Her "failure to supervise" defense is a red herring and does not exonerate her.

In an effort to further obfuscate the issue on appeal, Respondent has submitted a bogus document she misrepresents as "Finding of Fact and Conclusions of Law" from litigation between her and Dr. Silver. *See* Exhibit A to Respondent's Motion to Dismiss Due to Failure to State a Claim. Aside from the fact that Exhibit A makes no mention of VIP Faces and is of no probative value to this appeal, that litigation was dismissed by stipulation of the parties and the court made no findings of fact or conclusions of law. *See* **Exhibit 1** – Stipulation and Order to Dismiss entered April 25, 2019, in Las Vegas Justice Court Case No. 18A003327.

---

[3] In support of her argument Respondent cites NRS 624.024; however, NRS Chapter 624 governs the licensing and regulation of contractors and has no application to the VIP Faces appeal.

2. Respondent erroneously asserts a statute of limitations defense.

Respondent erroneously cites the 3-year limitation period of NRS 171.085, which applies to the commencement of criminal prosecutions for felony acts. A "contested case" under NRS Chapters 233B is an administrative, not criminal, action and the limitations periods set forth in NRS Chapter 171 do not apply.

3. Respondent erroneously asserts that the Board lacks subject matter jurisdiction over her unlawful conduct.

Finally, Respondent contends that this appeal hearing is a *quasi-criminal* proceeding and therefore the Board somehow lacks subject matter jurisdiction over her unlicensed activity. She makes a convoluted argument referencing due process, standards of proof, constitutional checks and balances, and administrative res judicata, among other things.

There is no dispute that the Board is acting in a *quasi-judicial* capacity in this appeal hearing. *See Vill. League to Save Incline Assets, Inc. v. State*, 133 Nev. 1, 6, 388 P.3d 218, 222 (2017); *Buckwalter v. Nev. Bd. of Med. Exam'rs*, 678 F.3d 737, 740 (9th Cir. 2012); *Nev. Indus. Comm'n v. Reese*, 93 Nev. 115, 120-21, 560 P.2d 1352, 1355 (1977). However, the Nevada Supreme Court has expressly held that hearings before the Board are not *quasi-criminal* proceedings, even though the laws in question carry criminal penalties.[4] "[I]n holding [disciplinary] hearings, the Board [is] not adjudicating alleged criminal violations and [is] therefore not bound to apply criminal standards." *Dutchess Business Services*, 124 Nev. at 715, 191 P.3d at 1169.

Nor can Respondent seriously question the Board's express statutory authority to enforce the provisions of Chapters 453, 454 and 639 of NRS for the protection of the public. NRS 639.070(1)(l). This includes the express authority to issue a citation and assess an administrative

[4] This appeal hearing is *quasi-judicial* in that the Board is weighing evidence, fact-finding, reaching legal conclusions, and adjudicating the rights of parties before it on matters within its jurisdiction. This appeal hearing is not *quasi-criminal* since the Board is not to prosecuting criminal violations of law or imposing criminal penalties.

fine for any unlicensed activity falling within the Board's jurisdiction. NRS 639.2895; *compare S. Nev. Mem'l Hosp. v. Dep't of Human Res.*, 101 Nev. 387, 394, 705 P.2d 139, 144 (1985) (administrative agencies cannot enlarge their subject matter jurisdiction). Respondent's lack of subject matter jurisdiction argument fails.

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully requests that the Board strike or deny Respondent's Motions to Dismiss.

RESPECTFULLY SUBMITTED this 22nd day of November, 2021.

By:

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway – Suite 206
Reno, NV 89509
bkandt@pharmacy.nv.gov

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

LAS VEGAS JUSTICE COURT
FILED IN OPEN COURT
APR 25 2019
BY: AF

Silver Lining Wellness LTD, Frank P Silver, M.D., Plaintiff **vs.** **Sandy Bledsoe, Defendant(s)**	**CASE NO.: 18A003327** **JC Department 6**

ORDER FOR DISMISSAL

The above-referenced case came before the court for a Small Claims trial. The Court finds the following:

IT IS HEREBY ORDERED that:

☒ The Case is Dismissed ☐ with ☒ without prejudice due to non-appearance of the Plaintiff.

☐ The Case is Dismissed without prejudice due to parties, through Neighborhood Justice Center, completing a written Mediation Agreement.

☐ Case is Dismissed ☐ with ☐ without prejudice per Plaintiff's oral request.

☐ Other: _____

DATED this 25th day of April, 2019

Randall Tindall
Justice of the Peace/Pro Tempore

18A003327
CVDROR
Order
10830788

Exhibit 1

Las Vegas Justice Court
Electronically Filed
5/6/2019 12:18 PM
Suzan Baucum
CLERK OF THE COURT

SAO
VALARIE I. FUJII, ESQ.
Nevada Bar No.: 005955
VALARIE I. FUJII & ASSOCIATES
704 South Sixth Street
Las Vegas, Nevada 89101
(702) 341-6464 phone
(702) 734-6464 facsimile
vip@fujiilawlv.com

Attorney for Plaintiff
SILVER LINING WELLNESS LTD.
AND/OR FRANK P. SILVER, M.D.

LAS VEGAS TOWNSHIP JUSTICE COURT

CLARK COUNTY, NEVADA

SILVER LINING WELLNESS LTD. AND/OR FRANK P. SILVER, M.D., Plaintiff, v. SANDY BLEDSOE aka SANDRA BLEDSOE, Defendant.	CASE NO.: 18A003327 DEPT NO.: 6

STIPULATION AND ORDER TO DISMISS WITH PREJUDICE

IT IS HEREBY STIPULATED by and between the parties herein, Plaintiffs SILVER LINING WELLNESS LTD. and/or FRANK P. SILVER, M.D. and their counsel VALARIE I. FUJII, ESQ., of the law firm of VALARIE I. FUJII & ASSOCIATES, and Defendant SANDY BLEDSOE aka SANDRA BLEDSOE and her counsel, BRET O. WHIPPLE, ESQ., of the JUSTICE LAW CENTER, that this matter be dismissed with prejudice, with each party to bear his/her own costs and/or attorneys' fees herein.

RECEIVED
APR 24 2019
LAS VEGAS JUSTICE COURT

IT IS FURTHER STIPULATED that the Small Claims Trial scheduled for April 25, 2019, at 1:00 p.m. in Department 6/Judge Rebecca Kerns is hereby VACATED.

DATE: 04/24/19

VALARIE I. FUJII & ASSOCS.

VALARIE I. FUJII, ESQ.
Nevada Bar No. 5955
704 South Sixth Street
Las Vegas, Nevada 89101
Attorney for Plaintiffs
SILVER LINING WELLNESS LTD.
and/or FRANK P. SILVER, M.D.

DATE: 4-24-19

JUSTICE LAW CENTER

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 South Tenth Street
Las Vegas, Nevada 89101
Attorney for Defendant
SANDY BLEDSOE aka
SANDRA BLEDSOE

ORDER

Pursuant to the Stipulation of the parties,

IT IS SO ORDERED.

DATED this 1 day of May, 2019.

DISTRICT COURT JUDGE
PATRICK CHAPIN for REBECCA P. KEI

Submitted by:

VALARIE I. FUJII & ASSOCS.

VALARIE I. FUJII, ESQ.
Nevada Bar No. 5955
704 South Sixth Street
Las Vegas, Nevada 89101
Attorney for Plaintiffs
SILVER LINING WELLNESS LTD.
and/or FRANK P. SILVER, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of November, 2021, I served a true and correct copy of the foregoing document by U.S. mail and electronic mail to the following:

Bret Whipple, Esq.
bretwhipple@gmail.com
admin@justice-law-center.com
1100 S. 10th Street
Las Vegas, NV 89104

BRETT KANDT

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 29 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENGE MD

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO FAILURE TO STATE A CLAIM

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, Revenge MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO FAILURE TO STATE A CLAIM. This motion is made based upon the following memorandum of points and authorities.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

The opposition evades the gravamen of the motion's argument by conclusory *asserting* that Defendant "'knew' she was purchasing, storing, possessing, administering, furnishing and/or dispensing drugs to patients **who had not been examined by a practitioner**," the Defendant "knew she was providing on-site medical treatments to patients, including the administration of drugs through cosmetic injections, without direct practitioner supervision," the Defendant "knew she was engaged in the business of shipping, receiving, storing, and distributing prescription drug products into and within Nevada." The opposition is certain of these charges yet the factual predicates of these charges appear nowhere. Crucially, the opposition fails to *support* this charge. The Complaint certainly lacks any *support* for these charges.

The definition of "knowingly" that the opposition relies upon requires that Defendant to have been aware of inadequate supervision, because most acts that the Board alleges as unlawful are so *because they are undertaken* by someone without the proper licensure or without adequate supervision of someone with proper licensure.

Neither Complaint contains a specific factual predicate for the opposition's claims. There is no reference to Revenge MD's medical supervisor and how he specifically did not supervise Defendant and did not examine patients. To the extent that the violations require Defendant to have knowingly partaken in an action without valid supervision, the Complaint simply fails to allege any facts demonstrating a violation of the law in question.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 29 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENG MD,

RESPONDENT.

Case No. 21-042-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO INSUFFICIENT PLEADING

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, Revenge MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO INSUFFICIENT PLEADING. This motion is made based upon the following memorandum of points and authorities.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

The opposition, like the Complaint, invites us to presume its conclusions. NRS 233B.121(2) plainly requires a factual predicate to accompany the notice:

> (d) A short and plain statement of the matters asserted. If the agency or other party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter, upon application, a more definite and detailed statement must be furnished.

The opposition's argument is that *actual facts* are not required in a Complaint. Such a reading of NRS 233B.121(2) is absurd. The Complaint's "nine paragraphs of factual allegations" essentially recite the statutes underlying the causes of action and substitute Defendant's name. The Complaint's threadbare factual predicate gives Defendant almost no appraisal of the circumstances or facts that give rise to the charges against her. The notice, by failing to include details and facts that give rise to the violations codified by the statutory language, is fatally defective because Defendant's ability to prepare is hampered. *Cf. Coury v. Whittlesea-Bell*, 102 Nev. 302, 308 (Nev. 1986).

For example, when the Defendant is generally on notice of *specific acts* that give rise to causes of action, this satisfies the "liberal notice pleading" standard referred to by the opposition. *Nevada St. Apprenticeship v. Joint Appren*, 94 Nev. 763, 766 (Nev. 1979)(The JATC knew that its decision terminating Brooks was being challenged. It, better than Brooks, knew and had access to the factual data upon which its decision was based). Nevada courts have explicitly stated that any factual material absent from the Complaint cannot serve as the basis for a decision and that specific facts are necessary for a party to be "sufficiently apprised of the nature of the proceedings" *Home Warranty Adm'r of Nev., Inc. v. State*, 481 P.3d 1242, 1248 (Nev. 2021).

In *Home Warranty* two allegations were at issue (1) false entry of material fact, and (2) conducting business in an unsuitable manner. "In the amended complaint, the Division alleged that HWAN violated the false-entry statute, NRS 686A.070, by "falsely answer[ing] 'no' " to a question in several of HWAN's COR renewal applications asking whether HWAN or any new officers had been fined in other states since its previous application. It also alleged that "business practices of CHW, as documented by Nevada complaints; the Better Business Bureau, news and media outlets; and the findings of fact of the various Courts' actions" constituted a violation of the unsuitable-manner statute, NRS 679B.125(2)." Note first the nature of the allegations described in *Home Warranty*, they are both a set of *specific factual predicates*.

Further, the court in *Home Warranty* found a violation of due process where "[t]he hearing officer concluded that HWAN did not make the alleged false entries because answering "no" was truthful. As she explained, only CHW had been fined, and, despite HWAN's dba, HWAN is not CHW, so "no" was not a false entry. But she also concluded that HWAN did make false entries by answering "self" to the question asking for the applicant's administrator in several applications and by using an unapproved contract in 2015 that it did not disclose in that year's application. She likewise concluded that "the Division's evidence was insufficient to" prove the unsuitable-manner allegation, but nonetheless concluded that HWAN did conduct business in an unsuitable manner by using CHW as an administrator or sales agent." *Id.*

Because the hearing officer relied on a *different factual predicate* than the factual predicate contained in the amended complaint, the court held that the hearing officer violated the defendant's due process rights.

Here, the Complaint *completely lacks any specific factual predicate*. The Defendant simply is without notice as to the nature of the proceeding. While Defendant received

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

unbundled "evidence," without any real connection to a specific set of facts underlying the legal violations, Defendant simply cannot prepare beyond engaging in guesswork.

Several examples abound. The third cause of action fails to even outline any set of facts that support Defendant being a "wholesale distributor" subject to NRS 639.100, engaged in the business of shipping, receiving, storing, and distributing prescription drug products into Nevada."

NRS 639.016 defines a wholesale distributor as a party "who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician **to a person other than the consumer or patient.**" The Complaint lacks any factual predicate or specific instance alleging Defendant engaged in this conduct. Therefore the Complaint *cannot* state a claim for which relief can be granted under NRS 639.100.

Further, regarding NRS 454.351's prohibition on obtaining drugs from foreign markets, by its own terms NRS 454.351 states that that it is inapplicable in certain circumstances:

> (a) To physicians licensed to practice in this State who have been authorized by the United States Food and Drug Administration to possess experimental drugs for the purpose of conducting research to evaluate the effectiveness of such drugs and who maintain complete and accurate records of the use of such drugs and submit clinical reports as required by the United States Food and Drug Administration.
>
> (b) To any substance which has been licensed by the State Board of Health for manufacture in this State but has not been approved as a drug by the United States Food and Drug Administration. The exemption granted in this paragraph does not grant authority to transport such a substance out of this State.

Consequently, the Complaint fails to allege any facts that demonstrate that NRS 454.351 is somehow applicable in this situation, which means that it *cannot* state a claim for relief under NRS 454.351.

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

NRS 585.490 states that "[n]o person shall introduce or deliver for introduction into intrastate commerce any new drug which is subject to section 505 of the Federal Act (21 U.S.C. § 355), unless an application with respect to such drug has become effective thereunder." And section 21 U.S.C. § 321(p) states that:

> (p)The term "new drug" means—
>
> (1)Any drug (except a new animal drug or an animal feed bearing or containing a new animal drug) the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling thereof, except that such a drug not so recognized shall not be deemed to be a "new drug" if at any time prior to June 25, 1938, it was subject to the Food and Drugs Act of June 30, 1906, as amended, and if at such time its labeling contained the same representations concerning the conditions of its use; or
>
> (2)Any drug (except a new animal drug or an animal feed bearing or containing a new animal drug) the composition of which is such that such drug, as a result of investigations to determine its safety and effectiveness for use under such conditions, has become so recognized, but which has not, otherwise than in such investigations, been used to a material extent or for a material time under such conditions.

Without the attendant factual predicates supporting the statutes, i.e. demonstrating Defendant offered 'new drugs' into intrastate commerce without the proper application, the Complaint again *cannot* state a claim for relief under these statutes.

At bottom, the Complaint fails to allege *any facts* showing that the litany of legal violations contained within it ever occurred. The Complaint is a long set of string citations along with statutory language. Without any factual predicates, the Complaint simply cannot state any claims for relief.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 29 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENGE MD,

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, and Revenge MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

At outset, the opposition's silence regarding the 'B' case being time-barred by the applicable statutes of limitation demonstrates that the 'B' case is without merit and should be dismissed entirely. Regarding the 'C' case, the opposition concedes that the proceeding itself has the board acting in a quasi-judicial activity. But the opposition makes the leap to argue that the current proceedings are not quasi-criminal because of the holding in *Dutchess Bus. Servs. v. State, Bd. of Pharm*, 124 Nev. 701, 715 (Nev. 2008). The opposition misunderstands the holding; *Dutchess* concerned disciplinary hearings for licensees arising out of authority under NRS 639.210 and also, whether a "knowledge" requirement should be assumed present in a statute when said statute contained criminal penalties, thus requiring the Board to apply criminal standards.

A. The hearings here are under jurisdiction conferred by NRS 639.070, rendering the holding in *Dutchess* inapplicable.

The context of *Dutchess* was were defendants who "were both licensed as pharmaceutical wholesalers in the State of Nevada. **The Board has jurisdiction to discipline Nevada license holders under NRS 639.210.** " *Id.* at 709. However, the opposition invokes the Board's authority under NRS 639.070(1)(l) rather than the authority under NRS 639.210 and proceedings resulting therefrom, which *Dutchess* applies to.

Dutchess holds that hearings arising out of NRS 639.210 are not quasi-criminal proceedings. But here, the Complaints explicitly state that Defendant is *not* a licensed practitioner, and the Board is acting under NRS 639.070. Therefore, the current proceeding is not a disciplinary hearing for a licensee but instead *a general enforcement action*, meaning that *Dutchess* is inapplicable.

B. The statute at issue in *Dutchess* lacked an explicit knowledge requirement; here the Board seeks to enforce statutes with a knowledge requirement and admits it is applying criminal standards.

More importantly, the statute at issue in *Dutchess* is bereft of any explicit knowledge requirement and merely contained criminal penalties. The statutes at issue here nearly all *explicitly contain* a knowledge requirement, consonant with NRS 193.190's statement that "[i]n every crime or public offense there must exist a union, or joint operation of act and intention, or criminal negligence."

And the opposition *concedes* that NRS 193.017 is the definition of "knowingly" that applies to the statutes it intends to prosecute. (Opp. Page 4). The definition appears in NRS Title 15: Crimes and Punishments. Therefore, unlike in *Dutchess* where "[i]n holding its hearings, the Board was not adjudicating alleged criminal violations and was therefore not bound to apply criminal standards, *such as that contained in NRS 193.190*, when proceeding against Dutchess and Legend," here the opposition ***expressly admits*** that it is applying criminal standards such as those contained in NRS Title 15. The opposition even relies on *Garcia v. Dist. Ct.*, 117 Nev. 697, 700 (Nev. 2001), a *criminal case*, to further explicate what standard it intends to apply.

Therefore, the current proceeding is one that applies criminal standards and accordingly is necessarily *quasi-criminal* in nature. And Nevada courts are clear that when proceedings are quasi-criminal in nature, the Board must utilize a standard higher than mere preponderance. *Cf. Copren v. State Bar*, 64 Nev. 364, 380 (Nev. 1947)(Clear and convincing evidence required in quasi-criminal proceedings).

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

Medical Device Source

Order Number: 855688

Invoice Number: 1239

Date: 31-Mar-2017 14:00

Bill To

Acc.Number:	24130
Company:	Silver Linings Wellness
Fullname:	Dr. Frank Paul Silver
Address:	2550 E Desert Inn Road Suite # 319
City:	Las Vegas
State/Region:	Nevada
Zip:	89121
Country:	USA
Phone:	702-218-1083
Fax:	
Email:	silverliningsnv@yahoo.com

Ship To

Fullname:	Dr Frank Silver
Company:	Silver Linings Wellness
Address:	1900 E Desert Inn Road
City:	Las Vegas
State/Region:	Nevada
Zip:	89169
Country:	USA
Phone:	702-218-1083
Fax:	
Fax:	silverliningsnv@yahoo.com

Product(s)	Quantity	Price	SKU	Subtotal

Doctor Medica

CREDIT CARD AUTHORIZATION FORM:

Doctor Medica accepts VISA or MASTERCARD credit card(s) as payment terms:
All payments will be processed at the time the order is placed.
Please complete the information below. Scan and email to info@doctormedica.co or fax to 1-888-793-2862.

I / We Silver Linings Wellness hereby authorize **Doctor Medica** to charge my/our credit card below for all current and future purchases.

CARD HOLDER NAME: Frank Silver

BUSINESS NAME:(if applicable) Silver Linings Wellness

LAST FOUR DIGITS OF CARD NUMBER: 2457

CARD TYPE: VISA: X MASTERCARD: ____

EXPIRATION DATE: MONTH 2 YEAR 21

CVV NUMBER: (3 digit code on the back of the card) 739

BILLING ADDRESS: 2550 E. Desert Inn Rd #319

CITY, STATE, ZIP: Las Vegas NV. 89121

NAME / TITLE PRINTED: Frank Silver MD

SIGNATURE: [signature]

DATE: 10/10/17

CREDIT CARD AUTHORIZATION FORM:

Medica Depot accepts VISA or MASTERCARD credit card(s) as payment terms:
All payments will be processed at the time the order is placed.
Please complete the information below. Scan and email to info@medicadepot.com or fax to 1 - 844 - 569 - 5696.

I / We Silver Linings Wellness hereby authorize **Medica Depot** to charge my/our credit card below for all current and future purchases.

CARD HOLDER NAME: DR. Frank Silver

BUSINESS NAME:(If applicable) Silver Linings Wellness

LAST FOUR DIGITS OF CARD NUMBER: 8422

CARD TYPE: VISA: X MASTERCARD: _____

EXPIRATION DATE: MONTH 10 YEAR 20

CVV NUMBER: (3 digit code on the back of the card) 159

BILLING ADDRESS: 2550 E. Desert Inn suite 319

CITY, STATE, ZIP: Las Vegas, Nev. 89121

NAME / TITLE PRINTED: Frank Silver

X SIGNATURE: [signature]

DATE: 10-27-16

ORDER AUTHORIZATION FORM

- Full Name Dr. Frank Silver
- Company Silver Linings Wellness LTD
- Address 1900 E. Desert Inn
- Contact Phone 702-370-66116
- Fax Number 702-735-3431

Date 10-27-16

x Tracy Chamberlin

I hereby authorize x Sandra Bledsoe to order medical supplies, such as prescription drugs and medical devices, on my behalf. I further authorize the aforementioned person(s) to establish an account and enter into a customer agreement on behalf of myself or the Company that I legally represent. I have directly instructed the aforementioned person(s) to place all order(s) for any account I have established with Medica Depot. This authorization includes the supplies they order, the payment method they use, and the shipping destination for the order. I certify that I am a legal representative of the Company Silverlinings Wellness LTD and I am legally licensed to order, handle, and administer all medical supplies the aforementioned person(s) will order. I will notify Medica Depot immediately if at any time I want to change or revoke this authorization. Until such time, this authorization shall remain in effect.

X Print Name Dr. Frank Silver

X Signature

Scan and email this form to info@medicadepot.com or fax to 1.844.569.5696.

October 9, 2013
Desert Inn Medical Center
Frank Silver, M.D.
1900 Desert Inn
Las Vegas, Nevada
89169

To Whom It May Concern:
I am the Supervising Physician for Sandra L. Bledsoe, Medical Assistant. According to Senate Bill No. 294, which was adopted on January 1, 2012. Section 4 and 10 of this bill "...to adopt regulations relating to the supervision of Medical Assistants.
Sandra L. Bledsoe meets the standard provided by this recently adopted regulation and has also had training in injecting by

BETH ISRAEL MEDICAL CENTER

And Certified that she participated in the Medical Education Activity Entitled Progressive Aesthetic Learning Essential To Technical Expertise

(P.A.L.L.E.T.T.E.) Workshop Level 11

Renaissance Las Vegas

She also received additional special training provided by

AMI

MEDICAL DIRECTOR GRAHAM SIMPSON, M.D.

Specifically related to

BOTOX AND FILLERS IN AESTHETIC MEDICINE

In addition to the above qualifications, Sandra L. Bledsoe has been a Medical Assistant since 1996 with many hundreds of hours related to the medical field.

Supervising Physician,

Frank Silver, M.D.

Sandra Bledsoe

NEVADA INDIVIDUAL JURAT

State of Nevada
County of Clark
} SS.

Signed and sworn to (or affirmed) before me Helen Memar – Notary Public On this the 21st day of October, 2013, by Frank Silver, M.D. and Sandra Bledsoe

Helen Memar
Signature of Notary Public Helen Memar

HELEN MEMAR
Notary Public, State of Nevada
Appointment No. 12-8947-1
My Appt. Expires Oct 20, 2016

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Certification of Medical Education

Document Date: 10/9/13 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

NEVADA INDIVIDUAL JURAT

State of Nevada
County of Clark } SS.

Signed and sworn to (or affirmed) before me Helen Memar – Notary Public On this the 21st day of October, 2013, by Frank Silver, M.D. and Peggy Pruchnicki

Helen Memar
Signature of Notary Public

HELEN MEMAR
Notary Public, State of Nevada
Appointment No. 12-8947-1
My Appt. Expires Oct 20, 2016

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Notification to NV State Board Med. Examiners of Collaboration with advanced practice registered nurse
Document Date: 10/21/13 Number of Pages:

Signer(s) Other Than Named Above: N/A

RIGHT THUMBPRINT OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2

Top of thumb here

NOTIFICATION TO NEVADA STATE BOARD OF MEDICAL EXAMINERS OF COLLABORATION WITH AN ADVANCED PRACTICE REGISTERED NURSE

ATE OF NEVADA)
) ss.
COUNTY OF Clark)

NOTE: NO FEE REQUIRED

COMES NOW Dr. Frank Silver, **M.D., being first duly sworn, who deposes and says that:** I, the undersigned **physician**, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Medical Examiners, possess an active license to practice medicine in the state of Nevada, License Number 2641, and am in good standing with the Nevada State Board of Medical Examiners. I am engaged in the practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal, pending against me by the Nevada State Board of Medical Examiners or any other jurisdiction's medical licensing entity. **I have checked with the Nevada State Board of Nursing and determined that the advanced practice registered nurse with whom I am going to collaborate has never been formally disciplined by the Nevada State Board of Nursing.**

I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes concerning the duties of a collaborating physician, as well as Chapter 630 of the Nevada Administrative Code, which are the regulations adopted by the Nevada State Board of Medical Examiners concerning a physician's relationship with a physician assistant and/or advanced practice registered nurse. I have read and am aware of the regulation of the Nevada State Board of Medical Examiners under Chapter 630 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practice registered nurses, or with a combination of more than three physician assistants and advanced practice registered nurse without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practice registered nurses with whom I may simultaneously supervise or collaborate. An advanced practice registered nurse may perform the practice of nursing by using equipment that transfers information concerning the medical condition of a patient in this state electronically, telephonically or by fiber optics from within or outside this State or the United States. **Further, this relationship will not begin until I am in receipt of a file-stamped copy of this Notification bearing the receipt stamp of the Nevada State Board of Medical Examiners thereon.** Upon receipt of same, I will be collaborating with the following named advanced practice registered nurse at the following practice location(s):

Peggy Pruchnicki, APN
Name of Advanced Practice Registered Nurse

1900 East Desert Inn
Las Vegas, NV 89169
Practice Location(s) AND Telephone No. (use extra page if necessary)

I am aware that the **original** copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Medical Examiners, and that I must immediately notify the board, in writing, of the termination of this relationship.

WHEREFORE, I set my hand this 21st day of October, 2013.

FRANK SILVER
Collaborating Physician's Name (Print or Type)

X [signature] M.D.
Collaborating Physician's Signature

COMES NOW Peggy Pruchnicki, **A.P.R.N., being first duly sworn, who deposes and says that:** I, the undersigned **advanced practice registered nurse**, am duly licensed as an advanced practice registered nurse in the state of Nevada, and in good standing with the Nevada State Board of Nursing, have never been formally disciplined by the Nevada State Board of Nursing for a violation of the Nurse Practice Act of the state of Nevada. That I have read and am aware of the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws apply to advanced practice registered nurses. I am aware of the requirements of the Nevada State Board of Medical Examiners that my collaborating physician notify that Board of the termination of this agreement.

WHEREFORE, I set my hand this 21st day of October, 2013.

Peggy Pruchnicki
Advanced Practice Registered Nurse's Name (Print or Type)

[signature]
Advanced Practice Registered Nurse's Signature

The above-named Frank Silver
Physician's Name (Print)
(Print)
being first duly sworn, appeared before me on the 21st day of October, 2013, and **in my presence**, executed this document consisting of one (1) page.

[signature]
Notary Public

The above-named Peggy Pruchnicki
Advanced Practice Registered Nurse's Name
being first duly sworn, appeared before me on the 21st day of October, 2013, and **in my presence**, executed this document consisting one (1) page.

[signature]
Notary Public

Completed original form is to be mailed directly to:
Nevada State Board of Medical Examiners
1105 Terminal Way, Ste 301
Reno, NV 89502-2144

RESP 0008

ANCC
AMERICAN NURSES CREDENTIALING CENTER

CERTIFICATE

The Commission on Certification grants

Peggy Ann Pruchnicki

the credential of

Family Nurse Practitioner
FNP-BC

valid from June 22, 2014 to June 21, 2019

Certification Number: 0321530

COMMISSION ON CERTIFICATION · ANCC · BOARD CERTIFIED AMERICAN NURSES CREDENTIALING CENTER

Theresa A. Kessler, PhD, ACNS-BC
Chair, Commission on Certification

Michael L. Evans, PhD, RN, NEA-BC, FAAN
President, American Nurses Credentialing Center

NCCA ABSNC Accreditation Board for Specialty Nursing Certification
Formerly the ABNS Accreditation Council

This ANCC certification is accredited by the National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification.

ANCC
AMERICAN NURSES CREDENTIALING CENTER

The Commission on Certification grants

Peggy Ann Pruchnicki

the credential of

Family Nurse Practitioner
FNP-BC

valid from June 22, 2014 to June 21, 2019

Certification Number: 0321530

COMMISSION ON CERTIFICATION
BOARD CERTIFIED
AMERICAN NURSES CREDENTIALING CENTER
ANCC

Theresa A. Kessler, PhD, ACNS-BC
Chair, Commission on Certification

Michael L. Evans, PhD, RN, NEA-BC, FAAN
President, American Nurses Credentialing Center

NCCA
ABSNC Accreditation Board for Specialty Nursing Certification
Formerly the ABNS Accreditation Council

This ANCC certification is accredited by the National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification.

Peggy Pruchnicki, NP
Las Vegas, Nevada

To Whom It May Concern:
I am the Supervising Nurse Practitioner for Sandra L. Bledsoe, Medical Assistant. According to Senate Bill No. 294, which was adopted on January 1, 2012. Section 4 and 10 of this bill "...to adopt regulations relating to the supervision of Medical Assistants. Sandra L. Bledsoe meets the standard provided by this recently adopted regulation and has also had training in injecting by

BETH ISRAEL MEDICAL CENTER

And Certified that she participated in the Medical Education Activity Entitled

Progressive Aesthetic Learning Essential To Technical Expertise (P.A.L.L.E.T.T.E.) Workshop Level 11

Renaissance Las Vegas

She also received additional special training provided by

AMI

MEDICAL DIRECTOR GRAHAM SIMPSON, M.D.

Specifically related to

BOTOX AND FILLERS IN AESTHETIC MEDICINE

In addition to the above qualifications, Sandra L. Bledsoe has been a Medical Assistant since 1996 with many hundreds of hours related to the medical field.

Supervising Nurse Practitioner

Peggy Pruchnicki, NP

VIP AESTHETICS
AGREEMENT
SUPERVISOR
ADVANCED PRACTICE REGISTERED NURSE
APRN

November 12, 2013

VIP AESTHETICS
Sandra L. Bledsoe, MA, CAI

Peggy Prutchnicki, APRN

To Whom It May Concern: I am the SUPERVISING ADVANCED PRACTICE REGISISTERED NURSE, Peggy Prutchnicki for Sandra l. Bledsoe, MEDICAL ASSISTANT, CERTIFIED AESTHETIC INJECTOR. I do this supervision according to Senate Bill NO. 294, which was passed January 1, 2012. Also Senate bill 170, which relates to APRN'S ability to practice medicine without a Supervising Physician and was signed into law by Governor Sandoval and became effective July 1, 2013.
Legislative Counsel's Digest: page 26. (22) A Medical Assistant. In accordance with applicable regulations of the: BOARD OF MEDICAL EXAMINERS at the direction of the SUPERVISING MEDICAL PROFESSIONAL.
Existing law sets forth the exclusive list of persons who may possess and administer dangerous drugs in this State. (Sec. 34. NRS 454.215) Section 1 of this bill (294) and SB 170 authorizes A MEDICAL ASSISTANT, in accordance with applicable regulations of the : (a) Board of Medical Examiners, at the direction of (SB 170 PG. 26 LINE 42 6.) An ADVANCED PRACTICE REGISTERED NURSE who holds a certificate from the State Board of Pharmacy permitting him or her to dispense dangerous drugs.
Sandra L. Bledsoe meets the standards provided by the recently adopted regulations, SB 294 and SB 170 and has been trained and certified as an injector and to administer BOTOX and FILLERS.

Peggy Pruchnicki, NP
Las Vegas, Nevada

To Whom It May Concern:
I am the Supervising Nurse Practitioner for Sandra L. Bledsoe, Medical Assistant. According to Senate Bill No. 294, which was adopted on January 1, 2012. Section 4 and 10 of this bill "...to adopt regulations relating to the supervision of Medical Assistants. Sandra L. Bledsoe meets the standard provided by this recently adopted regulation and has also had training in injecting by

BETH ISRAEL MEDICAL CENTER

And Certified that she participated in the Medical Education Activity Entitled

Progressive Aesthetic Learning Essential To Technical Expertise (P.A.L.L.E.T.T.E.) Workshop Level 11

Renaissance Las Vegas

She also received additional special training provided by

AMI

MEDICAL DIRECTOR GRAHAM SIMPSON, M.D.

Specifically related to

BOTOX AND FILLERS IN AESTHETIC MEDICINE

In addition to the above qualifications, Sandra L. Bledsoe has been a Medical Assistant since 1996 with many hundreds of hours related to the medical field.

Supervising Nurse Practitioner

Peggy Pruchnicki, NP

August 16, 2013

Medical Excellence Clinic
Wen L. Guo
M.D., PhD.
Internal Medicine
Pain Management
Acupuncturist
Nutritionist
5568 South Fort Apache Road
Las Vegas, Nevada 89148

To Whom It May Concern:
I am the Supervising Physician for Sandra L. Bledsoe, Medical Assistant. According to Senate Bill No. 294, which was adopted on January 1, 2012. Section 4 and 10 of this bill "...to adopt regulations relating to the supervision of Medical Assistants.
Sandra L. Bledsoe meets the standard provided by this recently adopted regulation and has also had training in injecting by

BETH ISRAEL MEDICAL CENTER

And Certified that she participated in the Medical Education Activity Entitled Progressive Aesthetic Learning Essential To Technical Expertise

(P.A.L.L.E.T.T.E.) Workshop Level 11

Renaissance Las Vegas

She also received additional training in a special provided by

AMI

MEDICAL DIRECTOR GRAHAM SIMPSON, M.D.

Specifically related to

BOTOX AND FILLERS IN AESTHETIC MEDICINE

In addition to the above qualifications, Sandra L. Bledsoe has been a Medical Assistant since 1996 with many hundreds of hours related to the medical field.

Supervising Physician,

Wen L. Guo, M.D. PhD.

VIP AESTHETICS
AGREEMENT
SUPERVISOR
ADVANCED PRACTICE REGISTERED NURSE
APRN

November 12, 2013

VIP AESTHETICS
Sandra L. Bledsoe, MA, CAI

Carrie L. Chaney, APRN

To Whom It May Concern: I am the SUPERVISING ADVANCED PRACTICE REGISISTERED NURSE, Carrie L. Chaney for
Sandra l. Bledsoe, MEDICAL ASSISTANT, CERTIFIED AESTHETIC INJECTOR. I do this supervision according to Senate Bill NO. 294, which was passed January 1, 2012. Also Senate bill 170, which relates to APRN'S ability to practice medicine without a Supervising Physician and was signed into law by Governor Sandoval and became effective on July 1, 2013.
Legislative Counsel's Digest: page 26. (22) A Medical Assistant. In accordance with applicable regulations of the: BOARD OF MEDICAL EXAMINERS at the direction of the SUPERVISING MEDICAL PROFESSIONAL.
Existing law sets forth the exclusive list of persons who may possess and administer dangerous drugs in this State. (Sec. 34. NRS 454.215) Section 1 of this bill (294) and SB 170 authorizes A MEDICAL ASSISTANT, in accordance with applicable regulations of the : (a) Board of Medical Examiners, at the direction of (SB 170 PG. 26 LINE 42 6.) An ADVANCED PRACTICE REGISTERED NURSE who holds a certificate from the State Board of Pharmacy permitting him or her to dispense dangerous drugs.
Sandra L. Bledsoe meets the standards provided by the recently adopted regulations, SB 294 and SB 170 and has been trained and certified as an injector and to administer BOTOX and FILLERS

Carrie L. Chaney, APRN will supervise Sandra L. Bledsoe, MA. CAI, as appointments is scheduled and as they relate to patients they will be performing medical services where Carrie L. Chaney, APRN has direct involvement with Ms. Bledsoe and the patients.
This agreement is in effect as of November 12, 2013 for a period of two years and shall be governed by the LAWS OF THE STATE OF NEVADA.

TERMINATION: This agreement may be terminated upon thirty days (30) written notice by either party.

November 9, 2013

VIP AESTHETICS

_____
Sandra L. Bledsoe, MA, CAI

Date: _____

Carrie L. Chaney APRN
Carrie L. Chaney, APRN

Date: 11/12/13

AnazaoHealth® Corporation | Create. Heal. Live.™

Customer Rx Information

T(800) 995-4363 F(800) 238-8239 7465 W Sunset Rd #1200 Las Vegas, NV 89113 www.anazaohealth.com

Rx Summary Information

Rx #: 4016419
Patient: OFFICE, USE
DOB: 3/10/15
Customer: SILVER LININGS WELLNESS LTD

Physician: SILVER, FRANK
Fax Received: 9/21/2017 10:42 AM PT
Due Date: 9/26/17
Account ID: DESE03

Rx Order Entry Information

Script: VIAL - 10ml **Qty:**3 **Order Entry By:** D.G.
Volume: 30 **Created:** 9/21/2017 4:51 PM PT
Sig: FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL

Prescribed Drugs

TESTOSTERONE CYPIONATE (COMPOUNDED IN GRAPE SEED OIL) 200 MG/ML

Rx Verification Information

Verified By: D.G. **Date Verified:** 9/21/2017 4:52 PM PT

Rx Fill Information (QA2)

Drug	Amount	Unit	NDC	FilledBy
TESTOSTERONE CYPIONATE	6000	MG	38779-0164-08	R.H.

Rx Final QA (QA3)

QA3 By: Y.U.S. **QA3 Date:** 9/22/2017 9:36 PM PT

$102.81

Call your doctor for medical advice about side effects. You may also call your AnazaoHealth Corporation® pharmacist at (800) 995-4363 for consultation on your medications or to report adverse effects.

6B

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 18, 2021

VIA CERTIFIED U.S. MAIL

Sandra Bledsoe
Revenge MD
10605 Double R Blvd.
Reno, NV 89521

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada (Case No. 21-042-C-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that in the course of your ownership and operation of Revenge MD at 10605 Double R Blvd. in Reno you are engaged in unlicensed activity as follows:

1. You unlawfully purchase, store, possess, administer, furnish and/or dispense dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, to patients who have not been examined by a practitioner. You unlawfully provide on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).

2. You are engaged in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.285 and NAC 639.585-.607.

3. Some of the drug products involved are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. This constitutes a violation of federal law, including, without limitation, 21 U.S.C. § 331 and 21 U.S.C. § 355(a), and consequently a violation of NRS 454.351(1).

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars ($10,000.00) pursuant to NRS 639.2895(3). You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

9171 9690 0935 0252 0575 07

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Bret Whipple, Esq.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18st day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe
Revenge MD
10605 Double R Blvd
Reno, NV 89521

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104

KRISTOPHER MANGOSING

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 18, 2021

VIA CERTIFIED U.S. MAIL

Sandra Bledsoe
Revenge MD
2405 W. Horizon Ridge Pkwy #100
Henderson, Nevada 89052

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada (Case No. 21-042-B-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that in the course of your ownership and operation of Revenge MD at 2405 W. Horizon Ridge Pkwy #100 in Henderson in Reno you are engaged in unlicensed activity as follows:

1. You unlawfully purchase, store, possess, administer, furnish and/or dispense dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, to patients who have not been examined by a practitioner. You unlawfully provide on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).

2. You are engaged in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.285 and NAC 639.585-.607.

3. Some of the drug products involved are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. This constitutes a violation of federal law, including, without limitation, 21 U.S.C. § 331 and 21 U.S.C. § 355(a), and consequently a violation of NRS 454.351(1).

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars ($10,000.00) pursuant to NRS 639.2895(3). You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

9171 9690 0935 0252 0575 14

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Bret Whipple, Esq.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18st day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe
Revenge MD
2405. W Horizon Ridge Pkwy #100
Henderson, NV 89052

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104

KRISTOPHER MANGOSING

JUSTICE LAW CENTER

1100 S. 10th Street, Las Vegas, Nevada 89104
T: (702) 731-0000 F: (702) 974-4008
bretwhipple@gmail.com

June 2, 2021

FILED
JUN 02 2021
NEVADA STATE BOARD OF PHARMACY

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

BY E-mail: bkandt@pharmacy.nv.gov

RE: Revenge MD, CITATION/FINE: Unlicensed Activity (Case No. 21-042-B-S)

Dear Mr. Kandt:

Please accept this letter as notice of my client's appeal of the refenced citation, and its request for a hearing to the Board.

Very truly yours,

Bret Whipple, Esq.

cc: Sandra Bledsoe

FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SANDRA BLEDSOE, D/B/A REVENGE MD,** **Respondent.**	**Case Nos. 21-042-B-S/21-042-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 18, 2021, a Cease and Desist/Citation and Fine was served upon Respondent Sandra Bledsoe (Bledsoe) at Revenge MD in Henderson, and a separate Cease and Desist/Citation and Fine was served upon Bledsoe at Revenge MD in Reno, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Bledsoe owns and operates Revenge MD, with locations at 2405 W. Horizon Ridge Pkwy #100 in Henderson (Henderson location), 10605 Double R Blvd. in Reno (Reno location), and online at www.revengemd.com.

2. Bledsoe is not a licensed practitioner in Nevada.

3. In the course of operating both Revenge MD locations, Bledsoe unlawfully purchases, stores, possesses, administers, furnishes and/or dispenses dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, and controlled substances, specifically Phentermine, to patients who have not been examined by a practitioner.

4. In the course of operating both Revenge MD locations, Bledsoe unlawfully provides on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 200.840(1), NRS 454.213(1), NRS 454.221(1), 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356; NRS 639.100(1); NRS 639.281(1) and/or NRS 639.285.

5. In the course of operating both Revenge MD locations, Bledsoe unlawfully engages in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.288 and NAC 639.585-.607.

6. Some of the drug products involved are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. This constitutes a violation of federal law, including, without limitation, 21 U.S.C. § 331 and 21 U.S.C. § 355(a), and consequently a violation of NRS 454.351(1) and NRS 585.490.

7. Controlled substances and dangerous drugs at both Revenge MD locations were not kept in a locked storage area with access restricted to authorized persons, and Bledsoe failed to properly store, label, segregate and/or dispose of adulterated and/or expired drugs. Bledsoe permitted, without limitation, the following: opened, undated multi-dose injectables to be used for treatment of patients, vials of expired drugs for treatment of patients, unlabeled compounded drug products (no beyond use date nor information as to origin) for treatment of patients, and pre-drawn, unlabeled syringes with unknown substances for treatment of patients.

8. Bledsoe has refused to make requested records available in the course of the Board's investigation, including complete and accurate invoices and records of the sale and disposition of the drug products, and complete and accurate practitioner records.

9. On or about June 2, 2021, Bledsoe appealed both the Cease and Desist/Citation and Fine served upon the Henderson location and the Cease and Desist/Citation and Fine served upon the Reno location, and requested a hearing before the Board.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or dispense a controlled substance without specific authority to do so. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 639.100; NRS 639.23505; NAC 639.742.

11. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

12. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8).

13. It is a felony offense to dispense a controlled substance except as authorized by law. 21 U.S.C. § 841(a); NRS 453.232.

14. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

15. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356.

16. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

> [A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:
>
> (1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

> (2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

17. It is a felony offense to knowingly or intentionally obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 454.311(1).

18. It is a criminal offense to possess a dangerous drug in violation of Nevada law. NRS 454.316(1).

19. It is a felony offense to furnish any dangerous drug in violation of Nevada law. NRS 454.221(1).

20. It is a criminal offense to fraudulently represent oneself to be a practitioner. NRS 639.281(1).

21. It is a felony offense for an unlicensed person to sell or offer for sale any prescription drug. NRS 639.285.

22. It is a felony offense to perform a surgical procedure on another person without a license. NRS 200.840(1).

23. No person may engage in wholesale distribution of prescription drug products into and within Nevada without a license from the Board. 21 U.S. Code § 353(e)(1); 21 CFR Part 205; NRS 639.100; NRS 639.233; NRS 639.288 and NAC 639.585-.607.

24. It is a criminal offense to possess, procure, obtain, sell, offer for sale, give away or otherwise furnish any drug which may not be lawfully introduced into interstate commerce under the Federal Food, Drug and Cosmetic Act. 21 U.S.C. § 331; 21 U.S.C. § 352; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

25. All controlled substances and dangerous drugs must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 639.742(3)(c).

26. It is unlawful for any person to have in his or her possession, or under his or her control, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation or drug which is no longer safe or effective for use, as indicated by the expiration date appearing on its label, or adulterated or misbranded. 21 U.S.C. § 331; 21 U.S.C. § 351; 21 U.S.C. § 352; 21 CFR § 211.137; NRS 585.370; NRS 585.420; NRS 585.520; NRS 639.282(1)(d).

27. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

28. Multi-dose injectable vials must be dated at the time the seal of the multi-dose container is breached. The contents of the container may be used within 28 days after the breach of the seal occurred. Contents not used within the period set forth may not be used and must be destroyed. NAC 639.67057(2).

29. Complete and accurate invoices and records of the purchase, sale and disposition of drugs shall be maintained and open to inspection by the Board. NRS 454.286; NRS 639.090.

30. Refusing to furnish information lawfully required of the person or otherwise obstructing the course of a Board investigation is a criminal offense. NRS 197.190.

FIRST CAUSE OF ACTION

Unlawful Acquisition, Possession and Dispensing of a Controlled Substance

31. By unlawfully purchasing, storing, possessing, administering, furnishing and/or dispensing controlled substances to patients, specifically Phentermine, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.232, NRS 453.321, NRS 453.331(1)(d), NRS 453.377, NRS 453.381, NRS 453.391(1), NRS 453.401(l)(a), NRS 639.100, NRS 639.23505, NRS 639.281(1), NRS 639.285 and/or NAC 639.742.

SECOND CAUSE OF ACTION
Unlawful Acquisition, Possession and Dispensing of Dangerous Drugs

32. By unlawfully purchasing, storing, possessing, administering, furnishing and/or dispensing dangerous drugs, specifically cosmetic injectable fillers, to patients who have not been examined by a practitioner and without direct practitioner supervision, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213(1), NRS 454.221(1), 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356; NRS 639.100(1); NRS 639.281(1) and/or NRS 639.285.

THIRD CAUSE OF ACTION
Unlawful Wholesaling of Prescription Drugs

33. By engaging in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.288 and/or NAC 639.585-.607.

FOURTH CAUSE OF ACTION
Unlawful Acquisition/Possession/Distribution/Sale of Unapproved Drugs

34. By purchasing, storing, possessing, administering, furnishing, dispensing, shipping, receiving, storing and/or distributing drug products that are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S., Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS 585.490.

FIFTH CAUSE OF ACTION
Failure to Properly Secure, Store, Label, Segregate and Dispose Drugs

35. By permitting unrestricted and unsecured access to the stock of dangerous drugs at both Revenge MD locations, failing to properly store and label drugs, failing to follow procedures to reflect expiration dates on opened multi-dose injectable vials, and/or segregate

and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Bledsoe violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, 21 U.S.C. § 352, 21 CFR § 1301.71; 21 CFR § 211.137, NRS 585.370, NRS 585.420, NRS 585.520, NRS 639.282(1)(d), NAC 639.67057 and/or NAC 639.742(3)(c).

SIXTH CAUSE OF ACTION
Obstruction in Course of Board Investigation

36. By refusing to make requested records available in the course of the Board's investigation, including complete and accurate invoices and records of the sale and disposition of the drug products, and complete and accurate practitioner records, as alleged herein, Bledsoe violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, NRS 454.286 and/or NRS 639.090.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this, 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe c/o
Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104

SHIRLEY HUNTING

FILED
NOV 18 2021
NEVADA STATE BOARD OF PHARMACY

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENGE MD,

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

MOTION TO DISMISS DUE TO FAILURE TO STATE A CLAIM

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

I. Procedural Background.

The Nevada State Board of Pharmacy ("the Board") has submitted a Cease and Desist/Citation and Fine alleging violations of Nevada law upon Respondent, Case No. 21-042-B-S and 21-042-C-S (henceforth the "B" and "C" cases). The cases makes allegations of conduct ranging from July 2015 through February 2016 and present-day allegations. This first case alleges one cause of action. Respondent concurrently faces separate allegations in Cases 21-042-B-S and 21-042-C-S. Those cases involve allegations, including six (6) different causes of action. Paragraphs 4-9 of the Complaint detail the causes of action as criminal felonies.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021. The current date of the hearing for both cases is set for December 1, 2021.

II. Legal Argument.

DEFENDANT HAS ALWAYS OPERATED HER BUSINESSES UNDER THE SUPERVISION OF A LICENSED PHYSICAIN

Regarding the B case, Frank Silver had a valid license from the Nevada Medical Board to practice medicine. Dr. Silver has stated that he agreed to supervise Defendant in her medical injections. (Exhibit A).[1] The Board has failed to show how Defendant's acts under Dr. Silver were unsupervised or not a direct result of his supervision. Further, Revenge MD also has a medical director with a valid license. Nothing in the Complaint demonstrates that any of Defendant's actions were undertaken without the supervision of a licensed practitioner.

Every charge by the Board of Pharmacy requires that the party *knowingly* undertake the conduct proscribed by statute. Nev. Rev. Stat. § 624.024 defines knowingly:

---

[1] Counsel is currently waiting on the certified copy for the Stipulation and Order in 18A003327. The document attached is materially identical to the filed copy and Counsel will supplement this motion with the certified copy of the Stipulation and Order when it arrives.

> "Knowingly" imports a knowledge that the facts exist which constitute the act or omission, and does not require knowledge of the prohibition against the act or omission. Knowledge of any particular fact may be inferred from the knowledge of such other facts as should put an ordinarily prudent person upon inquiry.

For Defendant to have knowingly done anything without the supervision or prescription of a practitioner, the Defendant would have had to have known the practitioner had failed to adequately supervise or prescribe the recommended course of action. *Poole v. Nev. Auto Dealership Invs.*, 449 P.3d 479, 483 (Nev. App. 2019). Nothing in the Complaint or the Board's evidence demonstrates that Defendant was aware that she undertook any of the acts without proper supervision by a practitioner. Accordingly, because the Board has failed to allege or demonstrate how Defendant knowingly undertook any of these actions, the Complaint should be dismissed for failure to state a claim.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

EXHIBIT A

Valarie I. Fujii, Esq.
704 South Sixth Street
Las Vegas, NV 89101
702-341-6464
vip@fujiilawlv.com

LAS VEGAS TOWNSHIP JUSTICE COURT

CLARK COUNTY, NEVADA

FRANK P. SILVER, MD, an individual Plaintiff, v. SANDRA BLEDSOE, an individual Defendant.	CASE NO.: DEPT. NO. **PROPOSED** FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter having come on for non-jury trial before the Honorable _____ on _____2018, Plaintiff Frank Silver, MD appearing by and through Valarie I. Fujii, Esq. and Sandra Bledsoe appearing pro se, and after reading and considered the pleadings filed by the parties; having reviewed the evidence admitted during the trial; and having heard and carefully considered the testimony of the witnesses called to testify; having considered the oral and written arguments of counsel, and with the intent of deciding all claims before the Court pursuant to NRCP 52(a) and 58; the Court makes the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. Dr. Frank P. Silver owns Desert Inn Medical Center doing business as "Silmo" located at 1900 E. Desert Inn Road, Las Vegas, NV 89169. Dr. Silver is a board certified OB/GYN and provides family, personal injury and disability medical treatment for his patients. Dr. Silver and other medical personnel conduct business within the medical center. Dr. Silver has been practicing medicine for over 50 years.

2. Sandra Bledsoe is a "medical injector" who specializes in injecting fillers, including botox, restalyne and other products for cosmetic purposes.

3. Approximately three years ago, Dr. Silver and Bledsoe entered into a verbal agreement whereby Dr. Silver created a corporation called "Silver Lining Wellness Ltd. Dr. Silver agreed to "supervise" Bledsoe while she performed injections on Bledsoe's clients. Dr. Silver would get $1,000 a month rent from Bledsoe and he also received $10 per client file that Bledsoe would perform injections on. In exchange, all of Silver Lining Wellness' business was run completely by Bledsoe. Bledsoe handled all of the accounts receivable, paid all of the expenses of the corporation, and basically ran the business with Silver merely "supervising" her injections on her clients as a "supervising" doctor. Consequently, Bledsoe signed all of the checks of Silver Lining Wellness and regulated all activities because she was actually completely running the business/corporation. By law, at the time, an injector like Bledsoe, had to be supervised when giving injections by a doctor in order to perform these injections on clients.

4. Silver Lining Wellness utilized Wells Fargo Bank to process its credit card transactions for paying clients. Instead of charging a fee for each credit card transaction like some companies, like for example, "Square", Wells Fargo instead, billed monthly a "transaction fee" for paying cosmetic clients' credit card transactions run through the business. Obviously, depending on business, this expense amount varied monthly.

5. During the month of April (4/3/18 through 4/27/18, Bledsoe- through Silver Linings Wellness-ran $54,364.38 in credit card charges which resulted in transactions fees due for merchant services totaling $1,615.12. This business expense, or fee transaction, is reflected on Wells Fargo's bank statements by the 9th or 10th of every month. That month Wells Fargo also gave Silver Linings a credit of $43.66 which reflected a credit to the transaction fees as funds were still in the account before Dr. Silver closed the account upon Bledsoe's leaving around that same time. Bledsoe took all of the funds from the account-which properly belonged to her from Silver Linings Wellness from her injections.

6. Bledsoe left the business with Dr. Silver in May of 2018, and Dr. Silver thereafter closed the Wells Fargo account Bledsoe had access to on May 10, 2018. The bank charged Silver Wellness' account another $416.22 for credit card transactions fees from 4/30/18 to 5/10/18-reflecting the date that Silver closed the account.

7. Although Bledsoe left the business and began working for at another doctor's office utilizing that doctor's corporation "Revenge MD" with her new physician, Bledsoe failed to pay Dr. Silver for the final credit card transaction fees incurred from utilizing Wells Fargos for Bledsoe's injection clients. The amount of the fees owed totaled $1,987.68 ($1,571.46 from April and $416.22 from May). This "expense" was Bledsoe's responsibility pursuant to the oral agreement made between Bledsoe and Dr. Silver.

8. On June 11, 2018, Dr. Silver paid Wells Fargo Bank the $1987.68 transaction fee expense.

9. Dr. Silver retained an attorney to recover Bledsoe's expense as he was forced to pay the bank as he is the President of the corporation that Bledsoe completely utilized when she ran the business. Dr. never received the profits of the business and never paid expenses- this was all Bledsoe's responsibility per their oral agreement. In fact, Bledsoe drained the entire bank account with Wells Fargo when she left the clinic.

10. On July 11, 2018, Valarie Fujii, Esq. sent a demand letter to Bledsoe requesting that the $1,987.68 be paid back to Dr. Silver. Further, that Dr. Silver would have no other choice than to file a lawsuit for damages ***and attorneys*** fees if she failed to pay.

11. On July 24, 2018 Valerie Fujii, Esq. received a letter from Bledsoe's accountant refusing to pay the requested amount. Fujii thereafter filed suit on behalf of Dr. Silver in Las Vegas Justice Court for breach of oral contract and/or unjust enrichment.

CONCLUSIONS OF LAW

12. To prevail on his breach of contract claim, Silver must demonstrate: (1) the existence of an enforceable agreement; (2) Dr. Silver's performance; (3) Bledsoe's breach; and (4) Dr. Silver's damages as a result of Bledsoe's breach.

13. An oral agreement may be an enforceable contract if the parties have agreed upon the material terms. *See May v. Anderson*, 121 Nev. 668, 672, 119 P.3d 1254, 1257 (2005) (addressing the requirements of a contract); *Stone v. Mission Bay Mortg. Co.*, 99 Nev. 802, 672 P.2d 629 (1983) (recognizing the existence of an oral contract); *see also Tallman v. Eighth Judicial Dist. Court*, 131 Nev. ___, ___, 359 P.3d 113, 119 (2015) (addressing changes to an arbitration agreement and recognizing that oral contracts may be enforceable even where the parties have a prior written agreement).

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 18 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES / REVENGE MD,

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MOTION TO DISMISS DUE TO INSUFFICIENT PLEADING

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

I. Procedural Background.

The Nevada State Board of Pharmacy ("the Board") has submitted a Cease and Desist/Citation and Fine alleging violations of Nevada law upon Respondent, Case No. 21-042-B-S and 21-042-C-S (henceforth the "B" and "C" cases). The cases makes allegations of conduct ranging from July 2015 through February 2016 and present-day allegations. This first case alleges one cause of action. Respondent concurrently faces separate allegations in Cases 21-042-B-S and 21-042-C-S. Those cases involve allegations, including six (6) different causes of action. Paragraphs 4-9 of the Complaint detail the causes of action as criminal felonies.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021. The current date of the hearing for both cases is set for December 1, 2021.

II. Legal Argument.

THE COMPLAINT FAILS TO GIVE DEFENDANT ADEQUATE NOTICE UNDER DUE PROCESS BECAUSE IT FAILS TO LIST ANYTHING OTHER THAN CONCLUSORY ALLEGATIONS

The Complaint itself merely alleges that Defendant committed several violations of Nevada statutes, but it fails to mention any *specific acts, practices, procedures, or policies* of the Defendant that implicate the Defendant in these crimes. "The procedure for preparing and serving an accusation set forth in NRS 639.241 comports with minimum standards of due process by ensuring that a party to a hearing before the Board is apprised of the charges against it and the factual predicates for those charges." *Dutchess Bus. Servs. v. State, Bd. of Pharm*, 124 Nev. 701, 711-12 (Nev. 2008).

Further, the "C" case is without a definite time period beyond the fact that Defendant currently operates Revenge MD. Both Complaints are bereft on any *specific factual* predicates for Defendant *knowingly* committing any of the alleged violations of law. The Board's

furnished evidence merely presents the existence of several "dangerous drugs" and orders for those drugs.

Consequently, the Complaint should be dismissed because it fails to meet pleading standards required for due process.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 18 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, / REVENGE MD

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES/REVENGE MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

I. Procedural Background.

The Nevada State Board of Pharmacy ("the Board") has submitted a Cease and Desist/Citation and Fine alleging violations of Nevada law upon Respondent, Case No. 21-042-B-S and 21-042-C-S (henceforth the "B" and "C" cases). The cases makes allegations of conduct ranging from July 2015 through February 2016 and present-day allegations. This first case alleges one cause of action. Respondent concurrently faces separate allegations in Cases 21-042-B-S and 21-042-C-S. Those cases involve allegations, including six (6) different causes of action. Paragraphs 4-9 of the Complaint detail the causes of action as criminal felonies.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021. The current date of the hearing for both cases is set for December 1, 2021.

II. Legal Argument.

A. The Board should Dismiss The B Case Because the Applicable Statute of Limitations Have Run on All Claims.

The B case outlines the time period of the offending conduct as starting in 2015 and ending in 2016.

> **NRS 171.085 Limitations for felonies.** Except as otherwise provided in NRS 171.080 to 171.084, inclusive, and 171.095, an indictment for:
>
> 1. Theft, robbery, burglary, forgery, arson, sex trafficking, a violation of NRS 90.570, a violation punishable pursuant to paragraph (c) of subsection 3 of NRS 598.0999 or a violation of NRS 205.377 must be found, or an information or complaint filed, within 4 years after the commission of the offense.
>
> 2. Sexual assault must be found, or an information or complaint filed, within 20 years after the commission of the offense.

> 3. **Any felony other than the felonies listed in subsections 1 and 2 must be found, or an information or complaint filed, within 3 years after the commission of the offense.**

Consequently, the B case, because all its violations are felonies, are time barred.

B. The Board is without subject matter jurisdiction to hear the claims in the C case because those claims require a higher standard of proof than mere preponderance because the proceedings and right in question are quasi-criminal.

While the Board of Pharmacy is an administrative agency charged with performing quasi judicial functions, the current proceedings fail to sufficiently guard Defendant's due process rights because the matter is *at least* quasi-criminal and the quantum of proof is mere preponderance. Due process requires that the floor of the burden on the Board of Pharmacy be at least an intermediate standard of evidentiary proof.

"Although the legislature may not delegate its power to legislate, it may delegate the power to determine the facts or state of things upon which the law makes its own operations depend." *Sheriff v. Luqman*, 101 Nev. 149, 153 (Nev. 1985). The agency is only authorized to determine the facts which will make the statute effective…[s]uch authority will be upheld as constitutional so long as suitable standards are established by the legislature for the agency's use of its power." *Id.*

When an agency engages in fact finding of a quasi judicial nature, courts note the special nature of actions between the government and those under its authority. *See Crowell v. Benson*, 285 U.S. 22, 50 (1932). The Supreme Court has held that vesting administrative bodies with quasi judicial functions implicates Article III of the United States Constitution. *Northern Pipeline Co. v. Marathon Pipe Line Co.*, 458 U.S. 50, 83-84 (1982).[1]

---

[1] "The constitutional system of checks and balances is designed to guard against "encroachment or aggrandizement" by Congress at the expense of the other branches of government….But when Congress creates a statutory right, it clearly has the discretion, in defining that right, to create presumptions, or assign burdens of proof, or prescribe remedies; it may also provide that persons seeking to vindicate that right must do so before particularized tribunals created to perform the specialized

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

And state courts recognize that vesting ultimate judicial authority of any kind in an administrative body runs counter to due process. *See e.g. Salt Lake City v. Ohms*, 881 P.2d 844, 852 (Utah 1994).[2]

So too, do state courts recognize that criminal causes of action implicate unique due process concerns in the context of quasi-judicial proceedings. *County Council v. Investors Funding*, 270 Md. 403, 440 n.13 (Md. 1973).[3]

"A person "has a liberty interest in employment protected by the Due Process Clause" if "the dismissal effectively precludes future work in the individual's chosen profession."" *Braswell v. Shoreline Fire Dept*, 622 F.3d 1099, 1102-03 (9th Cir. 2010). Consequently, any punitive measures taken to invade such a liberty interest require a higher evidentiary standard than mere preponderance. *Id.*

Further, in Nevada, attorney discipline is a quasi-criminal matter. *In Matter of Discipline of Kevin J. Mirch*, No. 49212, at *1 (Nev. Apr. 10, 2008). Accordingly, the Nevada Supreme Court

---

adjudicative tasks related to that right. Such provisions do, in a sense, affect the exercise of judicial power, but they are also incidental to Congress' power to define the right that it has created. No comparable justification exists, however, when the right being adjudicated is not of congressional creation. In such a situation, substantial inroads into functions that have traditionally been performed by the Judiciary cannot be characterized merely as incidental extensions of Congress' power to define rights that it has created. Rather, such inroads suggest unwarranted encroachments upon the judicial power of the United States, which our Constitution reserves for Art. III courts."

[2] "The very attempt by the legislature to designate an individual other than a duly appointed judge to wield ultimate judicial power is, in and of itself, a violation of the separation of powers doctrine. Oversight of that individual by the judiciary is irrelevant because of the constitutional requirement that only duly appointed judges exercise ultimate judicial power in courts of record."

[3] "The power of adjudication to determine guilt or innocence in criminal cases cannot constitutionally be conferred upon administrative agencies because the criminal defendant is entitled to special procedural protection of a kind not given in civil proceedings in court or in proceedings before administrative agencies."

has stated that the standard of proof for attorney discipline is *clear and convincing* evidence. *See In re Stuhff*, 108 Nev. 629, 635 (Nev. 1992).

Here, however, each of the enumerated statutes constitutes a felony, unlike mere professional license revocation or professional discipline. Each statute is entirely criminal in nature, by its own terms:

> "A person who performs a surgical procedure on another person without a license which results in:
>
> 1. No substantial bodily harm to the person who received the procedure:
>
> (a) For a first offense, **is guilty of a category C felony** and shall be punished as provided in NRS 193.130.

Nev. Rev. Stat. § 200.840

> "1. A person who furnishes any dangerous drug except upon the prescription of a practitioner is **guilty of a category D felony** and shall be punished as provided in NRS 193.130, unless the dangerous drug was obtained originally by a legal prescription."

Nev. Rev. Stat. § 454.221

> 1. A person, other than a peace officer or inspector of the Board in the performance of his or her official duty, who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug or a prescription for a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration is **guilty of a category E felony** and shall be punished as provided in NRS 193.130.
>
> 2. A person who knowingly has in his or her possession any false, fictitious, forged or altered prescription for a dangerous drug **is guilty of a category E felony** and shall be punished as provided in NRS 193.130.
>
> 3. A person who knowingly:
>
> (a) Receives any dangerous drug from, or has in his or her possession or under his or her control any dangerous drug obtained by, another person as a result of any forged, false, fictitious or altered prescription; or
>
> (b) Fills a prescription which is not genuine, **is guilty of a category E felony** and shall be punished as provided in NRS 193.130.

Nev. Rev. Stat. § 454.311.

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

Article I, Section 8 of the Nevada constitution states that "one may not be tried for a capital or other infamous crime except "upon presentment or indictment of the grand jury, or upon information duly filed by a district attorney or attorney general of the State."

Consequently, the Board of Pharmacy is engaging in quasi-judicial fact-finding concerning *criminal matters*. Such factual findings, even in this civil context, would and will have preclusive effect in criminal proceedings. *See Britton v. City of North Las Vegas*, 106 Nev. 690, 693 (Nev. 1990); *See Yates v. United States*, 354 U.S. 298, 335 (1957).[4] Because the Board of Pharmacy adheres to a preponderance of the evidence standard of proof, the Board of Pharmacy is without subject matter jurisdiction to hear or decide on these criminal facts.

DATED this 17th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

[4] "We are in agreement with petitioner that the doctrine of collateral estoppel is not made inapplicable by the fact that this is a criminal case, whereas the prior proceedings were civil in character."

FILED
NOV 22 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SANDRA BLEDSOE, D/B/A REVENGE MD,** **Respondent.**	**Case Nos. 21-042-B-S/21-042-C-S** **MOTION TO STRIKE/ OPPOSITION TO RESPONDENT'S MOTIONS TO DISMISS**

The Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this motion to strike/opposition to Respondent Sandra Bledsoe's Motion to Dismiss Due to Failure to State a Claim, Motion to Dismiss Due to Lack of Subject Matter Jurisdiction, and Motion to Dismiss Due to Insufficient Pleading (collectively "Motions to Dismiss"), all filed November 17, 2021.[1] This motion/opposition is based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. FACTUAL AND PROCEDURAL BACKGROUND

On or about May 18, 2021, pursuant to NRS 639.2895 a Cease and Desist/Citation and Fine was served upon Respondent at Revenge MD in Henderson, and a separate Cease and Desist/Citation and Fine was served upon Respondent at Revenge MD in Reno, alleging numerous violations of Nevada law arising from unlicensed practice. On or about June 2, 2021, Bledsoe appealed both the citation served upon the Henderson Revenge MD location (Case No. 21-042-B-S) and the citation served upon the Reno Revenge MD location (Case No. 21-042-C-S), and requested a joint hearing before the Board on both citations. On or about July 23, 2021,

[1] Respondent's Motions to Dismiss conflate her Revenge MD appeal with a separate appeal of a citation for unlicensed practice in her past ownership and operation of VIP Faces in Las Vegas (Case No. 21-042-S). A separate motion to strike/opposition has been filed in the VIP Faces appeal.

Respondent was served with a single Statement to the Respondent and Notice of Hearing pursuant to NRS 233B.121 for her Revenge MD appeal (hereinafter "NRS 233B Statement").

II. LEGAL STANDARD

The Revenge MD appeal is authorized by NRS 639.2895(2) and governed by the statutes for the adjudication of contested cases set forth in NRS 233B.121-.126, *inclusive*. The Board's authority is limited to either upholding or dismissing the citation. *See Andrews v. Nevada State Board of Cosmetology*, 86 Nev. 207, 208, 467 P.2d 96, 96-96 (2007).

Dismissal for failure to state a claim *prior* to a hearing should only result if the prosecution can prove no set of facts that support the charges. *See Simpson v. Mars Inc.*, 113 Nev. 188, 190, 929 P.2d 966, 967 (1997). The Board may strike "any insufficient defense or any redundant, immaterial, impertinent, or scandalous matter" filed in this matter. *See* NRCP 12(f); *see also Jordan v. State*, 121 Nev. 44, 61 n.32, 110 P.3d 30, 43, n.32 (2005), *abrogated on other grounds*.

III. ARGUMENT

Respondent's Motions to Dismiss must be stricken or denied since they are procedurally improper, predicated upon erroneous application of the law, and without merit.

A. Respondent is not being denied due process.

Respondent asserts that the NRS 233B Statement denies her due process in that it makes conclusory allegations.[2] NRS 233B.121(2) specifies that notice in a contested case must include:

(a) A statement of the time, place and nature of the hearing.
(b) A statement of the legal authority and jurisdiction under which the hearing is to be held.
(c) A reference to the particular sections of the statutes and regulations involved.
(d) A short and plain statement of the matters asserted.

The NRS 233B Statement clearly meets these requirements: it sets forth nine paragraphs of factual allegations, ten paragraphs citing applicable law, and six causes of action. "Nevada is

[2] Respondent cites NRS 639.241, which requires the filing of an accusation to initiate disciplinary proceedings against licensees and does not apply to this proceeding.

a notice-pleading jurisdiction and pleadings should be liberally construed to allow issues that are fairly noticed to the adverse party." *Nevada State Bank v. Jamison Family Partnership*, 106 Nev. 792, 801, 801 P.2 1377, 1383 (1990). The Nevada Supreme Court has further held that "in the context of administrative pleadings, 'due process requirements of notice are satisfied where the parties are sufficiently apprised of the nature of the proceedings so that there is no unfair surprise.'" *Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 124 Nev. 701, 712, 191 P.3d 1159, 1167(2008) (citations omitted).

Due process is not violated unless an administrative proceeding is so fundamentally unfair that a party is prevented from reasonably presenting his case and prejudiced as a result. *Manufactured Home Cmtys., Inc. v. Cty. of San Luis Obispo*, 167 Cal. App. 4th 705, 711 (2008) (*citing Sinaiko v. Superior Court*, 122 Cal. App. 4th 1133, 1140 (2004)). In this case, on or about September 24, 2021, Respondent was provided bate-stamped copies of the entire case file in response to her discovery request. Respondent is receiving a hearing, including the opportunity to present evidence, call witnesses and cross-examine opposing witnesses in conformance with NRS 233B.121(4) and NRS 233B.123(4)). Respondent has been accorded all necessary due process guarantees of fundamental fairness, including the opportunity to prepare a defense.

B. Respondent's Motions to Dismiss are predicated upon erroneous application of the law.

Respondent erroneously applies the law in numerous respects in an effort to contrive phantom defenses of failure to state a claim, lack of subject matter jurisdiction, and insufficient pleading.

1. Respondent erroneously asserts as a defense that she did not "knowingly" break the law.

Respondent presents the novel defense that she could not, and did not, know that she wasn't adequately supervised by a practitioner, and therefore cannot be responsible for violating the law. Although some of the laws she violated have a "knowingly" element, that element does

not absolve her of responsibility for her actions.[3] The definition applicable to the offenses in question appears in NRS 193.017:

> "Knowingly" imports a knowledge that the facts exist which constitute the act or omission of a crime, and does not require knowledge of its unlawfulness. Knowledge of any particular fact may be inferred from the knowledge of such other facts as should put an ordinarily prudent person upon inquiry.

This amounts to "constructive knowledge" and the Nevada Supreme Court has ruled that: "constructive knowledge fulfills a statutory requirement that an act be done 'knowingly' . . . state of mind need not be proved by positive or direct evidence, but may be inferred from conduct and the facts and circumstances disclosed by the evidence." *Garcia v. Sixth Judicial Dist. Court*, 117 Nev. 697, 701, 30 P.3d 1110, 1113 (2001) (*citing State v. Rhodig*, 101 Nev. 608, 611, 707 P.2d 549, 551 (1985)).

Respondent "knew" she was purchasing, storing, possessing, administering, furnishing and/or dispensing drugs to patients who had not been examined by a practitioner. Respondent "knew" she was providing on-site medical treatment to patients, including the administration of drugs through cosmetic injections, without direct practitioner supervision. Respondent "knew" she was engaged in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada, including drugs intended for distribution in foreign markets and not approved for use in the U.S. Her "failure to supervise" defense is a red herring and does not exonerate her.

2. Respondent erroneously asserts that the Board lacks subject matter jurisdiction over her unlawful conduct.

Finally, Respondent contends that this appeal hearing is a *quasi-criminal* proceeding and therefore the Board somehow lacks subject matter jurisdiction over her unlicensed activity. She makes a convoluted argument referencing due process, standards of proof, constitutional checks and balances, and administrative res judicata, among other things.

---

[3] In support of her argument Respondent cites NRS 624.024; however, NRS Chapter 624 governs the licensing and regulation of contractors and has no application to the Revenge MD appeal.

There is no dispute that the Board is acting in a *quasi-judicial* capacity in this appeal hearing. *See Vill. League to Save Incline Assets, Inc. v. State*, 133 Nev. 1, 6, 388 P.3d 218, 222 (2017); *Buckwalter v. Nev. Bd. of Med. Exam'rs*, 678 F.3d 737, 740 (9th Cir. 2012); *Nev. Indus. Comm'n v. Reese*, 93 Nev. 115, 120-21, 560 P.2d 1352, 1355 (1977). However, the Nevada Supreme Court has expressly held that hearings before the Board are not *quasi-criminal* proceedings, even though the laws in question carry criminal penalties.[4] "[I]n holding [disciplinary] hearings, the Board [is] not adjudicating alleged criminal violations and [is] therefore not bound to apply criminal standards." *Dutchess Business Services*, 124 Nev. at 715, 191 P.3d at 1169.

Nor can Respondent seriously question the Board's express statutory authority to enforce the provisions of Chapters 453, 454 and 639 of NRS for the protection of the public. NRS 639.070(1)(l). This includes the express authority to issue a citation and assess an administrative fine for any unlicensed activity falling within the Board's jurisdiction. NRS 639.2895; *compare S. Nev. Mem'l Hosp. v. Dep't of Human Res.*, 101 Nev. 387, 394, 705 P.2d 139, 144 (1985) (administrative agencies cannot enlarge their subject matter jurisdiction). Respondent's lack of subject matter jurisdiction argument fails.

[4] This appeal hearing is *quasi-judicial* in that the Board is weighing evidence, fact-finding, reaching legal conclusions, and adjudicating the rights of parties before it on matters within its jurisdiction. This appeal hearing is not *quasi-criminal* since the Board is not to prosecuting criminal violations of law or imposing criminal penalties.

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully requests that the Board strike or deny Respondent's Motions to Dismiss.

RESPECTFULLY SUBMITTED this 22nd day of November, 2021.

By:

BRETT KANDT, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway – Suite 206
Reno, NV 89509
bkandt@pharmacy.nv.gov

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of November, 2021, I served a true and correct copy of the foregoing document by U.S. mail and electronic mail to the following:

Bret Whipple, Esq.
bretwhipple@gmail.com
admin@justice-law-center.com
1100 S. 10th Street
Las Vegas, NV 89104

BRETT KANDT

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 29 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENGE MD

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO FAILURE TO STATE A CLAIM

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, Revenge MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO FAILURE TO STATE A CLAIM. This motion is made based upon the following memorandum of points and authorities.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

The opposition evades the gravamen of the motion's argument by conclusory *asserting* that Defendant "'knew' she was purchasing, storing, possessing, administering, furnishing and/or dispensing drugs to patients **who had not been examined by a practitioner**," the Defendant "knew she was providing on-site medical treatments to patients, including the administration of drugs through cosmetic injections, without direct practitioner supervision," the Defendant "knew she was engaged in the business of shipping, receiving, storing, and distributing prescription drug products into and within Nevada." The opposition is certain of these charges yet the factual predicates of these charges appear nowhere. Crucially, the opposition fails to *support* this charge. The Complaint certainly lacks any *support* for these charges.

The definition of "knowingly" that the opposition relies upon requires that Defendant to have been aware of inadequate supervision, because most acts that the Board alleges as unlawful are so *because they are undertaken* by someone without the proper licensure or without adequate supervision of someone with proper licensure.

Neither Complaint contains a specific factual predicate for the opposition's claims. There is no reference to Revenge MD's medical supervisor and how he specifically did not supervise Defendant and did not examine patients. To the extent that the violations require Defendant to have knowingly partaken in an action without valid supervision, the Complaint simply fails to allege any facts demonstrating a violation of the law in question.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 29 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENG MD,

RESPONDENT.

Case No. 21-042-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO INSUFFICIENT PLEADING

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, Revenge MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO INSUFFICIENT PLEADING. This motion is made based upon the following memorandum of points and authorities.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

The opposition, like the Complaint, invites us to presume its conclusions. NRS 233B.121(2) plainly requires a factual predicate to accompany the notice:

> (d) A short and plain statement of the matters asserted. If the agency or other party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter, upon application, a more definite and detailed statement must be furnished.

The opposition's argument is that *actual facts* are not required in a Complaint. Such a reading of NRS 233B.121(2) is absurd. The Complaint's "nine paragraphs of factual allegations" essentially recite the statutes underlying the causes of action and substitute Defendant's name. The Complaint's threadbare factual predicate gives Defendant almost no appraisal of the circumstances or facts that give rise to the charges against her. The notice, by failing to include details and facts that give rise to the violations codified by the statutory language, is fatally defective because Defendant's ability to prepare is hampered. *Cf. Coury v. Whittlesea-Bell*, 102 Nev. 302, 308 (Nev. 1986).

For example, when the Defendant is generally on notice of *specific acts* that give rise to causes of action, this satisfies the "liberal notice pleading" standard referred to by the opposition. *Nevada St. Apprenticeship v. Joint Appren*, 94 Nev. 763, 766 (Nev. 1979)(The JATC knew that its decision terminating Brooks was being challenged. It, better than Brooks, knew and had access to the factual data upon which its decision was based). Nevada courts have explicitly stated that any factual material absent from the Complaint cannot serve as the basis for a decision and that specific facts are necessary for a party to be "sufficiently apprised of the nature of the proceedings" *Home Warranty Adm'r of Nev., Inc. v. State*, 481 P.3d 1242, 1248 (Nev. 2021).

In *Home Warranty* two allegations were at issue (1) false entry of material fact, and (2) conducting business in an unsuitable manner. "In the amended complaint, the Division alleged that HWAN violated the false-entry statute, NRS 686A.070, by "falsely answer[ing] 'no' " to a question in several of HWAN's COR renewal applications asking whether HWAN or any new officers had been fined in other states since its previous application. It also alleged that "business practices of CHW, as documented by Nevada complaints; the Better Business Bureau, news and media outlets; and the findings of fact of the various Courts' actions" constituted a violation of the unsuitable-manner statute, NRS 679B.125(2)." Note first the nature of the allegations described in *Home Warranty*, they are both a set of *specific factual predicates*.

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

Further, the court in *Home Warranty* found a violation of due process where "[t]he hearing officer concluded that HWAN did not make the alleged false entries because answering "no" was truthful. As she explained, only CHW had been fined, and, despite HWAN's dba, HWAN is not CHW, so "no" was not a false entry. But she also concluded that HWAN did make false entries by answering "self" to the question asking for the applicant's administrator in several applications and by using an unapproved contract in 2015 that it did not disclose in that year's application. She likewise concluded that "the Division's evidence was insufficient to" prove the unsuitable-manner allegation, but nonetheless concluded that HWAN did conduct business in an unsuitable manner by using CHW as an administrator or sales agent." *Id.*

Because the hearing officer relied on a *different factual predicate* than the factual predicate contained in the amended complaint, the court held that the hearing officer violated the defendant's due process rights.

Here, the Complaint *completely lacks any specific factual predicate*. The Defendant simply is without notice as to the nature of the proceeding. While Defendant received

unbundled "evidence," without any real connection to a specific set of facts underlying the legal violations, Defendant simply cannot prepare beyond engaging in guesswork.

Several examples abound. The third cause of action fails to even outline any set of facts that support Defendant being a "wholesale distributor" subject to NRS 639.100, engaged in the business of shipping, receiving, storing, and distributing prescription drug products into Nevada."

NRS 639.016 defines a wholesale distributor as a party "who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician **to a person other than the consumer or patient.**" The Complaint lacks any factual predicate or specific instance alleging Defendant engaged in this conduct. Therefore the Complaint *cannot* state a claim for which relief can be granted under NRS 639.100.

Further, regarding NRS 454.351's prohibition on obtaining drugs from foreign markets, by its own terms NRS 454.351 states that that it is inapplicable in certain circumstances:

> (a) To physicians licensed to practice in this State who have been authorized by the United States Food and Drug Administration to possess experimental drugs for the purpose of conducting research to evaluate the effectiveness of such drugs and who maintain complete and accurate records of the use of such drugs and submit clinical reports as required by the United States Food and Drug Administration.
>
> (b) To any substance which has been licensed by the State Board of Health for manufacture in this State but has not been approved as a drug by the United States Food and Drug Administration. The exemption granted in this paragraph does not grant authority to transport such a substance out of this State.

Consequently, the Complaint fails to allege any facts that demonstrate that NRS 454.351 is somehow applicable in this situation, which means that it *cannot* state a claim for relief under NRS 454.351.

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

NRS 585.490 states that "[n]o person shall introduce or deliver for introduction into intrastate commerce any new drug which is subject to section 505 of the Federal Act (21 U.S.C. § 355), unless an application with respect to such drug has become effective thereunder." And section 21 U.S.C. § 321(p) states that:

> (p)The term "new drug" means—
>
> (1)Any drug (except a new animal drug or an animal feed bearing or containing a new animal drug) the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling thereof, except that such a drug not so recognized shall not be deemed to be a "new drug" if at any time prior to June 25, 1938, it was subject to the Food and Drugs Act of June 30, 1906, as amended, and if at such time its labeling contained the same representations concerning the conditions of its use; or
>
> (2)Any drug (except a new animal drug or an animal feed bearing or containing a new animal drug) the composition of which is such that such drug, as a result of investigations to determine its safety and effectiveness for use under such conditions, has become so recognized, but which has not, otherwise than in such investigations, been used to a material extent or for a material time under such conditions.

Without the attendant factual predicates supporting the statutes, i.e. demonstrating Defendant offered 'new drugs' into intrastate commerce without the proper application, the Complaint again *cannot* state a claim for relief under these statutes.

At bottom, the Complaint fails to allege *any facts* showing that the litany of legal violations contained within it ever occurred. The Complaint is a long set of string citations along with statutory language. Without any factual predicates, the Complaint simply cannot state any claims for relief.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

FILED
NOV 29 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

* * * * *

NEVADA STATE BOARD OF PHARMACY,

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A VIP FACES, REVENGE MD,

RESPONDENT.

Case No. 21-042-S / 21-042-B-S / 21-042-C-S

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, and Revenge MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this REPLY IN SUPPORT OF MOTION TO DISMISS DUE TO LACK OF SUBJECT MATTER JURISDICTION. This motion is made based upon the following memorandum of points and authorities.

DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

At outset, the opposition's silence regarding the 'B' case being time-barred by the applicable statutes of limitation demonstrates that the 'B' case is without merit and should be dismissed entirely. Regarding the 'C' case, the opposition concedes that the proceeding itself has the board acting in a quasi-judicial activity. But the opposition makes the leap to argue that the current proceedings are not quasi-criminal because of the holding in *Dutchess Bus. Servs. v. State, Bd. of Pharm*, 124 Nev. 701, 715 (Nev. 2008). The opposition misunderstands the holding; *Dutchess* concerned disciplinary hearings for licensees arising out of authority under NRS 639.210 and also, whether a "knowledge" requirement should be assumed present in a statute when said statute contained criminal penalties, thus requiring the Board to apply criminal standards.

A. The hearings here are under jurisdiction conferred by NRS 639.070, rendering the holding in *Dutchess* inapplicable.

The context of *Dutchess* was were defendants who "were both licensed as pharmaceutical wholesalers in the State of Nevada. **The Board has jurisdiction to discipline Nevada license holders under NRS 639.210.** " *Id.* at 709. However, the opposition invokes the Board's authority under NRS 639.070(1)(l) rather than the authority under NRS 639.210 and proceedings resulting therefrom, which *Dutchess* applies to.

Dutchess holds that hearings arising out of NRS 639.210 are not quasi-criminal proceedings. But here, the Complaints explicitly state that Defendant is *not* a licensed practitioner, and the Board is acting under NRS 639.070. Therefore, the current proceeding is not a disciplinary hearing for a licensee but instead *a general enforcement action*, meaning that *Dutchess* is inapplicable.

B. The statute at issue in *Dutchess* lacked an explicit knowledge requirement; here the Board seeks to enforce statutes with a knowledge requirement and admits it is applying criminal standards.

More importantly, the statute at issue in *Dutchess* is bereft of any explicit knowledge requirement and merely contained criminal penalties. The statutes at issue here nearly all *explicitly contain* a knowledge requirement, consonant with NRS 193.190's statement that "[i]n every crime or public offense there must exist a union, or joint operation of act and intention, or criminal negligence."

And the opposition *concedes* that NRS 193.017 is the definition of "knowingly" that applies to the statutes it intends to prosecute. (Opp. Page 4). The definition appears in NRS Title 15: Crimes and Punishments. Therefore, unlike in *Dutchess* where "[i]n holding its hearings, the Board was not adjudicating alleged criminal violations and was therefore not bound to apply criminal standards, *such as that contained in NRS 193.190*, when proceeding against Dutchess and Legend," here the opposition ***expressly admits*** that it is applying criminal standards such as those contained in NRS Title 15. The opposition even relies on *Garcia v. Dist. Ct.*, 117 Nev. 697, 700 (Nev. 2001), a *criminal case*, to further explicate what standard it intends to apply.

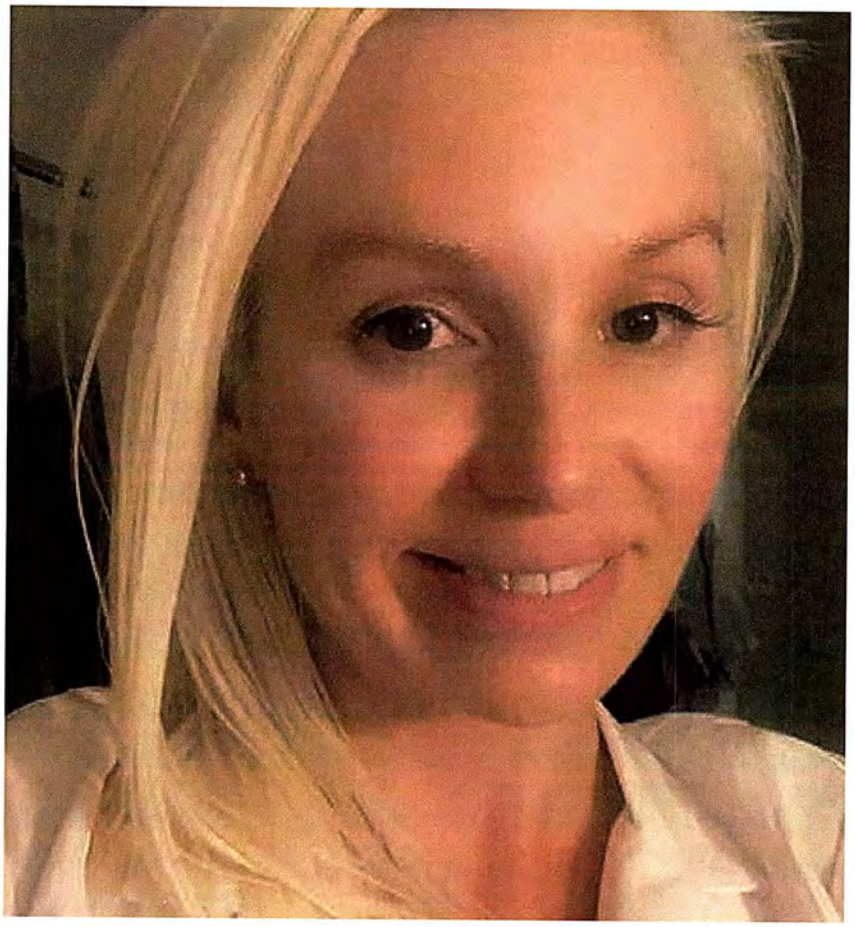
Therefore, the current proceeding is one that applies criminal standards and accordingly is necessarily *quasi-criminal* in nature. And Nevada courts are clear that when proceedings are quasi-criminal in nature, the Board must utilize a standard higher than mere preponderance. *Cf. Copren v. State Bar*, 64 Nev. 364, 380 (Nev. 1947)(Clear and convincing evidence required in quasi-criminal proceedings).

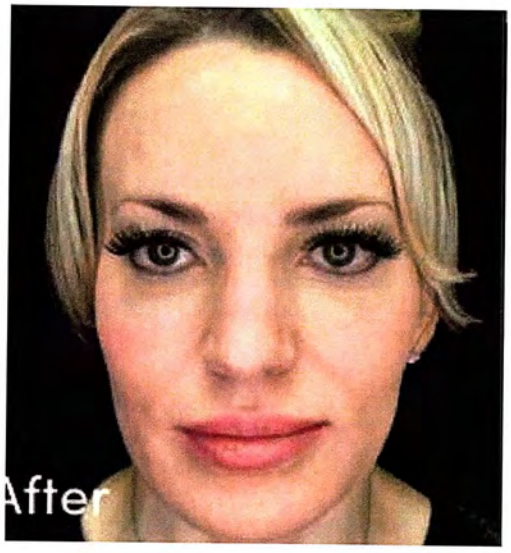
DATED this 29th day of November, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104




After

7

Fabian VanCott

JEFFREY B. SETNESS
Direct Dial: 702.333.4900
Cellular: 702.286.2626
jsetness@fabianvancott.com

December 2, 2021

VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: ***In the Matter of: Craig Weingrow, M.D.*****, Case No. 17-066-CS-S**

Petition for Reinstatement of Unrestricted Controlled Substances Registration and Request to Appear Before the Board

Dear Brett,

Please find attached for the Board's consideration our "Petition for Reinstatement of Unrestricted Controlled Substances Registration and Request to Appear Before the Board".

We look forward to appearing before the Board at the January 2022 meeting in Las Vegas.

Regards,

JEFFREY B. SETNESS
FABIAN VANCOTT

Attachment
cc: Craig Weingrow, M.D. With Attachment Via E-mail Only

FILED
DEC 3 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of: **CRAIG WEINGROW, M.D.** **Certificate of Registration Nos. CS20272** **Petitioner**	**CASE NO. 17-066-CS-S**

PETITION FOR REINSTATEMENT OF UNRESTRICTED CONTROLLED SUBSTANCES REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW Petitioner Craig Weingrow, M.D. by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for reinstatement of an unrestricted Controlled Substances Registration, which will permit Dr. Weingrow to prescribe Controlled Substances set forth in Schedules 2-5 and will allow Dr. Weingrow to apply for an unrestricted DEA Registration. This Petition for Reinstatement is based upon the following:

I. PROCEDURAL HISTORY BEFORE THE BOARD OF PHARMACY

On July 25, 2018, in the case *of Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al,* Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its "Findings of Fact, Conclusions of Law and Order", in which the Nevada State Board of Pharmacy revoked Dr. Weingrow's Controlled Substance Registration and Practitioner's Dispensing Registration and set forth the conditions for reinstatement. A copy of the July 25, 2018 Order is attached as Exhibit 1.

On December 11, 2019, Dr. Weingrow submitted his "Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board". A copy of the December 11, 2019 Petition without exhibits is attached as Exhibit 2.

On January 15, 2020, Dr. Weingrow appeared at the Nevada State Board of Pharmacy's January 15, 2020 Board Meeting.

On February 7, 2020, in response to the inquiries made by the board members at the February 15, 2020 Board Meeting, Dr. Weingrow submitted supplemental information relating to his Petition for Reinstatement of his Controlled Substance Registration. A copy of the February 7, 2020 correspondence with exhibits is attached as Exhibit 3.

On July 31, 2020, the Nevada State Board of Pharmacy filed their Order of Reinstatement, which states, in pertinent part, as follows:

> The Board granted the petition and ordered that Weingrow's Certificate of Registration No. CS20272 be reinstated effective immediately subject to the following terms, conditions and restrictions:
>
> 1. Weingrow may only prescribe the controlled substances listed-in Exhibit 2 submitted in support of his petition (copy attached).
>
> 2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.
>
> 3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

A copy of the Order of Reinstatement is attached as Exhibit 4.

On July 15, 2021, Dr. Weingrow filed his "Petition to Modify Order of Reinstatement filed on July 31, 2020". A copy of this Petition without exhibits is attached as Exhibit 5.

On September 3, 2021, the Nevada State Board of Pharmacy filed its Order permitting Dr. Weingrow to prescribe testosterone. A copy of this Order is attached as Exhibit 6.

II. REASONS JUSTIFYING THE REINSTATEMENT OF DR. WEINGROW'S UNRESTRICTED CONTROLLED SUBSTANCE REGISTRATION

The reasons justifying the reinstatement of Dr. Weingrow's unrestricted Controlled Substance Registration can be summarized as follows:

1. **Full Compliance with July 25, 2018 Order.** Dr. Weingrow fully complied with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order dated July 25, 2018 before filing his December 11, 2019 Petition for Reinstatement.

2. **Various Medical Groups, Hospitals and Insurance Companies Require Unrestricted DEA Registrations.**

As set forth in some detail in Exhibit 3 to the correspondence to the Board dated February 7, 2020, in order to be hired by medical groups in Las Vegas such as Southwest Medical Associates and Sierra Health and Life / Health Plan of Nevada, you must possess an "unrestricted DEA license".

As set forth in some detail in Exhibit 4 to the correspondence to the Board dated February 7, 2020, in order to obtain hospital privileges in some Las Vegas area hospitals, a physician must have an unrestricted Federal DEA license / registration.

As set forth in some detail in Exhibit 5 to the correspondence to the Board dated February 7, 2020, in order to be credentialed with insurance companies to be a provider, all insurance companies require a DEA Registration and at least one carrier specifically states that the DEA Certificate must be unrestricted. It is Dr. Weingrow's understanding that those insurance companies who state that an active DEA number or registration is required are in fact referring to an unrestricted DEA number or registration. In the next week or so, we will attempt to obtain written verification that the carriers who merely state that you need an active DEA number or registration they are in fact eferring to an unrestricted DEA number or registration.

3. **Full Compliance with July 31, 2020 Order of Reinstatement.** Dr. Weingrow has fully complied with the requirements and conditions set forth in the July 31, 2020 Order of Reinstatement.

4. **Dr. Weingrow Reaches Out to the Board of Pharmacy for Guidance.** Prior to prescribing testosterone pellets, Dr. Weingrow's staff reached out to the Board of Pharmacy and filed the July 15, 2021 Petition. It is respectfully asserted that such conduct evidences Dr. Weingrow's commitment to remain in strict compliance with the rules and regulations of the Nevada State Board of Pharmacy.

III. CONCLUSION

Based upon the foregoing, Dr. Weingrow respectfully requests that the Board reinstate his Controlled Substances Registration to an unrestricted status.

Dated: December 2, 2021.

JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER CRAIG WEINGROW. M.D.

Approved as to form and content:

CRAIG WEINGROW, M.D.

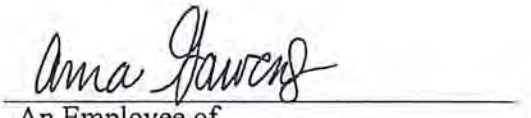
CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 2nd day of December 2021, I served a true and correct copy of the:

PETITION FOR REINSTATEMENT OF UNRESTRICTED CONTROLLED SUBSTANCES REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

by Federal Express and E-mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov



An Employee of
FABIAN VANCOTT

FILED
JUL 25 2018
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRAIG WEINGROW, M.D.,** **Certificate of Registration Nos. CS20272** **PD00502,** **TERESA JAFFER, T.D.,** **Certificate of Registration No. TD01408,** **and** **MARECXY RUBIO-VERONICA, T.D.,** **Certificate of Registration No. TD01461,** **Respondents.** /	**CASE NOS. 17-066-CS-S** **17-066-TD-A-S** **17-066-TD-B-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** (Craig Weingrow, M.D. Only)

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly-scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Craig Weingrow, M.D. (Weingrow), Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502, appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Weingrow, makes the following Findings of Fact, Conclusions of Law and Order.[1]

FINDINGS OF FACT

The allegations against Weingrow, as stated in the Accusation on file herein, and upon which the Board makes findings of fact, are as follows:

[1] The Board set a hearing for April 11, 2018, to hear this matter as to Respondents Teresa Jaffer, T.D., Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica, T.D., Certificate of Registration No. TD01461. The Board held the hearing as scheduled, however, Respondents Jaffer and Rubio-Veronica each failed to appear. The Board entered default against each of them and revoked the Dispensing Technician Registration of each of those Respondents. *See Orders of Default, Case Nos. 17-066TD-A-S and 17-066TD-B-S*, dated April 23, 2018. Neither Jaffer nor Rubio-Veronica requested reconsideration or petitioned a district court for judicial review of the Board's orders.

[redacted] – **EXHIBIT 1**

1. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office, located at 7200 Smoke Ranch Road, Suite 120, in Las Vegas, Nevada.

2. During the inspection of Weingrow's medical office, the Board's investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions for controlled substances and dangerous drugs that each indicated a written date between October 14, 2017 and October 31, 2017.

3. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

4. Weingrow's medical office had already dispensed to patients the controlled substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the inspection.

5. Weingrow did not sign any of those 580 prescriptions.

6. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board's investigators requested them at the time of the inspection.

7. Weingrow's medical office never produced to Board Staff or to the Board's investigators the original or a signed copy of the original of any of the 580 unsigned prescriptions.

8. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

9. Additionally, Weingrow routinely permitted unlicensed members of his office staff, including Respondent Teresa Jaffer (Jaffer), Respondent Rubio-Veronica (Rubio-Veronica) and other members of his staff, to falsify his signature on his prescriptions.

10. Weingrow typically signs his first and last name ("Craig Weingrow") when he signs prescriptions and other documents personally.

11. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for medications dispensed by his medical office by writing a "C" followed by a wavy line on his prescriptions.

12. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on patients' informed consent labels.

13. Weingrow routinely allowed Jaffer access to the keys and to access his locked cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

14. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

15. Weingrow routinely allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

16. Weingrow and Jaffer routinely used Federal Express to ship medications to patients.

17. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

a) Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;

b) Falsely documented patient initials on informed consent forms;

c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and

d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials on the prescriptions.

18. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

19. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

20. Weingrow's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

21. The Board has jurisdiction over this matter because at the time of the events set forth above, Respondent Weingrow had both a Controlled Substance Registration, Certificate No. CS20272, and a Practitioner Dispensing Registration, Certificate No. PD00502, each issued by the Board.

22. The applicable law in this matter is as follows:

a. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* NRS 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1) and 21 C.F.R. § 1306.05.

b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

c. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." Nevada Administrative Code (NAC) 639.945(1)(h).

d. A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

e. A person must be a *licensed practitioner* in order to lawfully write a prescription. *See* NRS 453.226, NRS 453.231, and NRS 639.100.

f. "Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

g. NAC 639.742 states in relevant part:

> 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.
>
> . . . .
>
> 3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:
>
> (a) All drugs are ordered by the dispensing practitioner;
>
> (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
>
> (d) All drugs are dispensed in accordance with NAC 639.745;
>
> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;

. . . .

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;
(b) Remove drugs from stock;
(c) Count, pour or reconstitute drugs;
(d) Place drugs into containers;
(e) Produce and affix appropriate labels to containers that contain or will contain drugs;
(f) Fill containers for later use in dispensing drugs; or
(g) Package or repackage drugs.

h. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:
(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and
(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

i. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. Nevada Revised Statue (NRS) 639.210(4).

j. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

k. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

l. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

23. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent Weingrow violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

24. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Weingrow engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

25. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Weingrow allowed members of his office staff to "perform[] acts, tasks or operations for which licensure, certification or registration is required without the required license,

certificate or registration, or knowingly allowed such conduct to occur." Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

26. A dispensing practitioner must secure all controlled substances and dangerous drugs in his office in a locked storage area to which the dispensing practitioner has the only key or lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member of his office staff access to his locked storage cabinets for controlled substances and dangerous drugs when he was not on-site at his facility.

27. A dispensing practitioner must not allow a dispensing technician access to the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent Weingrow violated NAC 639.743 when he allowed a member of his office staff access to the key and to access the room and cabinet in which he stored controlled substances and dangerous drugs when he was not on-site at his office.

28. A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing members of his office staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

29. A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Weingrow allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow violated NAC 639.742(3)(f).

30. By allowing members of his Office Staff to falsely document patient initials and dates of service on patient informed consent forms, Weingrow is guilty of "unprofessional conduct and conduct contrary to the public interest," as defined at NAC 639.945(1)(h).

31. For the misconduct and violations described in each of the causes of action above, Weingrow is subject to discipline per NRS 639.210(1), (4), (11) and (12), NRS 639.255, and NAC 639.7445.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

1. Respondent Craig Weingrow's Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502, are each revoked effective as of the date of the hearing, July 18, 2018.

2. Unless and until Weingrow applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Board reinstates his registration(s), Weingrow:

a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

c. May not prescribe any controlled substance for any patient.

d. May not dispense any controlled substance or dangerous drug.

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and entered this 25 day of July 2018.

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of:	CASE NO. 17-066-CS-S
CRAIG WEINGROW, M.D. Certificate of Registration Nos. CS20272 PD00502 Petitioner	

PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW Petitioner Craig Weingrow, M.D. by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for reinstatement of Dr. Weingrow's Controlled Substance Registration pursuant to NRS 639.257 based on the following[1]:

I. INTRODUCTION

On July 25, 2018, in the case *of Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al,* Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order which states on Page 9, in pertinent part, as follows:

> . . .
>
> 3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).
>
> 4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

[1] It should be noted that Dr. Weingrow is not petitioning for reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medications.

EXHIBIT 2

In accordance with the terms and conditions of the above-mentioned Nevada State Board of Pharmacy Order and NRS 639.257, Dr. Weingrow files this Petition for Reinstatement of his Controlled Substance Registration and respectfully submits that reinstatement of his Controlled Substance Registration is justified based upon the following:

1. Dr. Weingrow has complied with the terms and conditions of the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1) based upon the fact that over 1 year has lapsed since the date of revocation that being July 18, 2018.

2. Dr. Weingrow has complied with the terms and conditions of the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, because Dr. Weingrow has:

a. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.

b. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.

c. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances.

d. Paid a fine totaling $12,000.

On December 6, 2019, at a hearing before the Nevada State Board of Medical Examiners, the Board approved Dr. Weingrow's request for a change in status Inactive-Probation to Active-Probation.

3. Dr. Weingrow has complied with the terms and conditions of the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, by fully paying $80,000 in civil penalties.

4. Dr. Weingrow accepts full responsibility for his actions and freely admits the various facts that establish the bases of violations alleged in the Accusation. Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses. As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

5. This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right. Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

6. The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

II. PROCEDURAL HISTORY

A. Nevada State Board of Pharmacy Proceeding

On July 23, 2012, Dr. Weingrow was issued Controlled Substance License No. CS20272 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 1.

On January 20, 2015, Dr. Weingrow was issued Practitioner Dispensing License No. PD00502 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 2.

On February 27, 2018, in the case *of Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al,* Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Notice of Intended Action and Accusation. A true and correct copy of the Accusation is attached as Exhibit 3.

On March 23, 2018, Dr. Weingrow filed his Answer and Notice of Defense of Craig Weingrow, M.D. A true and correct copy of this Answer is attached as Exhibit 4.

Prior to the April 2018 Board Meeting, a proposed Stipulation and Order was negotiated between counsel for Dr. Weingrow and counsel for the Nevada State Board of Pharmacy, in which Dr. Weingrow admitted that evidence existed to establish a basis for violations alleged in the Accusation. The terms of the proposed Stipulation and Order included Dr. Weingrow's Controlled Substances Registration bring suspended and the suspension stayed and his registration placed on probation for a minimum of five years. In addition, Dr. Weingrow would surrender his Dispensing Practitioner Registration and he would not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. A former Board Member moved to deny the Stipulation and Order presented by Board Staff which was passed and the case was scheduled for hearing during the July 2018 Board Meeting. The relevant excerpts of the Minutes of the April 11th and 12th 2018 Board Meeting are attached as Exhibit 5.

On July 18, 2018, in a pleading entitled "Stipulated Facts", Dr. Weingrow freely and voluntarily admitted to various factual statements. A true and correct copy of the Stipulated Facts is attached Exhibit 6.

On July 25, 2018, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order. A true and correct copy of this Order is attached as Exhibit 7. Page 9 of the Order states, in pertinent part, as follows:

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

. . .

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

B. Nevada State Board of Medical Examiners Proceeding

On August 16, 2018, *In the Matter of Charges and Complaint Against Craig Mitchell Weingrow, M.D., Respondent*, the Nevada State Board of Medical Examiners filed its Complaint. A true and correct copy of the Complaint is attached as Exhibit 8.

On September 10, 2018, the Nevada State Board of Medical Examiners filed a Settlement Agreement which was entered into between Dr. Weingrow and the Nevada State Board of Medical Examiners. A true and correct copy of the Settlement Agreement is attached as Exhibit 9. The Settlement Agreement on Pages 5 and 6 state, in pertinent part, as follows:

> . . .
>
> B. Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following.
>
> C. Respondent's license shall be subject to a term of probation for a period of time not to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the stay of revocation of Respondent's license shall be lifted, and his license shall be immediately revoked. The following terms and conditions shall apply during Respondent's probationary period:
>
> (1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board;
>
> (2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being $4,539.06, not including any costs that may be necessary to finalize this Agreement.
>
> (3) Respondent shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances within twelve (12) months from the date of the Board's acceptance,

adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of $1,000 per count admitted to hereby, consisting of 12 counts, for a total of $12,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Nevada State Board of Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, specifically including the following: . . .

On December 6, 2019, Dr. Weingrow appeared at a hearing before the Nevada State Board of Medical Examiners and the Board approved Dr. Weingrow's change of status from Inactive-Probation to Active-Probation. See Exhibit 10.

C. United States Attorney's Office and Drug Enforcement Administration

On November 28, 2018, Dr. Weingrow entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration in which he agreed to pay $80,000 in civil penalties. See Exhibit 11. Dr. Weingrow has fully paid this amount. See Exhibit 12.

On March 22, 2019, Dr. Weingrow's DEA Certificate of Registration was revoked. See Exhibit 13.

III. LAW

NRS 639.257 entitled "Reinstatement of revoked certificate, license or permit." states, in pertinent part, as follow:

1. A person whose certificate, license or permit has been revoked may petition the Board for reinstatement after a period of not less than 1 year has lapsed since the date of revocation.

2. The petition shall state such facts as may be required by the Board and shall be heard by the Board at its next regular meeting held not earlier than 30 days after the petition is filed. Such petition may be considered by the Board while the petitioner is under sentence for any criminal offense, including any period during which the petitioner

is on probation or parole, only if the Board members, by a majority vote, find that the public interest would best be served by such reinstatement.

3. In considering reinstatement the Board may investigate and consider all activities of the petitioner since the time the original certificate, license or permit was issued and his or her ability, character and reputation. The affirmative vote of at least three members is necessary for reinstatement of a certificate, license or permit with or without terms, conditions and restrictions.

IV. REASONS WHY REINSTATEMENT IS JUSTIFIED

A. Dr. Weingrow has Fully Complied with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order

In compliance with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1), over 1 year has lapsed since the date of revocation that being the date of the hearing which was July 18, 2018.

B. Dr. Weingrow has Fully Complied with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners

In compliance with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, Dr. Weingrow has:

1. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.

2. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.

3. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances which was in addition to any CME requirements that are regularly imposed.

4. Paid a fine of $1,000 per count admitted to hereby, consisting of 12 counts, for a total of $12,000.

1. PACE Program

Pursuant to the Settlement Agreement with the Nevada State Board of Medical Examiners, Dr. Weingrow attended the Physician Assessment and Clinical Education (PACE) Program at the University of California San Diego School of Medicine.

The PACE Program was of great benefit to Dr. Weingrow because it made him take a hard look at himself to determine how he could improve. It also helped Dr. Weingrow focus on those areas of his practice where he needed to improve so that he will be able to safely practice medicine and prescribe medication.

As a result of the PACE Program, Dr. Weingrow's physical exam taking skills have improved and he is now able to develop a broader range of differential diagnoses for clinical scenarios with the information he has learned. Dr. Weingrow is now also able to conduct a more thorough workup regarding a patient's condition.

2. University of Nevada, Reno School of Medicine "Best Practices and Tools for Prescribing Controlled Substances" Course

Dr. Weingrow also attended the "Best Practices and Tools for Prescribing Controlled Substances" course at University of Nevada, Reno School of Medicine. This course taught Dr. Weingrow how to prescribe controlled substances safely and helped him recognize substance abuse and patients who are at risk. This course also taught Dr. Weingrow to recognize his own personal characteristics which negatively impacted his past prescription practices. For example, by nature Dr. Weingrow is a non-confrontational person. So when patients requested certain medications, he simply gave in and prescribed the medication instead of holding his ground and offering more appropriate, safer alternatives.

This course helped change Dr. Weingrow's perspective and he now realizes there are many alternatives to prescribing opioid medications when patients are experiencing pain and that he must be mindful of the combinations of drugs one prescribes, since these can have additive effects and be harmful.

C. The Nevada State Board of Medical Examiners Approved Dr. Weingrow's Status to Active on December 6, 2019

On December 6, 2019, the Nevada State Board of Medical Examiners approved Dr. Weingrow's status from Inactive-Probation to Active-Probation.

D. Dr. Weingrow Has Complied with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration

In compliance with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, Dr. Weingrow has paid $80,000 in civil penalties.

E. Dr. Weingrow Accepts Full Responsibility for His Actions

As set forth in the proposed Stipulation and Order (which was rejected) and the Stipulated Facts Dr. Weingrow signed on July 18, 2017, Dr. Weingrow accepts full responsibility for his actions and freely admitted various facts and that evidence existed to establish a basis of violations alleged in the Accusation.

Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses.

As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

F. Dr Weingrow Appreciates That Practicing Medicine and Prescribing Medications is a Privilege and Not A Right

This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right.

Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

G. Commitment to Maintaining the Highest Standards

The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

III. CONCLUSION

Dr. Weingrow respectfully requests that the Board reinstate his Controlled Substances Registration.

Dated December 11, 2019.

JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER CRAIG WEINGROW. M.D.

Approved as to form and content:

CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 11th day of December, 2019, I served a true and correct copy of the:

PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

by Federal Express and E-mail to the following:

Paul Edwards
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
pedwards@pharmacy.nv.gov

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov

An Employee of
FABIAN VANCOTT

FabianVanCott

JEFFREY B. SETNESS
Direct Dial: 702.333.4900
Cellular: 702.286.2626
jsetness@fabianvancott.com

February 7, 2020

VIA E-MAIL dwuest@pharmacy.nv.gov AND FEDERAL EXPRESS

Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: ***Nevada State Board of Pharmacy v. Craig Weingrow, M.D.***
Case No. 17-066-CS-S

Craig Weingrow's Supplemental Information to Be Submitted to the Board Relating to His Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board

Dear Dave and Brett,

In response to the inquiries made during the January 15, 2020 Board Meeting, the following additional information and documentation is provided for the Board Members' consideration:

1. **Dr. Weingrow's Anticipated Type of Practice.** Dr, Weingrow anticipates practicing adult outpatient primary care. The type of diseases and illnesses that Dr. Weingrow anticipates treating are set forth in **Exhibit 1** which is attached.

2. **List of Controlled Substances Dr. Weingrow Anticipates Prescribing.** The type of controlled substances that Dr. Weingrow anticipates prescribing in his practice are set forth in **Exhibit 2** which is attached.

[redacted] – **EXHIBIT 3**

3. Medical Groups, Hospitals and Insurance Companies Require a DEA Registration. Although it is true that a physician licensed to practice by the Nevada State Board of Medical Examiners is authorized to prescribe medications, the type of medications that can be prescribed cannot include controlled substances. In order for a physician to be authorized to prescribe a controlled substance in Nevada, the physician must first obtain a Controlled Substance Registration from the Nevada State Board of Pharmacy and then obtain a DEA Registration from the Drug Enforcement Administration.

During the course of the January 15, 2020 hearing, questions were raised regarding the possibility of Dr. Weingrow commencing his practice for a period of time prior to the Board making a decision on Reinstatement of Controlled Substance Registration. In response to that inquiry, we conducted research regarding the possibility of: (1) Being hired by a medical group in Southern Nevada without an active DEA Registration; (2) Obtaining hospital privileges in Southern Nevada without an active DEA Registration; and (3) Being credentialed by insurance companies as a provider without an active DEA Registration. The results of our research are set forth below:

a. Medical Groups. In regards to a physician being hired by a medical group in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 3** a summary which sets forth that most of the large medical groups in Southern Nevada require an active DEA Registration for a physician to be considered for employment.

b. Hospitals. In regards to a physician obtaining hospital privileges in Southern Nevada without an active DEA Registration, please find attached as **Exhibit 4** a summary which sets forth that the majority of the hospitals in Southern Nevada require an active DEA Registration for a physician to obtain hospital privileges.

c. Insurance Companies. In regards to a physician being credentialed by insurance companies as a provider without an active DEA Registration, please find attached as **Exhibit 5** a summary which sets forth that most of the major insurance carriers in Southern Nevada require an active DEA Registration for a physician to be credentialed.

4. Dr. Weingrow is Not Requesting Reinstatement of his Dispensing Practitioner Registration. As set forth in the original Petition for Reinstatement, Dr. Weingrow is not requesting reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medication. This is of significance given the fact that a significant number of the violations set forth in the Accusation related to dispensing as the summary attached as **Exhibit 6** illustrates.

411 East Bonneville Avenue, Suite 400
Las Vegas, Nevada 89101
Tel: 702.233.4444 Fax: 877.898.1168
www.fabianvancott.com

Finally, we would respectfully request being permitted to appear at the Board's Meeting which is scheduled for March 18th and 19th, 2020 in Las Vegas.

If you believe there is any other additional information or documentation that may be of assistance to the Board that you would like us to provide, please let me know.

Regards,

JEFFREY B. SETNESS
FABIAN VANCOTT

Attachments

411 East Bonneville Avenue, Suite 400
Las Vegas, Nevada 89101
Tel: 702.233.4444 Fax: 877.898.1168
www.fabianvancott.com

CRAIG WEINGROW, M.D.

ANTICIPATED TYPE OF PRACTICE - ADULT OUTPATIENT PRIMARY CARE

Dr. Weingrow anticipates treating the following chronic diseases and illnesses, including but not limited to, the following:

Diseases	Illnesses
Diabetes	Lower Back Pain
Hypertension	Abdominal Pain
Dyslipidemia	Headache
Irritable Bowel Syndrome	Conjunctivitis
Depression	Bronchitis/Cough
Anxiety/Panic Disorder	Flu/Viral Illness
Insomnia	Earache
Migraine	Sore Throat
Fibromyalgia	Dizziness
Obesity (without prescribing any Controlled Substances)	Muscle Sprain/Strain
Coronary Artery Disease	Knee Pain
COPD	Urinary Tract Infection
Asthma	STD
Hypogonadism	N + V/ Diarrhea
Menopausal Symptoms	Acute Sinusitis
Thyroid Disorders	Fatigue
Osteoarthritis	Other
Osteoporosis	
Non-alcoholic Fatty Liver Disease	
Benign Prostatic Hyperplasia	
Acne	
Tobacco Abuse	
Chronic Kidney Disease	
Other	

CRAIG WEINGROW, M.D.

LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES PRESCRIBING

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post-Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia

CRAIG WEINGROW, M.D.

MEDICAL GROUPS THAT REQUIRE AN ACTIVE DEA REGISTRATION TO BE HIRED

Name of Group	Required Qualifications to Be Hired Include:	Exhibit
Southwest Medical Associates (an Optum Company) - Nevada's Largest Multi-Specialty Practice	"An unrestricted DEA License (or ability to obtain prior to start)"	3-A
DaVita Medical Group/ Healthcare Partners	"Current Nevada DEA certificate required prior to start date"	3-B
Sierra Health and Life/Health Plan of Nevada	"An unrestricted DEA License (or ability to obtain prior to start"	3-C
University Medical Center of Southern Nevada	"Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate."	3-D

It should be noted that DaVita/Healthcare Partners; Optum/Southwest Medical Associates; and University Medical Center employ approximately 90% of all the primary care physicians in the Las Vegas area.

UNITEDHEALTH GROUP®
(/)

Improve the lives of others while doing **your life's best work.**℠

Search for jobs such as Part-Time LPN in Minnesota

Search

Physician Urgent Care - Las Vegas, NV (859893)

Apply (https://uhg.taleo.net/careersection/10030/jobapply.ftl?lang=en&job=859893&utm_source=Indeed.com&utm_medium=job_posting&utm_campaign=branding&utm_term=Indeed_organic&utm

Save Job

Email This Job

Position Description

As a part of the OptumCare network, Southwest Medical is looking for a dynamic

Full-Time Urgent Care Physician to work in our Henderson location

Southwest Medical Associates(SMA), an Optum company, is Nevada's largest multi-specialty practice, with over 350 physicians and advanced practice clinicians. Our facilities include 22 medical offices, with 13 urgent cares and retail clinics, two lifestyle centers catering to seniors and two outpatient surgery centers. The practice is fully integrated and includes home health, complex disease management, pharmacy services, medical management and palliative care. SMA is actively engaged in population health management, with an emphasis on outcomes, and offers patients compassionate, innovative and high-quality care throughout Nevada. SMA is headquartered in Las Vegas, Nevada.

Our On-Demand Care Department is the largest, most-comprehensive in Nevada for outpatient episodic care, with a quarter million visits annually. The department includes six urgent cares and seven retail clinics, offering a full-spectrum of services, with on-site laboratory, radiology (which includes CT and ultrasound), observation unit and infusion center. Our practice is nearly paperless, with electronic health records, digital radiology, electronic prescriptions and e-visits. The practice encompasses the full scope of urgent care and is evidence-based and protocol driven. Our department also includes a robust telemedicine practice, with nearly 15,000 virtual consultations since 2014.

Position Highlights

- The schedule is equitable and flexible, with ample time off.
- Providers work primarily three 12-hour shifts a week, with some weekend, night and holiday shifts distributed evenly among the staff.
- Additional shifts, which are paid at a premium rate, are also available.

Jobs

★ View (0) Saved Jobs (/search-jobs/my-saved-jobs)

Similar Jobs

Wilmington, DE
Medical Assistant - Wilmington, DE 861240 (/data/jobs/healthcare-delivery/861240-medical-assistant-wilmington-de)

Pleasanton, TX
Medical Assistant WellMed at Pleasanton 859364 (/data/jobs/healthcare-delivery/859364-medical-assistant-wellmed-at-pleasanton)

Brooklyn, NY
Nurse Practitioner Long Term Care Brooklyn NY 860631 (/data/jobs/healthcare-delivery/860631-nurse-practitioner-long-term-care-brooklyn-ny)

TOP

3-A

The schedule is ideal for those who desire an alternative work schedule and who do not wish to conform to a traditional five-day work week.

- Our total compensation is extremely competitive, with incentive bonuses and a rich benefits package

Required Qualifications:

- Board certification or Board Eligible (as a resident) in a specialty field of medicine with experience treating all ages
- An unrestricted DEA license (or ability to obtain prior to start)

Preferred Qualifications:

- 2+ years of experience working as a Physician in an emergency or urgent care setting
- Willing and able to assist at other center locations in the area

Careers with Optum. Here's the idea. We built an entire organization around one giant objective; make the health system work better for everyone. So when it comes to how we use the world's large accumulation of health-related information, or guide health and lifestyle choices or manage pharmacy benefits for millions, our first goal is to leap beyond the status quo and uncover new ways to serve. Optum, part of the UnitedHealth Group family of businesses, brings together some of the greatest minds and most advanced ideas on where health care has to go in order to reach its fullest potential. For you, that means working on high performance teams against sophisticated challenges that matter. Optum, incredible ideas in one incredible company and a singular opportunity to do your life's best work.℠

Diversity creates a healthier atmosphere: UnitedHealth Group is an Equal Employment Opportunity/Affirmative Action employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

UnitedHealth Group is a drug-free workplace. Candidates are required to pass a drug test before beginning employment.

Job Keywords: Urgent Care, Physician, AGGME, ABMS, ABOS, Healthcare, Medical, Las Vegas, NV, Nevada

Job Details

Requisition Number	Job Title
859893	Physician Urgent Care - Las Vegas, NV
Job Family	**Business Segment**
Healthcare Delivery	OptumCare

Job Location Information

NV	**Other Locations**
United States	Las Vegas, NV
North America	

Additional Job Detail Information

Employee Status	Schedule
Regular	Full-time
Job Level	**Shift**
Director	Day Job

TOP

Contact Us (/contact-us.aspx) Privacy Policy (/privacy-policy.aspx) Family & Medical Leave Act (http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf) Equal Employment Law Poster (http://www.dol.gov/ofccp/regs/compliance/posters/pdf/eeopost.pdf) Pay Transparency (/-/media/Abc139a440244cb88af678af725daf35.ashx) Employee Polygraph Protection Act (http://www.dol.gov/whd/regs/compliance/posters/eppac.pdf) E-Verify Participation Poster (/-/media/281032BC795847E885A79728900F3TCEA.ashx) IER Right to Work Poster (/-/media/0c0863e965a141f490b5ace9169b786e.ashx) Report a Problem (/contact-us.aspx) Submit Feedback (/contact-us.aspx)

© 2019 UnitedHealth Group. All rights reserved.

UnitedHealth Group is committed to working with and providing reasonable accommodations to individuals with physical and mental disabilities. If you need special assistance or accommodation for any part of the application process, please call 1-800-561-0861 and press or say 1 for Applicant to be connected to Recruitment Services. Recruitment Services hours of operation are 7 a.m. to 7 p.m. CT, Monday through Friday.

UnitedHealth Group is a registered service mark of UnitedHealth Group, Inc. The UnitedHealth Group name with the dimensional logo, as well as the dimensional logo alone, are both service marks for the UnitedHealth Group, Inc.

Diversity creates a healthier atmosphere: All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

UnitedHealth Group is a drug-free workplace. Candidates are required to pass a drug test before beginning employment.

Get Adobe Reader (http://get.adobe.com/reader/) Get Adobe Flash Player (http://get.adobe.com/flashplayer/)

TOP

Physician, Primary Care

APPLY NOW

Physicians Full time · R0063858 595 W Lake Mead Pkwy, Henderson, Nevada, 89015, United States of America

Internal Applicants (https://www.myworkday.com/healthcarepartners/d/inst/6784$90/rel-task/1422$12450.htmld)
About Us (https://jobs.davitamedicalgroup.com/aboutus)
☆ Saved Jobs

HealthCare Partners, A DaVita Medical Group · The Everett Clinic · Minuteman Medical Group · magan medical clinic, inc. · NPN

Find Your Dream Career in Our Company

< Previous Job (https://jobs.davitamedicalgroup.com/job/HCPAUSR0069110WORKDAY/Hospitalist-Skilled-Nursing-Facility)
Next Job > (https://jobs.davitamedicalgroup.com/job/HCPAUSR0067538WORKDAY/Laborist)

Job Description

Overview

DaVita Medical Group is looking for a Full-Time Primary Care Physician to join our team in Henderson. We practice the Total Care Model, a patient-centered, comprehensive model designed to help carefully manage our patients' health. Our providers are supported by an entire network of primary care physicians, specialists, nurses, case managers, diagnostics team members, prescriptions, skilled nursing facility, house calls, transportation services and others, all working in sync to help our patients stay healthy.

DaVita Medical Group offers competitive pay with financial incentives for yielding strong metrics on quality care while seeing a lower than average census. We provide our clinicians an excellent benefit package which includes leadership pathways, CME reimbursement, paid license renewals and many other benefits, charitable sponsorships, and volunteer opportunities.

If you're looking to join a community that is making a difference in healthcare, DaVita Medical Group is the place for you. Our initial on-line application process will take you a few minutes to complete! You may also contact Keisha Taylor, Clinician Recruiter, directly at (702) 466-9289 or ketaylor@hcpnv.com (mailto:ketaylor@hcpnv.com).

Position Details

- Work Schedule: Full-time, 4 10-hour days/week
- Avg Daily Patient Census: 30-40/day
- No call

Requirements

- Unrestricted Nevada MD/DO license
- Current Nevada DEA certificate required prior to start date
- ACLS/PALS certifications
- BC/BE in Family Medicine or Internal Medicine
- At least three years of experience in Primary Care

Preferences

Get notified for similar jobs

You'll receive updates once a week

you@email.com Activate

Similar Jobs

Physician, Primary Care
United States of America, Las Vegas, Nevada, United States of America (https://jobs.davitamedicalgroup.com/jc Primary-Care)

Physician, Primary Care
United States of America, Las Vegas, Nevada, United States of America (https://jobs.davitamedicalgroup.com/jc Primary-Care)

Physician, Primary Care
United States of America, Las Vegas, Nevada, United States of America (https://jobs.davitamedicalgroup.com/jc Primary-Care)

Physician, Primary Care
United States of America, Las Vegas, Nevada, United States of America (https://jobs.davitamedicalgroup.com/jc Primary-Care)

See More

Jobseekers Also Viewed

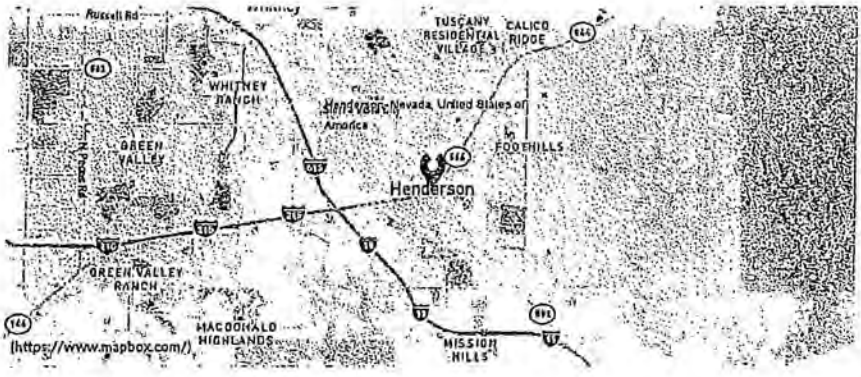
3-B

- Fluent Spanish speaking ability

Share This Job

To share this job with a friend or send it to your own inbox submit the information below.

Name Email SEND EMAIL



Family Medicine Physician
(https://jobs.davitamedicalgroup.com/job/HCPAUSR0063801WORKDAY/Family-Medicine-Physician)
Canyon Country, California, United States of America

Family Physician Walk In / Urgent Care
(https://jobs.davitamedicalgroup.com/job/HCPAUS9911/Family-Physician-Walk-In-Urgent-Care)
Everett, Washington, United States of America

Internal Medicine Physician, Outpatient
(https://jobs.davitamedicalgroup.com/job/HCPAUS11516/Internal-Medicine-Physician-Outpatient)
Everett, Washington, United States of America

Physician, Primary Care
(https://jobs.davitamedicalgroup.com/job/HCPAUS9498/Physician-Primary-Care)
Las Vegas, Nevada, United States of America

Internal Medicine Physician
(https://jobs.davitamedicalgroup.com/job/HCPAUS9587/Internal-Medicine-Physician)
Alhambra, California, United States of America

HCP Coordinated Car...

At DaVita Medical Group we're focused on coordinated care.

Share this Opportunity

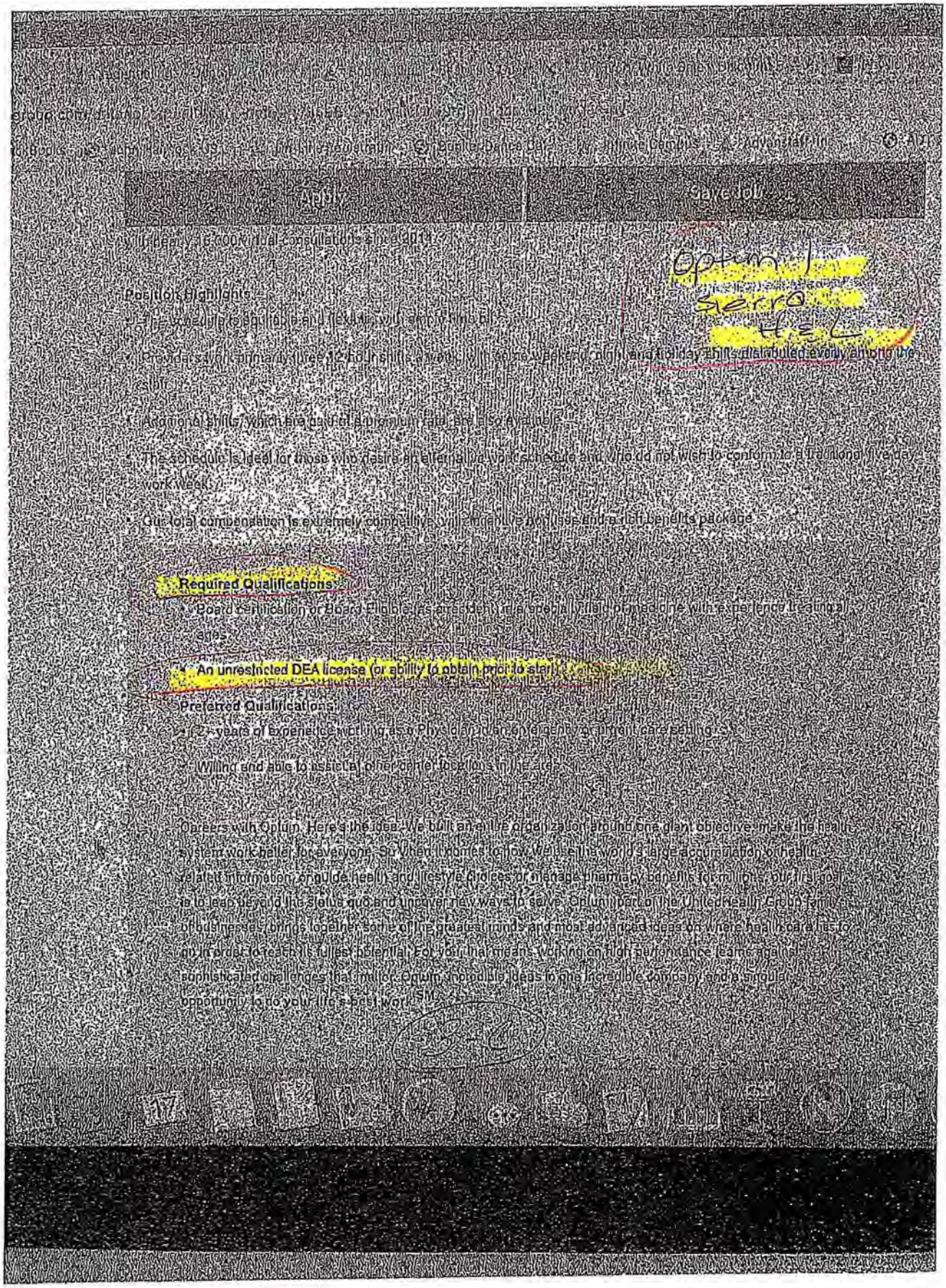
(http://www.linkedin.com/shareArticle?mini=true&url=https://jobs.davitamedicalgroup.com/job/Henderson-Physician-Primary-Care-Job-Posting-at-DaVita-Medical-Group-Henderson-Nevada-United-States-of-America/Physician-Primary-Care-Job-Posting-at-DaVita-Medical-Group-Henderson-Nevada-United-States-of-America-Physician-Primary-Care/)

(http://davitamedicalgroup.com/) (http://www.healthcarepartners.com/) (http://www.jsahealthcare.com/) (http://www.everettclinic.com/) (https://mvmg.com/)

(http://www.maganclinic.com/?) (https://www.npnwa.net/)

©2019 DaVita Medical Group 717 17th Street, Denver, CO 80202
Privacy Policy

(https://www.facebook.com/DaVitaMedicalGrou
(https://twitter.com/DaVitaMedical)
(https://www.linkedin.com/company/davita-medical-group)
(https://www.glassdoor.com/Overview/Working-at-DaVita-HealthCare-Partners-EI_IE996114.11,37.htm)



Apply | Save Job

Optum
Sierra
Vista

Position Highlights

- Provides work primarily three 12-hour shifts, seven days a week (day and night) and holiday shifts distributed evenly among the...
- Additional shifts, which are paid at a premium rate, are also available.
- The schedule is ideal for those who desire an alternative work schedule and who do not wish to conform to a traditional five day work week.
- Our total compensation is extremely competitive, with generous bonuses and rich benefits package.

Required Qualifications:

- Board certification or Board Eligible as an Internal Medicine physician with experience treating all ages.
- An unrestricted DEA license (or ability to obtain prior to start).

Preferred Qualifications:

- 2+ years of experience working as a Physician Advisor, Denial Management, Urgent Care setting.
- Willing and able to assist at other center locations in the area.

Careers with Optum. Here's the idea: We built an entire organization around one giant objective: make the health system work better for everyone. So when it comes to how we use the world's largest accumulation of health-related information, or guide health and lifestyle choices or manage pharmacy benefits for millions, our first goal is to leap beyond the status quo and uncover new ways to serve. Optum is part of the UnitedHealth Group family of businesses, brings together some of the greatest minds and most advanced ideas on where healthcare has to go in order to reach its fullest potential. For you, that means working on high performance teams against sophisticated challenges that matter. Optum: impossible ideas in one incredible company and a singular opportunity to do your life's best work.™

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
invites applications for the position of:

P/D Staff Physician

SALARY: $101.77 - $101.77 Hourly

JOB TYPE: Per Diem

DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:

Position Summary:
Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:
Education/Experience:
Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

Licensing/Certification Requirements:
Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

3-D

Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) from the American Heart Association (AHA).

KNOWLEDGE, SKILLS, ABILITIES, AND PHYSICAL REQUIREMENTS:

Knowledge of:

Adult and pediatric care, equipment, supplies and practices; federal, state, local and accreditation laws, regulations and standards; related outside agencies, their services, roles and responsibilities to contact them to appropriate needed information for patient referrals; principles and practices of medical care; quality assurance and performance improvement principles and methods; department and hospital safety practices and procedures; patient rights; infection control policies and procedures; handling, storage, use and disposal of hazardous materials; department and hospital emergency response policies and procedures; age specific patient care practices.

Skill in:

Effective provision of medical care; assessing and improving the effectiveness and efficiency of medical care provided through the use of hospital QI program; ensuring that services are appropriate for meeting patient's medical, social and emotional needs, consistent with sound health care resource allocation practices; developing goals, objectives, policies and procedures; applying leadership techniques; making effective decisions under stress and emergency circumstances; developing care plans; solving problems; communicating with a wide variety people from diverse socio-economic and ethnic backgrounds; establishing and maintaining effective working relationships with all personnel contacted in the course of duties; efficient, effective and safe use of equipment.

Physical Requirements and Working Conditions:

Mobility to work in a typical office setting and use standard equipment, stamina to remain seated and maintain concentration for extended periods of time; vision to read printed materials and a VDT screen; hearing and speech to communicate effectively in-person and over the telephone. Strength and agility to exert up to 10 pounds of force constantly to move objects.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this classification.

APPLICATIONS MAY BE FILED ONLINE AT:
http://www.umcsn.com

Position #17-TBD
P/D STAFF PHYSICIAN
SL

University Medical Center of Southern Nevada
Las Vegas, NV 89102

brenna.leising@umcsn.com

P/D Staff Physician Supplemental Questionnaire

* 1. Have you been previously denied participation in any managed care organizations?

☐ Yes ☐ No

* Required Question

CRAIG WEINGROW, M.D.

HOSPITAL PRIVILEGES WHICH REQUIRE CURRENT AND UNRESTRICTED DEA REGISTRATION

Name of Hospital	Required Qualifications to Be Hired Include:	Exhibit
Valley Health System Spring Valley Hospital Centennial Hills Desert Springs Henderson Hospital Summerlin Hospital Valley Hospital	"Minimum basic criteria: Evidence of Current Licensure: Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source; copies of license are not necessary."	4-A
Sunrise Health System MountainView Hospital Sunrise Hospital	"To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain 'Threshold Eligibility Criteria'" "Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?"	4-B
University Medical Center of Southern Nevada	"Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substances Registration Certificate."	4-C

Spring Valley Hospital Medical Center

Credentials Manual

Approved:

MEC: September 30, 2010, January 26, 2012, April 2015
BOG: November 16, 2010, February 21, 2012, May 20, 2015

4-A

Spring Valley Hospital Credentials Manual

TABLE OF CONTENTS

ARTICLE I MEDICAL STAFF MEMBERSHIP Page 4

1.1 Eligibility and Qualifications

1.2 Conditions and Duration of Appointment

1.3 Leave of Absence (LOA)

1.4 Physical Health Status

ARTICLE II PROCEDURES FOR APPOINTMENT & REAPPOINTMENT Page 6

2.1 General Procedure

2.2 Application for Initial Appointment

2.3 Application Fee

2.4 Effect of Application

2.5 Processing Application

2.6 Reappointment Process

2.7 Requests for Modification for Membership Status and/or Privileges

2.8 Effective Date of Reappointment/Modifications of Appointment and/or Staff Privileges

ARTICLE III DETERMINATION OF PRIVILEGES Page 19

3.1 Exercise of Privileges

3.2 Delineation of Privileges in General

3.3 Confirmation of Competency to Hold Privileges

3.4 Temporary Clinical Privileges

3.5 Emergency Privileges

3.6 Disaster Privileges

ARTICLE IV PRACTITIONERS PROVIDING CONTRACTED SERVICES Page 23

4.1 Exclusive Agreements

4.2 Termination of Contracted Arrangements

ARTICLE V CREDENTIALING SUPERVISING PHYSICIANS Page 23

5.1 Supervising Physicians

m) Professional Liability Actions: Particulars regarding medical malpractice claims filed against the applicant, any adverse and/or pending malpractice decisions or settlements, and information concerning any cancellation, non-renewal, or limitation of malpractice insurance coverage.

n) Miscellaneous Information: Such other information relating to evaluation of the applicant's professional qualifications, ethical character and professional conduct, current competence, and prior professional experience, including utilization of hospital resources, as may be deemed relevant by the MEC and the Hospital Board.

o) Minimum Basic Criteria: The following basic criteria must be appropriately documented and the information reasonably confirmed:

- Evidence of Current Licensure:

  Proof of unrestricted Nevada State License applicable to applicant, unrestricted Federal DEA and Nevada Pharmacy license as appropriate to specialty. Licensure is verified with the primary source, copies of license are not necessary.

- Relevant Training and/or Experience:

  At the time of appointment and initial granting of clinical Privileges, Hospital may require verification of relevant training or experience from the primary source(s), when feasible.

- Current Competence:

  Recent letters of verification from the applicant's residency and/or fellowship program director or designee if residency or fellowship training was within five (5) years of initial application. Confirmation of board certification or qualification for certification from the appropriate specialty board. Written documentation from individuals personally acquainted first hand with the applicant's recent professional and clinical performance including, if available and applicable, types of surgical proqedures performed, outcomes for invasive procedures performed, types of medical conditions managed as the responsible physician, clinical judgment and technical skills, and professional conduct.

- Ability to Perform Privileges Requested (Health Status):

  A health status statement provided by the Hospital and signed by the applicant indicating that no physical or mental health problems exist that could affect his practice.

2.3 APPLICATION FEE

MOUNTAINVIEW HOSPITAL

THRESHOLD ELIGIBILITY CRITERIA – REQUEST FOR CONSIDERATION

PROVIDER NAME: _____ DATE OF REQUEST: _____

Dear Physician or Advanced Practice Professional: To be eligible to apply for initial clinical privileges and/or membership at MountainView Hospital, a Practitioner must meet certain "Threshold Eligibility Criteria". Please answer the following questions in order to determine your ability to receive a "Request for Consideration."

1.	☐ Yes ☐ No	Do you have a current, unlimited, unrestricted, active Nevada license to practice in your respective profession?
2.	☐ Yes ☐ No ☐ N/A	For Advanced Practice Professionals, do you have the necessary coverage by a sponsoring or supervising physician as required by the State laws and regulations?
3.	☐ Yes ☐ No	Have proof of identity and either US citizenship or evidence of status as a lawful permanent resident of the US; or evidence that the individual is in the US legally and has the required permission(s) to work in this country? For individuals who are not US citizens who are requesting reappointment or renewal of privileges, evidence of a current visa and current work permit shall be required.
4.	☐ Yes ☐ No	Where applicable to his or her practice, have a current, unrestricted Federal DEA registration valid for prescribing within Nevada and a Nevada Pharmacy Certificate which permits you to prescribe all medications necessary for the treatment of conditions and diagnoses within your area of practice, independent of review, supervision or prescription by another practitioner?
5.	☐ Yes ☐ No	Can document your (i) background, experience, training and demonstrated competence; (ii) adherence to the ethics of their profession; (iii) good reputation and character, including the applicant's mental and emotional stability and physical health status, and (iv) ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by you in the Hospital will receive quality care and that the Hospital and its Medical Staff will be able to operate in an orderly manner?
6.	☐ Yes ☐ No	Be located (office and/or residence) within the geographical service area of the Hospital, as defined by the Board of Trustees, close enough to fulfill your Medical Staff responsibilities and to provide timely and continuous care for your patients in the Hospital?
7.	☐ Yes ☐ No ☐ N/A	Telemedicine Provider (Specialty: _____) [Telemedicine providers must be licensed in the State of Nevada]
8.	☐ Yes ☐ No	Be available on a continuous basis, either personally or by arranging appropriate coverage, to the respond to the needs of inpatients and Emergency Department patients in a prompt, efficient, and conscientious manner. ? ("Appropriate coverage" means coverage by another member of the Medical Staff with specialty-specific privileges equivalent to the Practitioner for whom he or she is providing coverage.) Compliance with this eligibility requirements means that the Practitioner must document that he or she is willing and able to (i) respond within 15 minutes, via phone, to STAT pages from the Hospital and respond within 30 minutes, via phone, to all other pages and (ii) appear in person to attend a patient within 30 minutes, when requested to do so by the Practitioner caring for the patient at the Hospital.

(4-B)

Threshold Eligibility Criteria

9.	☐ Yes ☐ No	Do you have current, valid professional liability insurance coverage in a form acceptable to the Hospital, including insurance through a carrier authorized to do business in the State of Nevada as a licensed provider of professional malpractice insurance, insurance for the clinical privileges requested, and with limits of at least $1 million for each claim and $3 million in aggregate?
10.	☐ Yes ☐ No	Have you ever been convicted of, or entered into a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state government or private third-party payer fraud or program abuse, or have be ordered by a court to pay civil monetary penalties for the same?
11.	☐ Yes ☐ No	Have you ever been, or are you currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care programs, as verified by screening ineligible persons against the OIG (Office of the Inspector General) or GSA (General Services Administration)?
12.	☐ Yes ☐ No	Have you ever resigned Medical Staff appointment or relinquished privileges during a Medical Staff investigation or in exchange for not conducting such an investigation?
13.	☐ Yes ☐ No	Have you ever had Medical Staff appointment, employment or clinical privileges denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct?
14.	☐ Yes ☐ No	Have you ever been convicted of, or entered into a plea of guilty or no contest, to any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or violence?
15.	☐ Yes ☐ No	Are you able to demonstrate recent clinical activity in your primary area of practice during the last two years?
16.	☐ Yes ☐ No	Have you successfully completed and show verification of; Graduation from a school of medicine accredited by the Association of American Medical Colleges or the American Association of Colleges of Osteopathic Medicine, or a school of dentistry accredited by the Commission on Accreditation of the American Dental Association, or a school of podiatry accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or other accredited school appropriate to his or her profession. If the applicant is a physician who is a foreign medical graduate, he/she must have successfully completed the Education Commission for Foreign Medical Graduate (ECFMG) or an accredited Fifth Pathway Program, and have verification of graduation from a foreign medical school?
17.	☐ Yes ☐ No	Have you successfully completed and show verification of; an "approved" postgraduate training program for physicians is a residency program fully accredited throughout the time of the Practitioner's training by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or an equivalent organization in a country eligible for licensure by endorsement of current license by the licensure board. An approved post-graduate training program for podiatrists and dentists or oromaxillofacial surgeons is one fully accredited throughout the time of the Practitioners training by the Commission on Dental Accreditation, by the Council on Podiatric Medical Education of the American Podiatric Medical Association, or by a successor agency to any of the foregoing or by an equivalent professionally recognized national accrediting body in the United States or in a country eligible for licensure by endorsement of current license by the licensure board.
18.	☐ Yes ☐ No ☐ N/A	For Advanced Practice Professionals; have you successfully completed an approved postgraduate training program in your respective profession?

Threshold Eligibility Criteria

19.	☐ Yes ☐ No ☐ N/A	For Advanced Practice Professionals; are you currently certified by your recognized Board? Advanced Practice Professionals must be certified by their recognized Board prior to being considered for granting of clinical privileges. Recognized APP certification Boards include: For Physician Assistants the National Commission on Certification of Physician Assistants; for Certified Nurse Midwives the American Midwifery Certification Board; for Advanced Practice Nurses the American Nurses Credentialing Center, the American Academy of Nurse Practitioners or the Association of Women's Health, Obstetrical and Neonatal Nurses or other nationally recognized accrediting board.
20.	☐ Yes ☐ No	Do you have proof of Participation in continuing education as related to the clinical privileges requested?
21.	☐ Yes ☐ No	Are you currently board certified in the specialty for which you will be requesting clinical privileges? *(Board Certification within 5 Years of completion of Residency/Fellowship required)* [In your primary area of practice at the Hospital by the appropriate specialty/subspecialty board of the American Board of Medical Specialties ("ABMS"), or the Bureau of Osteopathic Specialists certifying boards of the American Osteopathic Association (AOA). For podiatrists, the board certification program accepted by the Hospital is the American Board of Foot and Ankle Surgery (ABFAS), and for dentists and oromaxillofacial surgeons the board certification program accepted by the Hospital is the American Board of Oral/Maxillofacial Surgeons (ABOMS) or the American Dental Association (ADA)]
22.	(Required) Please provide the name of the Board; even if you are not yet board certified	**Name of Specialty Board:**_____ **Specialty (1):**_____ **Specialty (2):**_____
23.	☐ N/A	If you are not board certified; when did you last complete your highest level of training? (i.e.: Residency or Fellowship completion date) _____ When are you scheduled to take the Board Exam? _____
24.	☐ Yes ☐ No	Have you ever failed a written or oral Board Examination? If Yes; how many attempts have you made to pass the board examination? _____ Number of times you have failed the board examination? _____

Only those individuals meeting all of the Threshold Eligibility Criteria shall be eligible to apply for appointment to the Medical Staff or clinical privileges, and these professional criteria shall apply uniformly to all applicants.

I attest that I have read the above statement, and that I have answered the above questions regarding my Threshold Eligibility Criteria. I am submitting a request to begin the "Request for Consideration" process at MountainView Hospital.

_____ _____

Provider Signature Date

_____

Name (printed)

MOUNTAINVIEW HOSPITAL

Provider Information

1) Providers Complete Name (As it appears on the Nevada State Medical Board):

2) AKA: (other names used)

3) Gender: Male Female (Please circle)

4) Provider Degree: MD, DO, PA-C or APN?

5) Date of Birth:

6) Social Security Number:

7) NPI:

8) Email Address for Provider:

9) Applying for Primary Specialty in:

10) Is he/she Board Certified in Primary Specialty: Yes or No (Please circle)

11) If not, when did he complete his Residency/Fellowship in that Specialty:

12) Have you ever taken a specialty board exam and failed? Yes or No (Please circle)
If "Yes" please provide details (including dates)

13) Applying for Secondary Specialty in:

14) Is he/she Board Certified in Secondary Specialty: Yes or No (Please circle)

15) If not, when did he complete his Residency/Fellowship in that Specialty:

16) Provider Home Address:

17) *Provider Cell/Mobile Number:
Carrier: AT&T / Sprint / T-Mobile / Verizon / Other / Specify:

18) Primary Office Address:

19) Primary Office Phone:

20) Primary Office Fax:

Credentialing / Delegate Information (Please also complete the HCA-HCO Provider Delegate Form)

21) Credentialing Mailing Address:

22) Credentialing Contact Information:
1-Name of Credentialing Contact:
2-Email for Credentialing Contact:
3-Phone Number for Credentialing Contact:
4-Fax Number for Credentialing Contact:

Revised: 02/24/2015 *** Disclosure of Cell/Mobile Phone Number and Carrier are Mandatory Requirements**

PARALLON®

HCA Credentialing Online (HCO) – Provider's Authorization for Delegate

Step 1
Please enter your information below to ensure the information we have is accurate in our credentialing system.

Provider Name: _____

Provider Phone: _____

Provider Email (required): _____

NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.

Step 2

☐ I do not want to select any delegates at this time. I will personally provide my credentialing information.
_____ *initial and skip to Step 3*

☐ I understand that one delegate for all entities is preferred; however, I have different people to handle my credentialing at different entities. The delegate listed below is my primary delegate for HCO access.

☐ The delegate listed below is my delegate for all entities.

☐ I hereby authorize:

Delegate

Name:
Email:
Phone: ( ) - ext.

(hereinafter, individually referred to as "Delegate") to access the HCA Credentialing Online (HCO) web portal to enter data and submit documents for the HCA Requests for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them for consideration via the HCO web portal.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

_____ PROVIDER SIGNATURE

_____ NAME

_____ SOCIAL SECURITY NUMBER or NPI

_____ DATE (MM/DD/YYYY)

Step 3
Please complete, sign and date. The form may be returned using fax, email, or U.S. mail using the contact information provided in the footer of this letter.

Credentialing Processing Center – Houston Shared Services Center
~~8101 West Sam Houston Parkway South, Houston, TX 77072~~
~~866-579-0803 toll free ♦ 866-862-5432 fax~~
~~HRSCHoustonCPC@Parallon.com~~

Fax to MountainView Hospital: 702-962-5554

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
invites applications for the position of:

P/D Staff Physician

SALARY: $101.77 - $101.77 Hourly

JOB TYPE: Per Diem

DEPARTMENT: AMB FLOAT POOL - 8735

LOCATION: Various Ambulatory Care Clinics (Non-Specialty)

OPENING DATE: 01/10/18

CLOSING DATE: Continuous

POSITION SUMMARY:

Position Summary:
Responsible for performing professional physician services and for performing required administrative duties

JOB REQUIREMENT:
Education/Experience:
Graduation from an accredited school of medicine. Some positions may require two (2) years of clinical practice experience.

Licensing/Certification Requirements:
Valid License by State of Nevada to practice medicine. State of Nevada Pharmacy Board License to Prescribe Medications and DEA Controlled Substance Registration Certificate. Some positions may require one or more of the following certifications: Basic Life Support (BLS) certification,

4-C

CRAIG WEINGROW, M.D.

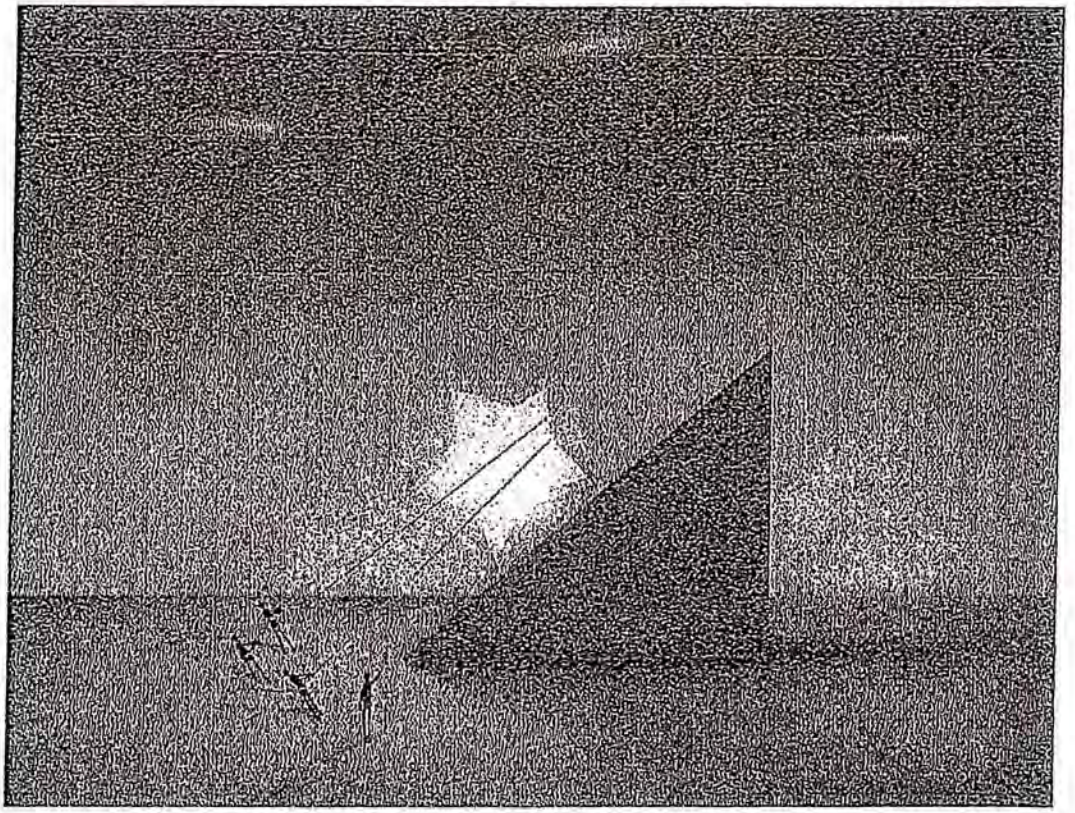
REQUIREMENTS TO BE CREDENTIALED WITH INSURANCE COMPANIES TO BE A PROVIDER

Name of Hospital	Required Qualifications to Be Hired Include:	Exhibit
CAQH Solutions - Credentialing Authority to Qualify to be a Provider	What You'll Need to Get Started . . .DEA Certificate CDS Certificate	5-A
Anthem	"Initial Credentialing A. Practitioners DEA/CDS and state controlled substance registrations a. The DEA/CDS registration must be valid the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state."	5-B
United Healthcare	"Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptance substitute (if required)"	5-C
Aetna	"Drug Enforcement Agency (DEA) and state controlled substances registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)"	5-D
Medicare	"Drug Enforcement Agency (DEA) number"	5-E
Cigna	Requirement Drug Enforcement Agency DEA Certificate Valid, unrestricted	5-F

Provider Quick Reference Guide

CAQH Solutions | PROVIEW®

All major payors



CAQH ProView — is the premier industry solution for healthcare providers to easily self-report data required by health plans, hospitals and other organizations. This information is used for credentialing, claims processing, quality assurance, member services, emergency response and more.

Easy to use, CAQH ProView eliminates the need to complete multiple, lengthy paper forms. Information is submitted securely electronically and only once. Providers can spend less time filling out forms and more time caring for patients. Available in all 50 states and the District of Columbia, CAQH ProView is free to providers.

5-A

CAQH ProView — The new industry standard for provider data collection

- Fully electronic solution saves time and eliminates the need for redundant, time-consuming paper forms and faxes.
- Simplifies provider data collection by only prompting to enter the data required for the state(s) where a provider practices.
- The CAQH ProView data set meets the data collection requirements of URAC, the National Committee for Quality Assurance (NCQA) and Joint Commission standards.
- CAQH ProView is supported by America's Health Insurance Plans, American Academy of Family Physicians, American College of Physicians, American Health Information Management Association, American Medical Association, and Medical Group Management Association.

Benefits to Providers

- Free service to providers.
- Easy to use.
- Enter, submit and store all data electronically.
- Eliminates the need for time-consuming paper forms.
- Enhanced security features help you maintain total control of your information.
- Re-attest in minutes.
- Updated information is immediately available to organizations authorized by the provider.

What You'll Need to Get Started

If you are a new user, you will need several pieces of information before getting started.

- CAQH-supplied Provider ID Number
- Previously completed credentialing application if available (for reference)
- List of all previous and current practice locations
- Identification numbers, such as Social Security Number, National Provider Identifier (NPI), DEA, UPIN, and License Number
- Electronic (scanned) copies of your:
  - Curriculum Vitae
  - Medical License
  - DEA Certificate
  - CDS Certificate
  - IRS Form W-9
  - Malpractice Insurance Face Sheet
  - Summary of any pending or settled malpractice cases
  - Any other required supporting documents

Using CAQH ProView

Follow the steps below to complete the CAQH ProView process.

The menu prompts in CAQH ProView take you through each step; click the "Save & Continue" button at the bottom of each page to go to the next page. Each step specifies instructions for "New Users" who are using CAQH ProView for the first time.

New Users

Providers using the solution for the first time should allow approximately two hours to complete the process. You can also complete the process over several sessions. Click the "Save & Continue" button to save your information if you leave the application or will not be using it for an hour or more. When returning, you must log in and select the section you wish to work on.

1. Register with CAQH ProView	2. Complete the Application and Review Data	3. Authorize Access to Your Information
If you have been invited to join CAQH ProView by a health plan, hospital or other participating organization, you may have received a welcome letter with your CAQH Provider ID Number. As a new user, you also have the option to self-register through the CAQH ProView Provider portal: https://proview.caqh.org/pr. Upon completion of the self-registration process, you will receive a welcome email with your unique CAQH Provider ID Number. Once you have received your CAQH Provider ID Number, follow the next steps to complete your registration: 1. Go online to https://proview.caqh.org/pr 2. Click "Register Now." 3. At the bottom of the page, click "here" on the "If you already have a CAQH Provider ID, please click here." 4. Enter your CAQH Provider ID Number. 5. Enter your authentication data (e.g., SSN, National Provider Identifier (NPI), DEA, UPIN, and License Number) 6. Create username and password. 7. Choose and answer three security questions. 8. Acknowledge the Terms of Service. 9. Click "Create Account".	1. Select "Profile Data" from the top navigation bar. 2. Enter the requested information within each section. — Use "Go to previous section" or "Save & Continue" to page forward or backward within your application. — It's important to click on the "Save & Continue" button to save your information. If you close the browser without clicking "Save & Continue," you will lose your information. 3. Select "Review & Attest" to review your profile and to make any required fixes to your information. During "Review" you can do any of the following: — Select "View Errors" to view both required and suggested fixes. — Required fixes are items that must be fixed to complete your profile. — Suggested fixes are items that appear irregular or inconsistent within your profile information. — Select "View Documents" to view the status of all uploaded supporting documents, as well as any missing or expired documents. — Double-click on the image in "View Your Data Summary" to review a summary of your profile information. — Generate a replica of a state-specific application by clicking "Download Your State Application", selecting the state and clicking Download. 4. Authorize POs to grant them access to your information.	Only you can authorize who has access to your information. For new CAQH ProView users, access the "Authorize" page from the left navigation. 1. On the "Authorize" page, you have two options to select which listed organization(s)** you would like to receive your information: — "All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider." -OR- — "Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below:" 2. Select one and click "Save" to proceed to the next step in the process. 3. Click "Review & Attest". 4. Proceed to "Next Steps — All Users" on the next page. **If a Participating Organization you wish to authorize does not appear, please contact that organization and ask to be added to their provider roster.

Next Steps — All Users

Verify Your Data Entry — Review & Attest

Complete the following steps to verify the accuracy of your information and complete your attestation.

1. Select "Review & Attest" from the top navigation bar.
2. Click "View Your Data Summary" to display a summary of the data you entered.
3. Review your data summary to make sure it is complete. You may save or print your data summary.
   - If you need to make changes, click "Profile Data" from the top navigation bar to select the section that needs to be revised.
4. Select "Attest" to certify that you have carefully reviewed all information contained within your profile and all information provided by you is true, correct, and complete to the best of your knowledge.

Submit Supporting Documents

After you complete your attestation, CAQH ProView enables you to upload any required supporting documents directly into the system. You can also upload your documents as you are completing your application. To do so, follow these steps:

1. The "Documents" or "Review" pages will inform you what documents are needed to complete your application.
2. Upload the supporting documents (e.g., DEA certificates, W-9 forms, etc.) directly to CAQH ProView.

Once your application is complete and your supporting documents are reviewed for accuracy, your information will be available to the organizations you authorized. You will need to check with each individual organization to determine your credentialing status.

Maintain the Accuracy of Your Information

Every 120 days (180 days for providers practicing in Illinois), you will receive a notification from CAQH ProView to re-attest that all the information in your profile is still correct. To complete this requirement, follow these steps:

1. Go online to https://proview.caqh.org/ or at least every 120 days (180 days for IL Providers).
2. Log in.
3. At the home page, select "Review & Attest."
4. Review and update your data as needed.
5. Click on "Attest."
6. Upload any applicable supporting documents.

CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovation, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.

Questions? CAQH ProView Support Desk Phone: 1-888-599-1771 | Chat: https://proview.caqh.org/PR

© 2018 CAQH. All rights reserved.

Credentialing

Anthem's Discretion

The credentialing summary, criteria, standards, and requirements set forth herein are not intended to limit Anthem's discretion in any way to amend, change or suspend any aspect of its credentialing program nor is it intended to create rights on the part of practitioners who seek to provide healthcare services to our Members. Anthem further retains the right to approve, suspend, or terminate individual physicians and health care professional, and sites in those instances where it has delegated credentialing decision making.

Credentialing Scope

Anthem credentials the following licensed/state certified independent health care practitioners:

- Medical Doctors (MD)
- Doctors of Osteopathic Medicine (DO)
- Doctors of Podiatry
- Chiropractor
- Optometrists providing Health Services covered under the Health Benefit Plan
- Oral and Maxillofacial surgeons
- Psychologists who have doctoral or master's level training
- Clinical social workers who have master's level training
- Psychiatric or behavioral health nurse practitioners who have master's level training
- Other behavioral health care specialists Telemedicine practitioners who provide treatment services under the Health Benefit Plan
- Medical therapists (e.g., physical therapists, speech therapists, and occupational therapists)
- Genetic Counselors
- Audiologists Acupuncturists (non-MD/DO)
- Nurse practitioners
- Certified nurse midwives
- Physician assistants (as required locally)
- Registered Dieticians

The following behavioral health practitioners are not subject to professional conduct and competence review under Anthem's credentialing program, but are subject to a certification requirement process including verification of licensure by the applicable state licensing board to independently provide behavioral health services and/or compliance with regulatory or state/federal contract requirements for the provision of services:

- Certified Behavioral Analysts
- Certified Addiction Counselors
- Substance Abuse Practitioners

Anthem credentials the following Health Delivery Organizations ("HDOs"):

- Hospitals
- Home Health Agencies
- Skilled Nursing Facilities (Nursing Homes)
- Ambulatory Surgical Centers
- Behavioral Health Facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings, including:
  - Adult Family Care/Foster Care Homes
  - Ambulatory Detox
  - Community Mental Health Centers ("CMHC")
  - Crisis Stabilization Units
  - Intensive Family Intervention Services
  - Intensive Outpatient – Mental Health and/or Substance Abuse
  - Methadone Maintenance Clinics
  - Outpatient Mental Health Clinics

5-B

Practitioners and HDOs are notified that they have the right to review information submitted to support their credentialing applications. In the event that credentialing information cannot be verified, or if there is a discrepancy in the credentialing information obtained, the Credentialing staff will contact the practitioner or HDO within thirty (30) calendar days of the identification of the issue. This communication will notify the practitioner or HDO of the right to correct erroneous information or provide additional details regarding the issue in question. This notification will also include the process for submission of this additional information, including where it should be sent. Depending on the nature of the issue in question, this communication may occur verbally or in writing. If the communication is verbal, written confirmation will be sent at a later date. All communication on the issue(s) in question, including copies of the correspondence or a detailed record of phone calls, will be documented in the practitioner's credentials file. The practitioner or HDO will be given no less than fourteen (14) calendar days in which to provide additional information. On request, the practitioner will be provided with the status of their credentialing or recredentialing application.

Anthem may request and will accept additional information from the applicant to correct or explain incomplete, inaccurate, or conflicting credentialing information. The CC will review the information and rationale presented by the applicant to determine if a material omission has occurred or if other credentialing criteria are met.

Nondiscrimination Policy

Anthem will not discriminate against any applicant for participation in its programs or provider network(s) on the basis of race, gender, color, creed, religion, national origin, ancestry, sexual orientation, age, veteran, or marital status or any unlawful basis not specifically mentioned herein. Additionally, Anthem will not discriminate against any applicant on the basis of the risk of population they serve or against those who specialize in the treatment of costly conditions. Other than gender and language capabilities which are provided to the members to meet their needs and preferences, this information is not required in the credentialing and re-credentialing process. Determinations as to which practitioners and providers require additional individual review by the Credentials Committee are made according to predetermined criteria related to professional conduct and competence. Credentials Committee decisions are based on issues of professional conduct and competence as reported and verified through the credentialing process. Anthem will audit credentialing files annually to identify discriminatory practices, if any, in the selection of practitioners. Should discriminatory practices be identified through audit or through other means, Anthem will take appropriate action(s) to track and eliminate those practices.

Initial Credentialing

Each practitioner or HDO must complete a standard application form deemed acceptable by Anthem when applying for initial participation in one or more of Anthem's Networks or Plan Programs. For practitioners, the Council for Affordable Quality Healthcare ("CAQH") ProView system is utilized. To learn more about CAQH, visit their web site at www.CAQH.org.

Anthem will verify those elements related to an applicants' legal authority to practice, relevant training, experience and competency from the primary source, where applicable, during the credentialing process. All verifications must be current and verified within the one hundred eighty (180) calendar day period prior to the CC making its credentialing recommendation or as otherwise required by applicable accreditation standards.

During the credentialing process, Anthem will review, among other things, verification of the credentialing data as described in the following tables unless otherwise required by regulatory or accrediting bodies. These tables represent minimum requirements.

A. Practitioners

Verification Element
License to practice in the state(s) in which the practitioner will be treating Members.
Hospital admitting privileges at a TJC, NIAHO or AOA accredited hospital, or a Network hospital previously approved by the committee.
DEA/CDS and state controlled substance registrations a. The DEA/CDS registration must be valid in

Verification Element
the state(s) in which practitioner will be treating Members. Practitioners who see Members in more than one state must have a DEA/CDS registration for each state.
Malpractice insurance
Malpractice claims history
Board certification or highest level of medical training or education
Work history
State or Federal license sanctions or limitations
Medicare, Medicaid or FEHBP sanctions
National Practitioner Data Bank report
State Medicaid Exclusion Listing, if applicable

B. HDOs

Verification Element
Accreditation, if applicable
License to practice, if applicable
Malpractice insurance
Medicare certification, if applicable
Department of Health Survey Results or recognized accrediting organization certification
License sanctions or limitations, if applicable
Medicare, Medicaid or FEHBP sanctions

Recredentialing

The recredentialing process incorporates re-verification and the identification of changes in the practitioner's or HDO's licensure, sanctions, certification, health status and/or performance information (including, but not limited to, malpractice experience, hospital privilege or other actions) that may reflect on the practitioner's or HDO's professional conduct and competence. This information is reviewed in order to assess whether practitioners and HDOs continue to meet Anthem credentialing standards.

All applicable practitioners and HDOs in the Network within the scope of Anthem Credentialing Program are required to be recredentialed every three (3) years unless otherwise required by contract or state regulations.

Health Delivery Organizations

New HDO applicants will submit a standardized application to Anthem for review. If the candidate meets Anthem screening criteria, the credentialing process will commence. To assess whether Network HDOs, within the scope of the Credentialing Program, meet appropriate standards of professional conduct and competence, they are subject to credentialing and recredentialing programs. In addition to the licensure and other eligibility criteria for HDOs, as described in detail in Anthem Credentialing Program Standards, all Network HDOs are required to maintain accreditation by an appropriate, recognized accrediting body or, in the absence of such accreditation, Anthem may evaluate the most recent site survey by Medicare, the appropriate state oversight agency, or a site survey performed by a designated independent external entity within the past 36 months for that HDO.

Recredentialing of HDOs occurs every three (3) years unless otherwise required by regulatory or accrediting bodies. Each HDO applying for continuing participation in Networks or Plan Programs must submit all required supporting documentation.

On request, HDOs will be provided with the status of their credentialing application. Anthem may request, and will accept, additional information from the HDO to correct incomplete, inaccurate, or conflicting credentialing information. The CC will review this information and the rationale behind it, as presented by the HDO, and determine if a material omission has occurred or if other credentialing criteria are met.

Anthem
BlueCross BlueShield

Anthem Blue Cross and Blue Shield Provider and Facility Manual

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Anthem Credentialing Program Standards

I. Eligibility Criteria

Health care practitioners:

Initial applicants must meet the following criteria in order to be considered for participation:

A. Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP; and.

B. Possess a current, valid, unencumbered, unrestricted, and non-probationary license in the state(s) where he/she provides services to Covered Individuals; and

C. Possess a current, valid, and unrestricted Drug Enforcement Agency ("DEA") and/or Controlled Dangerous Substances ("CDS") registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals; the DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who see Covered Individuals in more than one state must have a DEA/CDS registration for each state.

Initial applications should meet the following criteria in order to be considered for participation, with exceptions reviewed and approved by the CC:

A. For MDs, DOs, DPMs, and oral and maxillofacial surgeons, the applicant must have current, in force board certification (as defined by the American Board of Medical Specialties ("ABMS"), American Osteopathic Association ("AOA"), Royal College of Physicians and Surgeons of Canada ("RCPSC"), College of Family Physicians of Canada ("CFPC"), American Board of Podiatric Surgery ("ABPS"), American Board of Podiatric Medicine ("ABPM"), or American Board of Oral and Maxillofacial Surgery ("ABOMS")) in the clinical discipline for which they are applying.

B. Individuals will be granted five years or a period of time consistent with ABMS board eligibility time limits, whatever is greater, after completion of their residency or fellowship training program to meet the board certification requirement.

C. Individuals with board certification from the American Board of Podiatric Medicine will be granted five years after the completion of their residency to meet this requirement. Individuals with board certification from the American Board of Foot and Ankle Surgery will be granted seven years after completion of their residency to meet this requirement.

II. Criteria for Selecting Practitioners

A. New Applicants (Credentialing)

1. Submission of a complete application and required attachments that must not contain intentional misrepresentations;
2. Application attestation signed date within one hundred eighty (180) calendar days of the date of submission to the CC for a vote;
3. Primary source verifications within acceptable timeframes of the date of submission to the CC for a vote, as deemed by appropriate accrediting agencies;
4. No evidence of potential material omission(s) on application;
5. Current, valid, unrestricted license to practice in each state in which the practitioner would provide care to Covered Individuals;
6. No current license action;
7. No history of licensing board action in any state;
8. No current federal sanction and no history of federal sanctions (per System for Award Management (SAM), OIG and OPM report nor on NPDB report);
9. Possess a current, valid, and unrestricted DEA/CDS registration for prescribing controlled substances, if applicable to his/her specialty in which he/she will treat Covered Individuals. The DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Covered Individuals. Practitioners who treat Covered Individuals in more than one state must have a valid DEA/CDS registration for each applicable state.

   Initial applicants who have NO DEA/CDS registration will be viewed as not meeting criteria and the credentialing process will not proceed. However, if the applicant can provide evidence that he/she has applied for a DEA/CDS registration the credentialing process may proceed if all of the following are met:

   a. It can be verified that this application is pending.
   b. The applicant has made an arrangement for an alternative practitioner to prescribe controlled substances until the additional DEA/CDS registration is obtained.
   c. The applicant agrees to notify Anthem upon receipt of the required DEA/CDS registration.
   d. Anthem will verify the appropriate DEA/CDS registration via standard sources.

UnitedHealthcare Sierra H&L

Resources for physicians, administrators and healthcare professionals

Get Credentialed

During the credentialing process, we'll work with you to verify your qualifications, practice history, certifications and registration to practice in a health care field.

Helpful Resources

- Credentialing Frequently Asked Questions (FAQs)
- Credentialing Plan State and Federal Regulatory Addendum: Additional State and Federal Credentialing Requirements
- UnitedHealthcare Credentialing Plan 2019– 2021

Feedback

Step One: Know What's Needed for Credentialing

UnitedHealthcare's credentialing standards fully comply with the National Committee on Quality Assurance (NCQA) as well as specific state and federal requirements.

Licensed Independent Practitioners — Credentialing Requirements

Training and Education

- Practitioner degree (MD, DO, DPM), post-graduate education or training
- Details of medical or professional education and training
- Completion of residency program in the designated specialty

Licensing and Certification

- Current license or certification in the state(s) in which the care provider will be practicing (no temporary licenses)
- National Provider Identification (NPI) number

5-C

- Active Drug Enforcement Agency (DEA) number and/or Controlled Dangerous Substance (CDS) Certificate or acceptable substitute (if required)
- Medicare/Medicaid participation eligibility or certification (if applicable)

Work History Details

- Five-year work history
  - If there are any gaps longer than six months, please explain.
- Statement of work limitations, license history and sanctions (only required if you are applying to join UnitedHealthcare's Medicare and Medicaid plans).

  The statement must include:
  - Any limitations in ability to perform the functions of the position, with or without accommodation;
  - History of loss of license and/or felony convictions; and
  - History of loss or limitation of privileges or disciplinary activity.
- W-9 form
- Hospital staff privileges

Insurance

- Active errors and omissions (malpractice) Insurance or a state-approved alternative
- Malpractice history

Other

- Other Credentialing requirements such as AMA profile or criminal history review as required by Credentialing Authorities
- Notification if this provider has ever been a delegated provider prior to this credentialing application
- Passing score on state site visit (if required)

Credentialing For Medicaid and State Programs (Community Plan)

- State-specific Credentialing and Recredentialing Information on how to join the UnitedHealthcare Community Plan network can be found in the Care Provider Manual.

Feedback

Facilities — Credentialing Requirements

Each facility must meet the following criteria to be considered for credentialing:

- Current required license(s)
- General/comprehensive liability insurance
- Errors and omissions (malpractice) insurance
- Proof of Medicare/Medicaid program participation eligibility
- Appropriate accreditation by a recognized agency, or satisfactory alternative
- Centers for Medicare & Medicaid Services (CMS) certification

Questions?

If you have questions about any of the required items, please review the UnitedHealthcare Credentialing and Recredentialing Plan for 2019-2021, specifically:

- Section 4.2 – Credentialing Criteria/Source Verification Requirements.
- Section 7.0 - Credentialing and Recredentialing of Facilities

Step Two: Complete a Credentialing Application +

Step Three: Get Your Credentialing Approved +

Check Your Status +

The Credentialing Program has been developed in accordance with state and federal requirements and accreditation guidelines. In accordance with those standards, UnitedHealthcare members will not be referred and/or assigned to you until the credentialing process and contracting process have been completed.

Feedback

Feedback

Credentialing Overview

aetna

Aetna shall maintain a network that will be credentialed and recredentialed consistent with the accrediting bodies of National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS) and URAC, as well as state and federal requirements.

Aetna will consider the following factors in its credentialing process and secure primary source verification, as required:

- Licensure and/or certification verified through state licensing boards in geographical areas where network practitioners will care for our members
- Board certifications (when applicable)
- Loss of/limitation of hospital admitting privileges (when applicable)
- Current professional liability coverage
- Drug Enforcement Agency (DEA) and state controlled-drug substance registration, when applicable, through verification by the U.S. Department of Commerce National Technical Information Service (when applicable)
- Disciplinary history or adverse actions related to licensure and DEA registration, which we query through state licensing boards and the National Practitioner Databank (NPDB)
- Malpractice insurance claim history to examine any possible trends and to look for evidence that might suggest any probable substandard professional performance in the future
- Mental and physical health to determine if the practitioner's history might suggest any probable substandard professional performance in the future
- Participation in government programs such as Medicare or Medicaid
- Professional education and training through verification by the American Medical Association (AMA) Masterfile, American Osteopathic Association (AOA) and specialty board or specific residency/training program (highest level of education, depending on practitioner type)
- Work history

The Aetna Credentialing and Performance Committee (CPC) has authority for making final determinations for those individual practitioners being considered for exceptions to Aetna's established requirements for professional competence and conduct.

Individual practitioners will be recredentialed using the Aetna standard credentialing process every three (3) years.

In addition, in between formal credentialing cycles, Aetna will monitor the following as part of the ongoing quality review:

- state board sanctions,
- loss of license
- Office of Personnel Management/Office of Inspector General reports
- Medicare Opt Out
- Member complaints
- Internally identified potential quality of care concerns

5=1

Medicare Enrollment
for Providers and Suppliers

Help

Checklist for Individual Physician and Non-Physician Practitioners using PECOS

Below is a checklist of information that will be needed to complete enrollments via Internet-based PECOS:

- ✓ An active National Provider Identifier (NPI).
- ✓ National Plan and Provider Enumeration System (NPPES) User ID and password. Internet-based PECOS can be accessed with the same User ID and password that a physician or non-physician practitioner uses for NPPES.
  - For help in establishing an NPPES User ID and password or assistance in changing an NPPES password, contact the NPI Enumerator at 1-800-465-3203 or send an e-mail to customerservice@npienumerator.com.
- ✓ Personal identifying information. This includes:
  - Legal name on file with the Social Security Administration
  - Date of birth
  - Social Security Number
- ✓ Schooling information. This includes:
  - Name of School
  - Graduation year
- ✓ Professional license information. This includes:
  - Medical license number
  - Original effective date
  - Renewal date
  - State where issued
- ✓ Certification information. This includes:
  - Certification number
  - Original effective date
  - Renewal Date
  - State where issued
- ✓ Specialty/secondary specialty information
- ✓ Drug Enforcement Agency (DEA) number
- ✓ If applicable, information regarding any final adverse actions. A final adverse action includes:
  - a Medicare-imposed revocation of any Medicare billing privileges;
  - suspension or revocation of a license to provide health care by any State licensing authority;
  - revocation or suspension by an accreditation organization;
  - a conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(A)(i)) within the last ten years preceding enrollment or revalidation;
  - or an exclusion or debarment from participation in a Federal or State health care program.
- ✓ Practice location information. This information includes:
  - Practitioner's medical practice location
  - Special Payment Information
  - Medical Record Storage Information
  - Billing Agency Information (if applicable)
  - Any Federal, State, and/or local (city/county) professional licenses, certifications and/or registrations specifically required to operate as a health care physician or non-physician practitioner.

5-E

✓ Electronic Funds Transfer documentation - mechanism by which providers and suppliers receive Medicare Part A and Part B payments directly into a designated bank account..

Note: Clicking the download button below generates a PDF file of size 210 KB. Documents in PDF format require the Adobe Acrobat Reader®. **If you experience problems with PDF documents, please** download the latest version of the Adobe Acrobat Reader®.

DOWNLOAD

Cigna Medical Network Credentialing

Join a Cigna health plan network. We look forward to collaborating with you.

First-Time Credentialing Recredentialing

How to Join a Cigna Medical Network

1 Pre-Application

Before starting the application process, we'll need some information from you to confirm that you meet the basic guidelines to apply for credentialing.

Please call Cigna Provider Services at **1-800-88Cigna (882-4462)**. Choose the **credentialing option** and a representative will assist you. In most cases, you'll be informed on this call if you meet the basic guidelines to apply for credentialing.

If you are a facility or ancillary provider, we'll need more information from you than is on the Provider Information Form. Please call 1-800-88Cigna (882-4462), choose the credentialing option, and the representative will tell you the next steps in the application process.

2 Submit your application

If you meet the basic guidelines to apply for credentialing, you will receive an email with an application packet and all the information you'll need to get started.

If the application information already exists on the Council on Affordable Quality Healthcare® (CAQH) website or the One Healthport/Medversant website, with your permission we will access it electronically to gather most of the information we need. As a third option, if it's required by the state in which you practice, we'll accept a state application that you complete, sign, and mail to us with the required documentation.

Depending on which method you choose to apply, please complete the steps below.

Online application		Printed application
CAQH	One Healthport/Medversant	State application

5-F

Questions?

1 (800) 88CIGNA (882-4462)

OnboardingStatus@Cigna.com

If you are checking the status on where you are in the credentialing process, we will need the name and tax ID number from your application.

- Authorize Cigna to access your data.
- Review the data profile for any changes.
- Ensure the profile has one of these statuses: Initial Profile Complete or Re-attestation.

- Review the data profile for any changes.
- Ensure that it has been attested within 100 days.

- Ensure all applicable fields have been completed and signed within 100 days.
- Print the application from your computer.
- Mail it to Cigna with the appropriate attachments: Cigna Medical Onboarding Unit 1000 Corporate Center Drive, Ste. 500 Franklin, TN 37067

Required application information

Regardless of which method you use to apply, we require that you send us a completed application packet with the information below.

Requirement	Details	Other information
State medical license or appropriate professional license	• Valid, unrestricted • With appropriate licensing agency	
Drug Enforcement Agency (DEA) certificate	• Valid, unrestricted • One needed for each practicing state	IMPORTANT: If you do not have a DEA certificate or CDS certificate, fill out the DEA certificate form (PDF) and fax it to 1.877.391.8228.
Controlled Dangerous Substances (CDS) certificate	• Valid, unrestricted • If required by the state	

Cigna-participating hospital clinical privileges	Must be in good standing on the medical staff	IMPORTANT: If you do not have clinical privileges at a Cigna network-participating hospital, you may have someone admit patients on your behalf. Fill out the Hospital Coverage Agreement form [PDF] and fax it to 1.877.391.8228
Board certification status	By the American Board of Medical Specialties or the American Osteopathic Association	
Professional education and training	Include applicable training in the specialty for which you are applying	
Work history	Must include previous five years	Include an explanation for work history gaps greater than six months.
Prior sanctioning activities	By applicable regulatory bodies, and the Centers for Medicare & Medicaid Services (CMS)	Must disclose sanctions information on the application.
Malpractice claims history	Professional liability coverage amounts will vary based on market standards and medical specialty	Recommended minimums are $1,000,000 per occurrence and $3,000,000 in the aggregate.
Adequate malpractice insurance	Must meet the applicable state and medical specialty requirements	

3 Keeping you informed during the registration process

Once we receive the application packet, we'll start the credentialing process. This typically takes 45 to 60 days to complete. During this time, you'll receive emails from us to:

send you an email notification that we closed your application.
- Keep you updated on where your application is in our credentialing verification process, including any delays that may cause the credentialing process to extend past the standard 45- to 60-day turnaround time.
- Confirm you have been approved and credentialed as a network-participating provider with your effective date, or notify you that you have not been approved.

If you have been approved, we will upload your provider information into our directories and claim systems which typically happens within 10 business days.

4 How to check the status of your application

If you want to find out where your application is within the process:

1) Email OnboardingStatus@Cigna.com. Include your full name and Taxpayer Identification Number (TIN).

OR

Call **1.800.88Cigna (882.4462)**, and choose the credentialing option.

5 Welcome to the Cigna network!

If you are approved and credentialed, you will receive an email letting you know that you have been approved and your effective date.

The Benefits of Collaboration

Cigna shares the same mission as doctors, dentists and other health care providers, hospitals and facilities. We all strive for the better health and well-being of your patients – our customers.

3 simple reasons to work with us

Health Care Provider Resources

Medical Network Newsletters

Pharmacy Outreach Program

Genetic Testing and Counseling Program

Cultural Competency and Health Equity

I want to...

Get an ID card

Other Cigna Websites

myCigna Member Portal

Check Coverage Under My Plan
See Prescription Drug List
Sign Up for Cigna Home Delivery Pharmacy
Eligible HSA, FSA, HRA Expenses
Find an In-Network Doctor, Dentist, or Facility
Find a Form
Contact Cigna

Client Resource Portal
Cigna Broker Portal
Cigna for IFP Brokers
Medicare

Resources

Health and Wellness
Glossary
Member Resources
Cigna Mobile Apps
Employer ACA Responsibilities

About Cigna

Company Profile
Careers
Newsroom
Investors
Suppliers
Third Party Administrators
International

Follow Us

More...

© 2020 Cigna. All rights reserved

Privacy
Legal Disclaimer
Product Disclosures
Cigna Company Names

Customer Rights
Accessibility
Report Fraud
Site Map

Disclaimer

Individual and family medical and dental insurance plans are insured by Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Illinois, Inc., and Cigna HealthCare of North Carolina, Inc. Group health insurance and health benefit plans are insured or administered by CHLIC, Connecticut General Life Insurance Company (CGLIC), or their affiliates (see a listing of the legal entities that insure or administer group HMO, dental HMO, and other products or services in your state). Group Universal Life (GUL) insurance plans are insured by CGLIC. Life (other than GUL), accident, critical illness, hospital indemnity, and disability plans are insured or administered by Life Insurance Company of North America, except in NY, where insured plans are offered by Cigna Life Insurance Company of New York (New York, NY). All insurance policies and group benefit plans contain exclusions and limitations. For availability, costs and complete details of coverage, contact a licensed agent or Cigna sales representative. This website is not intended for residents of New Mexico.

Selecting these links will take you away from Cigna.com to another website, which may be a non-Cigna website. Cigna may not control the content or links of non-Cigna websites. Details

CRAIG WEINGROW, M.D.

BOARD OF PHARMACY NOTICE OF INTENDED ACTION AND ACCUSATION

Cause of Action	Description	Why This Will Not Happen Again
First	Dispensing Without A Practitioner's Signature	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Second	Falsifying Signatures	Dr. Weingrow has obtained an Electronic Medical Records (EMR) system that permits e-prescribing of controlled substances directly to the pharmacy and only Dr. Weingrow has access to the system.
Third	Unlicensed Practice of Medicine	
Fourth	Failure to Adequately Secure Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Fifth	Unlawful Access to Drugs	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Sixth	Dispensing When Practitioner Off-Site	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Seventh	Not applicable to Weingrow	
Eighth	Dispensing to Off-Site Patients	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Ninth	Dispensing Without Dispensing Practitioner Verification	This will not happen again because Dr. Weingrow is not requesting reinstatement of his Practitioner Dispensing License
Tenth	Falsifying Patient Records	This causes of action related to patient informed consent forms, which must be completed prior to dispensing medication. Since Dr. Weingrow is no longer dispensing, this will not happen again.

FILED
JUL 31 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

CRAIG WEINGROW, M.D., Certificate of Registration Nos. CS20272 PD00502,	**Case No. 17-066-CS-S**
Petitioner.	**ORDER OF REINSTATEMENT**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), hereby orders as follows:

The Nevada State Board of Pharmacy (Board) heard this matter on July 18, 2018, rendered a decision, and entered an Order on July 25, 2018, revoking the certificates of registration of Craig Weingrow, MD (Weingrow) controlled substance registration, Certificate of Registration No. CS20272 and dispensing practitioner registration, Certificate of Registration No. PD00502. Weingrow petitioned for reinstatement of his controlled substance registration, Certificate of Registration No. CS20272, pursuant to NRS 639.257. On January 15, 2020, and July 15, 2020, Weingrow appeared with counsel before the Board to answer questions and give testimony regarding his petition, his compliance with the Order, and the facts and circumstances underlying this matter.

The Board granted the petition and ordered that Weingrow's Certificate of Registration No. CS20272 be reinstated effective immediately subject to the following terms, conditions and restrictions:

1. Weingrow may only prescribe the controlled substances listed in Exhibit 2 submitted in support of his petition (copy attached).

2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.

3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

Any failure by Weingrow to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing

EXHIBIT 4

Weingrow to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

IT IS SO ORDERED.

Entered this 31st day of July, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CRAIG WEINGROW, M.D.

LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES PRESCRIBING

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post-Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jeffrey Setness, Esq.
Fabian Vancott
411 E. Bonneville Ave. #400
Las Vegas, NV 89101

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of: **CRAIG WEINGROW, M.D.** **Certificate of Registration Nos. CS20272** **PD00502** **Petitioner**	**CASE NO. 17-066-CS-S**

PETITION TO MODIFY ORDER OF REINSTATEMENT FILED ON JULY 31, 2020

COMES NOW Petitioner Craig Weingrow, M.D. ("Weingrow") by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for an order modifying the Order of Reinstatement filed on July 31, 2020, to permit Weingrow to prescribe, order, possess, and administer testosterone pellets based upon the following:

I. INTRODUCTION

On July 31, 2020, in the case *of Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al,* Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Order of Reinstatement which states, in pertinent part, as follows:

1. Weingrow may only prescribe the controlled substances listed-in Exhibit 2 submitted in support of his petition (copy attached).

2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.

3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

A copy of the Order of Reinstatement is attached as Exhibit 1. It should be noted that the existing Order of Reinstatement permits Dr. Weingrow to prescribe Testosterone Cypionate, which is a Schedule III substance.

EXHIBIT 5

Weingrow respectfully files this Petition requesting an order modifying the Order of Reinstatement filed on July 31, 2020, to permit Weingrow to:

1. Prescribe testosterone pellets, which are also a Schedule III substance like Testosterone Cypionate;

2. Order testosterone pellets from a FDA Registered 503B Outsourcing Facility;

3. Possess the testosterone pellets utilizing the security procedures mandated by the Drug Enforcement Administration; and

4. Administer the testosterone pellets to patients.

II. BACKGROUND

A. Prescribing and Ordering of Testosterone Pellets

Weingrow has been in contact with Evexias Medical Centers which are located in Southlake, Texas; Rockwall, Texas; and Denver, Colorado regarding the EvexiPEL Hormone Pellet Therapy. Documents regarding the EvexiPEL Hormone Pellet Therapy are attached as Exhibit 2. The Hormone Pellet Therapy FAQ's on the EvexiPEL website states that "EvexiPEL uses proprietary pellets from our partner pharmacy FarmaKeio and FarmaKeio Outsourcing a 503B FDA Registered Manufacturing Facility." Excerpts from the Hormone Pellet Therapy FAQ's are attached as Exhibit 3.

FarmaKeio is an FDA Registered 503B Outsourcing Facility, which is licensed in a number of states including Nevada. See Exhibit 4.

Weingrow is willing to agree to prescribe and order only those quantities of testosterone pellets sufficient to meet the needs of his existing patients.

B. Possession and Storage of Testosterone Pellets

Weingrow is willing to agree to possess and store the testosterone pellets in compliance with the security requirements set forth in Title 21, Code of Federal Regulations, § 1301.72(b).

III. CONCLUSION

Dr. Weingrow respectfully requests that the Board amend its Order of Reinstatement dated July 31, 2020 to permit Weingrow to prescribe, order, possess, and administer testosterone pellets as set forth above.

Dated: July 14, 2021.

JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER
CRAIG WEINGROW, M.D.

Approved as to form and content:

CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 15th day of July 2021, I served a true and correct copy of the:

PETITION TO MODIFY ORDER OF REINSTATEMENT FILED ON JULY 31, 2020

by Federal Express and E-mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov

An Employee of
FABIAN VANCOTT

RECEIVED
SEP 7 2021
By: KH 9/8

FILED
SEP 7 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

CRAIG WEINGROW, MD, **Certificate of Registration No. CS20272** **Petitioner.**	Case No. 17-066-CS-S **ORDER**

The Nevada State Board of Pharmacy (Board) heard this matter on September 1, 2021, and granted the petition of Craig Weingrow, MD, Certificate of Registration No. CS20272 (Weingrow), to modify the Board's Order of Reinstatement entered July 31, 2020, as follows:

1. Weingrow may prescribe testosterone;
2. Weingrow may order testosterone from an FDA-registered 503B Outsourcing Facility that is registered with the Board, or testosterone that is a commercially available product;
3. Weingrow may possess testosterone in conformance with any security procedures mandated by the U.S. Drug Enforcement Administration; and
4. Weingrow may administer testosterone to patients.

This Order is effective immediately.

IT IS SO ORDERED.

Entered this 1st day of September, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

[redacted]

EXHIBIT 6

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of September, 2021, I served a true and correct copy of the foregoing document by electronic mail to jsetness@fabianvancott.com and by U.S. Mail to the following:

Jeffrey B. Setness, Esq.
FabianVanCott
411 East Bonneville Avenue, Suite 400
Las Vegas, Nevada 89101

BRETT KANDT

FabianVanCott

JEFFREY B. SETNESS
Direct Dial: 702.333.4900
Cellular: 702.286.2626
jsetness@fabianvancott.com

January 3, 2022

VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: ***In the Matter of: Craig Weingrow, M.D.*, Case No. 17-066-CS-S**

Supplement to December 2, 2021 Petition for Reinstatement of Unrestricted Controlled Substances Registration and Request to Appear Before the Board

Dear Brett,

Please find attached for the Board's consideration our "Supplement to December 2, 2021 Petition for Reinstatement of Unrestricted Controlled Substances Registration and Request to Appear Before the Board".

We look forward to appearing before the Board at the January 12, 2022 meeting in Las Vegas.

Regards,

JEFFREY B. SETNESS
FABIAN VANCOTT

Attachment
cc: Craig Weingrow, M.D. With Attachment Via E-mail Only

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of: **CRAIG WEINGROW, M.D.** **Certificate of Registration Nos. CS20272** **Petitioner**	**CASE NO. 17-066-CS-S**

SUPPLEMENT TO DECEMBER 2, 2021 PETITION FOR REINSTATEMENT OF UNRESTRICTED CONTROLLED SUBSTANCES REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW Petitioner Craig Weingrow, M.D. by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby submits the following Supplement to the Petition for Reinstatement of Unrestricted Controlled Substances Registration which was submitted on December 2, 2021:

As set forth in the December 2, 2021 Petition, one of the reasons that justifies the reinstatement of Dr. Weingrow's unrestricted controlled substance registration is that various medical groups in Las Vegas, various hospitals in Las Vegas, and insurance companies require unrestricted DEA registrations.

In addition to the information and documentation included and attached in the December 2, 2021 Petition, the following additional documentation is provided:

I. Aetna

Aetna's Provider Delegation Guide dated August 21, 2021, states, in pertinent part, that:

> **Practitioner Information**
>
> The Delegated Entity must obtain, maintain, and provide, as needed, the following information for each primary care physician, specialty care physician or other allied health care practitioner:
>
> - Current valid license to practice health care for each state in which the practitioner will see Aetna members

- Clinical privileges in good standing or coverage arrangements, as applicable
- **Current valid unrestricted DEA** or CDS certificate for each state in which the practitioner will see Aetna members

. . .

Emphasis added. Excerpts from Aetna's Provider Delegation Guide that had been highlighted are attached as Exhibit 1. If the Board would like to review the entire Aetna's Provider Delegation Guide, it can be found at http://www.aetna.com/healthcare-professionals/documents-forms/delegation-provider-guide.pdf

II. Anthem Blue Cross and Blue Shield

The Anthem Blue Cross and Blue Shield document entitled "Nevada Provider and Facility Manual" effective October 1, 2021, states that "Additional information regarding Anthem's Credentialing Program can be found in the Program Summary, which applicable terms are incorporated into this Provider Manual by reference, available on Anthem.com. Go to Anthem.com, Select Provider and then Credentialing under Join Our Network, select Nevada if needed, then select the Program Summary under the question, Who do we Credential?." Excerpts from this manual that have been highlighted are attached as Exhibit 2. If the Board would like to review the entire Nevada Provider and Facility Manual, it can be found at https://www.anthem.com/provider/policies/manuals/. This manual refers you to a document entitled "Credentialing" which states, in pertinent part, as follows:

I. Eligibility Criteria

Health care practitioners:

Initial applicants must meet the following criteria in order to be considered for participation:

A. Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP;
B. Possess a current, valid, unencumbered, unrestricted, and non-probationary license in the state(s) where he or she provides services to Members; and
C. **Possess a current, valid, and unrestricted Drug Enforcement Agency ("DEA") and/or Controlled Dangerous Substances ("CDS") registration for prescribing controlled substances, if applicable to his/her specialty in which**

> **he or she will treat Members**; the DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Members. Practitioners who see Members in more than one (1) state must have a DEA/CDS registration for each state.

Emphasis added. Excerpts from this document that have been highlighted are attached as Exhibit 3. If the Board would like to review the entire Credentialing document, it can be found at https://www.anthem.com/provider/credentialing/.

III. Tricare

Tricare's West Region Provider Handbook states, in pertinent part, that

> **Conditions of Participation for Network Providers**
>
> The following summarizes the general conditions required to participate as a TRICARE network provider:
>
> . . .
>
> - have a current, valid, unrestricted DEA certificate or State Controlled Substance certificate, if applicable
>
> . . .

Excerpts from this document that have been highlighted are attached as Exhibit 4. If the Board would like to review this handbook, it can be found at https://www.hnfs.com/content/dam/hnfs/tw/prov/resources/pdf/Op4_HNFS_Jan2021_West_Prov_Hndbk_11302020.pdf.

IV. CONCLUSION

Based upon the foregoing, Dr. Weingrow respectfully requests that the Board reinstate his Controlled Substances Registration to an unrestricted status.

Dated: ~~December 29, 2021~~. JAN 3, 2022

JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER CRAIG WEINGROW. M.D.

Approved as to form and content:

Craig Weingrow, M.D. JAN 3, 2022

CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 3rd day of January 2022, I served a true and correct copy of the:

SUPPLEMENT TO DECEMBER 2, 2021 PETITION FOR REINSTATEMENT OF UNRESTRICTED CONTROLLED SUBSTANCES REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

by Federal Express and E-mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov

An Employee of
FABIAN VANCOTT

Join the team

Provider delegation guide

August 2021

EXHIBIT 1

Aetna.com

23.02.830.1 (8/21)

aetna®

Inside

I. Introduction to delegation management 4
The role of Aetna® and the Delegated Entity 5
II. Financial oversight 5
III. Credentialing for delegated providers 6
Credentialing requirements 7
Practitioner information 7
Organizational provider information 7
Assessment/audit of delegated credentialing 7
Practitioner file audit 7
Organizational provider file audit 8
Subdelegation 8
Corrective action plan 8
Recredentialing 8
Credentialing oversight reports 8
Notification of changes 8
Notification of actions 9
IV. Claims management for delegated providers 9
Oversight program 10
Subdelegation 16
Delegated Providers Call Center 16
Oversight of the Delegated Providers Call Center 16

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna® is part of the CVS Health® family of companies.

The financial auditor will review the submitted documentation. This review will include an assessment of equity reserves, results of operation, liquidity of current assets and sufficiency of cash to pay claims payable and to maintain financial reserves.

In some cases, if the documentation will not be forwarded by the contractor or is considered proprietary or subject to certain protections, the auditor will perform a review onsite.

The Financial Ratios Worksheet will be used consistently to determine financial ratios compared to industry standards. Each ratio is given a score based on the difference of the ratio to the standard. The contractor will be scored according to the following scale:

Total score of 0 to 1.49 — noncompliance with Aetna® standards

Total score of 1.50 to 2.99 — partial compliance with Aetna standards

Total score of 3.0 to 3.99 — substantial compliance with Aetna standards

Total score of 4.0 to 5.0 — full compliance with Aetna standards

Upon completion of the audit or onsite review, the auditor will complete a written report on the findings of the audit using the Assessment Results document. Based on the overall score, the financial auditor will determine audit frequency and recommend financial protections to the applicable Delegation Oversight teams.

The applicable Delegation Oversight teams will review and discuss the financial findings, and make recommendations for follow-up actions, including adjusting the letter of credit, securing a reserve or terminating a contractor. The recommendations will be forwarded to the Oversight Committee.

The Oversight Committee will discuss the recommendations and record the findings. Appropriate actions will be assigned. Any contingency plans based on poor financial audit results will be submitted to the controller and network head for implementation.

III. Credentialing for delegated providers

Aetna delegates credentialing to established physician organizations when key credentialing program components are in place and conform to Aetna requirements.

Aetna retains ultimate decision-making authority for delegated credentialing activities and maintains oversight of credentialing activities. Oversight is maintained through written communications and through minimum annual oversight audits of all credentialing activities delegated to the Delegated Entity.

- The Delegated Entity develops and maintains a credentialing program, which at a minimum includes all applicable Aetna policies and standards, external accreditation standards, and state and federal regulations. In addition, the Delegated Entity agrees to the following:
- Satisfy Aetna requirements for compliance with policies and procedures and for implementing any recommendations for improvement.
- Comply with periodic assessments of delegated activities at least annually, but more frequently if deemed necessary.
- Obtain prior written consent from Aetna for all subdelegated arrangements. These arrangements must have a mutually agreed upon contract, agreement or other written record that meets Aetna's requirements. The Delegated Entity must maintain oversight of the credentialing and recredentialing services furnished by the Subdelegate on behalf of Aetna.
- Provide Aetna staff, the NCQA, the state and CMS (if applicable) access to practitioner and organizational provider files, medical documentation, policies and procedures, and related Quality Improvement Committee or subcommittee minutes as deemed necessary by Aetna for monitoring and oversight of all aspects of the delegated credentialing function.

Aetna retains the right to approve new practitioners and organizational providers and to terminate or suspend individual practitioners and organizational providers in accordance with any agreements and this provider guide.

Credentialing requirements

The Delegated Entity is required to provide Aetna® with credentialing and performance information on all practitioners under contract with the Delegated Entity.

Practitioner information

The Delegated Entity must obtain, maintain, and provide, as needed, the following information for each primary care physician, specialty care physician or other allied health care practitioner:

- Current valid license to practice health care for each state in which the practitioner will see Aetna members
- Clinical privileges in good standing or coverage arrangements, as applicable
- Current valid unrestricted DEA or CDS certificate for each state in which the practitioner will see Aetna members
- Current board certification(s) in the appropriate specialty
- Education and training if not board certified
- Five years of work history with documentation of gaps greater than six months
- Current professional liability insurance within Aetna-approved limits
- Review of Medicare/Medicaid sanction activity
- Review of the Medicare opt-out report, as applicable
- Site visit process, including a policy that identifies a comprehensive way to conduct site visits and follow-up site visits when deficiencies meet Aetna's threshold, as applicable
- Ongoing monitoring of sanction activity, including Medicare/Medicaid, state license sanction and limitations (within 30 days), and Medicare opt-out (quarterly), as applicable; reports must be reviewed within a prescribed timeline of source publication (where states do not supply regular publications, review is required at least every six months)
- Ongoing reviews of applicable complaints from members, as applicable; recredentialing performance data, including quality improvement activities and member complaints, as applicable
- State and/or Medicaid requirements, as applicable

Organizational provider information

The Delegated Entity must obtain, verify, maintain and provide information on the following for each provider:

- A current valid and unencumbered license or a certification or certificate of occupancy in the state in which the Delegated Entity's participating health care provider is located
- Professional liability insurance within Aetna-approved limits
- A Medicare Certification Number (as applicable)
- A review of current or previous sanction activity by Medicare or Medicaid
- Accreditation status by an Aetna-recognized accrediting agency (e.g., TJC, AOA, CHAP, DNV, AAAHC, AAAASF)
- A current, compliant CMS or state survey or results from an onsite quality assessment in lieu of an approved accreditation
- A copy of the Advance Directives policy, unless accredited or certified by Medicare
- A CMS Certification Number for hospitals with more than 50 beds (or formal documentation of an exception)

Assessment/audit of delegated credentialing

The Delegated Entity agrees to, and will assist Aetna with, when requested, an annual assessment/audit for the credentialing program. The credentialing program includes policies and procedures, minutes, monitoring logs, files and subdelegation activities.

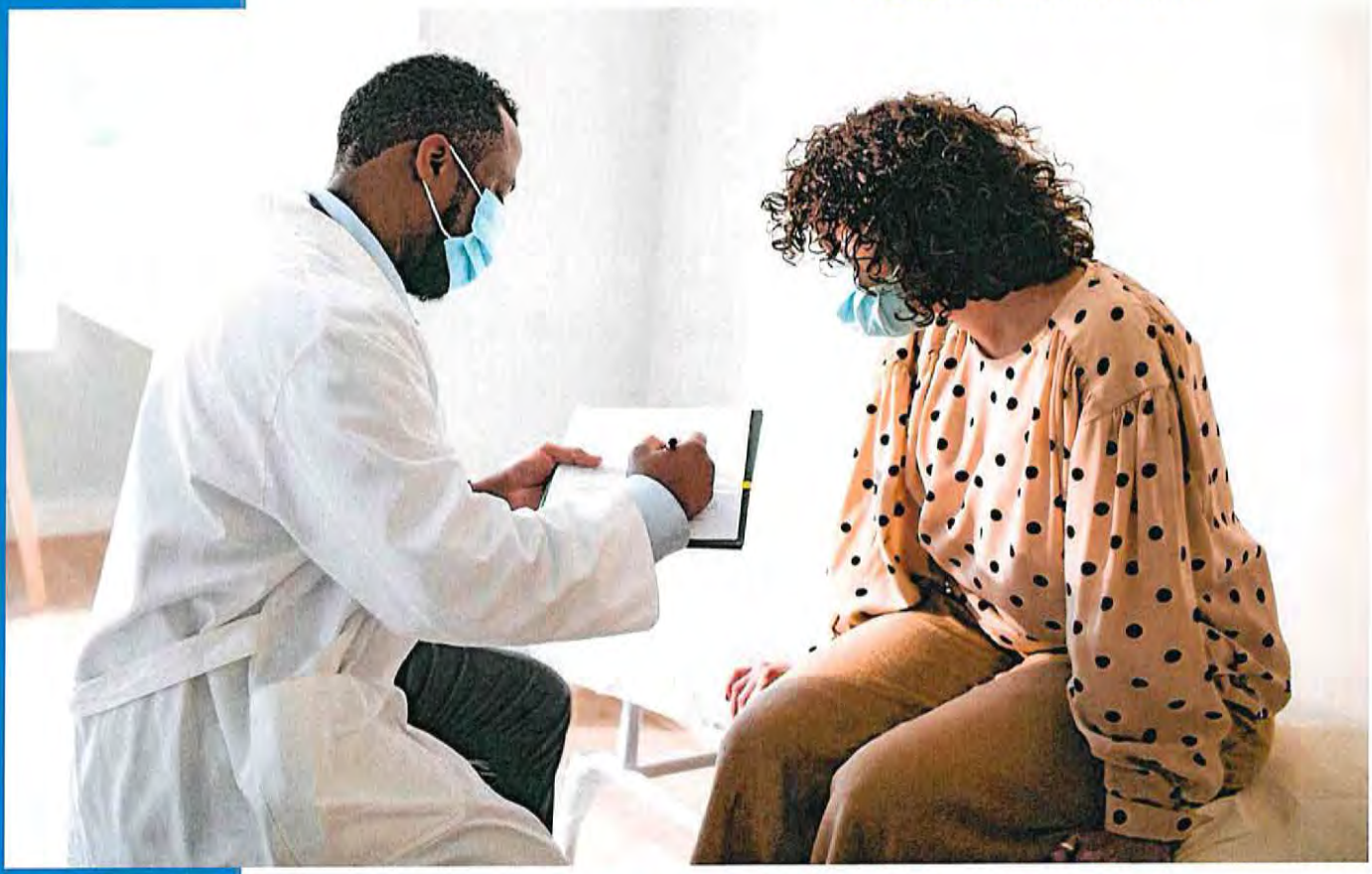
Practitioner file audit

Aetna will review credentialing/recredentialing files using NCQA methodology: 1) The 8/30 rule evaluating each file factor until a rate of 8/8 or a denominator of 30 is achieved; or 2) The 5%/50 method, where 5% or 50 files, whichever is less, are reviewed.

Anthem Blue Cross and Blue Shield

Nevada Provider and Facility Manual

Effective October 1, 2021



Anthem.

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

EXHIBIT 2

Credentialing

Credentialing is the process Anthem uses to evaluate and select healthcare practitioners and health delivery organizations (HDOs) to provide care to Members to help ensure that Anthem's standards of professional conduct and competence are met. Anthem's Program Summary includes a complete list of the provider types within Anthem's credentialing scope. The credentials of health care practitioners and HDOs are evaluated according to Anthem's criteria, standards, and requirements as set forth in the Program Summary and applicable state and federal laws, and regulatory and accreditation requirements, and are not intended to limit Anthem's discretion in any way to amend, change or suspend any aspect of Anthem's Credentialing Program or intended to create rights on the part of practitioners or HDOs who seek to provide healthcare services to Members. Anthem further retains the right to approve, suspend, or terminate individual practitioners and HDOs in those instances where it has delegated credentialing decision-making. Anthem's Credentialing Program also includes the recredentialing process which incorp orates re-verification and the identification of changes in the practitioner's or HDO's credentials that may reflect on the practitioner's or HDO's professional conduct and competence. This information is reviewed in order to assess whether practitioners and HDOs continue to meet Anthem credentialing standards. All applicable practitioners and HDOs in Anthem's network within the scope of the Credentialing Program are required to be recredentialed every three (3) years unless otherwise required by applicable state contract or state regulations. Additional information regarding Anthem's Credentialing Program can be found in the Program Summary, which applicable terms are incorporated into this Provider Manual by reference, available on Anthem.com. Go to Anthem.com, Select **Provider** and then **Credentialing** under **Join Our Network**, select **Nevada** if needed, then select the **Program Summary** under the question, **Who do we Credential?.**

Standards of Participation

Anthem contracts with many types of providers that do not require credentialing as described in the Credentialing **Program Summary** available on Anthem.com. However, to become a Network/Participating Provider or Facility, certain standards of participation still must be met. In addition to the insurance requirements listed in the Legal and Administrative Requirements section of this manual, and standards of participation and accreditation requirements outlined in the Provider Agreement, the chart below outlines requirements that must be met in order to be considered for contracting as a Network/Participating Provider or Facility in one of these specialties:

Provider	Standards of Participation
Ambulance (Air & Ground)	Medicare Certification/State Licensure
Ambulatory Event Monitoring	Medicare Certification
Convenient Care Centers (CCCs)/Retail Health Clinics (RHC)	DNV/NIAHO, UCAOA, TJC

Credentialing

ANTHEM'S DISCRETION

The credentialing summary, criteria, standards, and requirements set forth herein are not intended to limit Anthem's discretion in any way to amend, change or suspend any aspect of Anthem's credentialing program ("Credentialing Program") nor is it intended to create rights on the part of practitioners who seek to provide healthcare services to our members. Anthem further retains the right to approve, suspend, or terminate individual physicians and health care professionals, and sites in those instances where it has delegated credentialing decision making.

CREDENTIALING SCOPE

Anthem credentials the following licensed/state certified independent health care practitioners:

- Medical Doctors (MD)
- Doctors of Osteopathic Medicine (DO)
- Doctors of Podiatry
- Chiropractors
- Optometrists providing Health Services covered under the Health Benefit Plan
- Doctors of dentistry providing Health Services covered under the Health Benefit Plan including oral and maxillofacial surgeons
- Psychologists who have doctoral or master's level training
- Clinical social workers who have master's level training
- Psychiatric or behavioral health nurse practitioners who have master's level training
- Other behavioral health care specialists who provide treatment services under the Health Benefit Plan
- Telemedicine practitioners who provide treatment services under the Health Benefit Plan
- Medical therapists (e.g., physical therapists, speech therapists, and occupational therapists)
- Genetic counselors
- Audiologists
- Acupuncturists (non-MD/DO)
- Nurse practitioners
- Certified nurse midwives
- Physician assistants (as required locally)
  Registered Dietitians

The following behavioral health practitioners are not subject to professional conduct and competence review under the Credentialing Program, but are subject to a certification

EXHIBIT 3

programs, has a criminal conviction, or Anthem's determination that the practitioner's or HDO's continued participation poses an imminent risk of harm to Members. Participating practitioners and HDOs whose network participation has been terminated due to the practitioner's suspension or loss of licensure or due to criminal conviction are not eligible for informal Review/Reconsideration or Formal Appeal. Participating practitioners and HDOs whose network participation has been terminated due to sanction, debarment or exclusion from the Medicare, Medicaid or FEHB are not eligible for Informal Review/Reconsideration or Formal Appeal.

REPORTING REQUIREMENTS

When Anthem takes a professional review action with respect to a practitioner's or HDO's participation in one (1) or more of its Networks or Plan Programs, Anthem may have an obligation to report such to the NPDB, state licensing board and legally designated agencies. In the event that the procedures set forth for reporting reportable adverse actions conflict with the process set forth in the current NPDB Guidebook, the process set forth in the NPDB Guidebook will govern.

ANTHEM CREDENTIALING PROGRAM STANDARDS

I. Eligibility Criteria

Health care practitioners:

Initial applicants must meet the following criteria in order to be considered for participation:

A. Must not be currently federally sanctioned, debarred or excluded from participation in any of the following programs: Medicare, Medicaid or FEHBP;
B. Possess a current, valid, unencumbered, unrestricted, and non-probationary license in the state(s) where he or she provides services to Members; and
C. Possess a current, valid, and unrestricted Drug Enforcement Agency ("DEA") and/or Controlled Dangerous Substances ("CDS") registration for prescribing controlled substances, if applicable to his/her specialty in which he or she will treat Members; the DEA/CDS registration must be valid in the state(s) in which the practitioner will be treating Members. Practitioners who see Members in more than one (1) state must have a DEA/CDS registration for each state.

Initial applications should meet the following criteria in order to be considered for participation, with exceptions reviewed and approved by the CC:

A. For MDs, DOs, DPMs, and DMDs/DDSs practicing oral and maxillofacial surgery, the applicant must have current, in force board certification (as defined by the American Board of Medical Specialties ("ABMS"), American Osteopathic Association ("AOA"), Royal College of Physicians and Surgeons of Canada ("RCPSC"), College of Family Physicians of Canada ("CFPC"), American Board of Foot and Ankle Surgery ("ABFAS"), American Board of Podiatric Medicine

HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

TRICARE®

West Region Provider Handbook

Your guide to TRICARE programs, policies and procedures

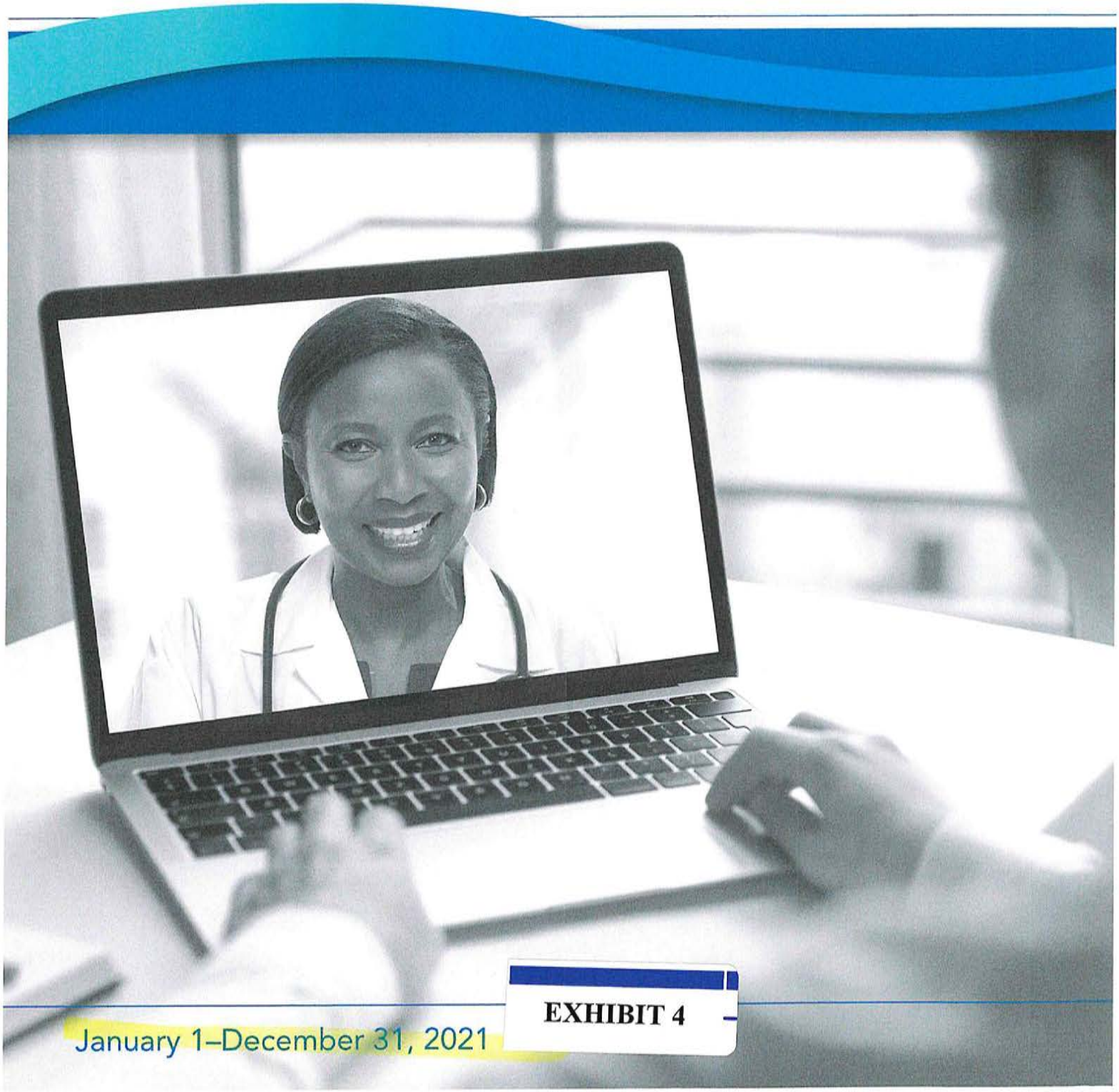


EXHIBIT 4

January 1–December 31, 2021

plans and healthcare organizations. There is no cost to submit an application and participate with CAQH. Providers are responsible for ensuring their individual CAQH profiles are current and accurate in order to complete the credentialing process.

Conditions of Participation for Network Providers

The following summarizes the general conditions required to participate as a TRICARE network provider:

- for Medicare eligible providers, have a signed Medicare CMS-460 Agreement or participate with Medicare on a claim-by-claim basis for eligible Medicare beneficiaries
- provide an SSN for all claims processing; an Employer Identification Number (EIN) may be provided, if group only, but additional information will need to be collected for the required individual criminal background history checks
- provide a Network Provider Identifier (NPI) for all individuals (Type I) and entities (Type II) billing with your organization
- provide a service that is a covered benefit to the plan member
- agree to conditions of participation per the network agreement
- maintain professional liability coverage in accordance with your provider agreement, but generally the limits are at least $200,000 per occurrence and $600,000 aggregate
- all physicians have active hospital privileges, in good standing, at a Joint Commission or Healthcare Facilities Accreditation Program (HFAP)-accredited facility or Det Norske Vetitas (DNV)-accredited facility (may be waived under specific conditions)
- have a current, valid, unrestricted DEA certificate or State Controlled Substance certificate, if applicable
- have completed education and training appropriate to application specialty(ies)
- have no unexplained gaps in work history for the most recent five years
- have malpractice history not excessive for area and specialty
- have no felony convictions
- have no current Medicare or Medicaid sanctions
- have no current disciplinary actions (including, but not limited to, licensure and hospital privileges)
- sign and include an unmodified "Credentials Attestation, Authorization and Release"
- provide supporting documentation for all confidential questions on the application (no patient names, please)

Additional Requirements Exclusively for Primary Care Managers

- provide 24-hour medical coverage
- agree to refer TRICARE beneficiaries for specialty care, when necessary
- have a valid Tax Identification Number (TIN) for the applicable practice site(s)

Delegated Credentials/Subcontracted Provider Functions

TRICARE network providers who have delegation agreements with HNFS must comply with agreement standards and functions as they apply to credentialing of network providers and/or other subcontracted functions. Network providers must comply with the following:

- credentialing plan and policies and procedures meet HNFS' reasonable standards, guidelines, and any required national accrediting standards
- comply with HNFS' credentialing criteria (credentialing standards)
- comply with applicable state and federal regulations (including compliance with applicable Medicare laws, regulations and CMS instructions)
- be properly credentialed and re-credentialed before rendering covered services to beneficiaries (includes current and future professional providers)
- notify HNFS in writing of all new professional providers who become affiliated with and are credentialed by him or her
- cooperate with HNFS' timelines and schedules related to the production of accurate provider directories
- maintain all records necessary for HNFS to monitor the effectiveness of network provider's credentialing and re-credentialing process, including, but not limited to, records related to the credentialing of all current or future professional providers (professional provider records)
- annually, or upon reasonable request, provide HNFS with credentialing policies and procedures for review and evaluation; and permit and cooperate with HNFS' review of records
- submit credentialing and re-credentialing reports that identify those professional providers credentialed/
- re-credentialed, the effective date of such actions, the most recent prior date of credentialing/ re-credentialing, and the effective date of such professional provider's participation
- notify HNFS of any material change in performing delegated functions
  - Upon written notice, HNFS has the right to revoke and assume the delegated functions and responsibilities if HNFS determines the provider either does not or will not have the capacity, ability or willingness to effectively perform, or is not effectively performing the delegated function.
- sub-delegation of any delegated functions to another organization requires that the provider request HNFS' prior approval in a written request
  - No sub-delegation may occur prior to HNFS' review and written approval. At HNFS' sole discretion, it may approve or deny any

8

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: VICTOR Middle: RONALD Last: BRUCE

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted] FOOTHILL ASH AVENUE

City: LAS VEGAS State: NV Zip: 89117

Telephone: [redacted] Email: drb@ascensionmedicalcenter.com

Degree: MD Practitioner License #: 18273 Specialty: INTERNAL MEDICINE

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): ASCENSION MEDICAL CENTER

Practice Address: 2325 W CHARLESTON BLVD Suite #:

City: LAS VEGAS State: NV Zip: 89102

Telephone: 7028349200 Fax: 7026256125 Email: drb@ascensionmedicalcenter.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Cease & Desist	NV	07/21/2020	19-242-S

Criminal Action:	State:	Date:	Case #:	County:	Court:
NRS 630.301 (1)	NV	12/11/14	14-12252-1	CLARK	NEVADA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VICTOR BRUCE
Print Name (First, Last)

6/26/2021
Date

Original Signature (electronic, copies or stamps not accepted)

6/26/2021
Date

Board Use Only: Date Processed: _____ Amount: 200 Check # 1038

PAYMENT AGREEMENT

VICTOR BRUCE, M.D. – CASE NO. 19-242

WHEREAS, on or about July 21, 2020, Victor Bruce, M.D. ("Bruce") was ordered by the Nevada State Board of Pharmacy ("Board") pursuant to NRS 639.2895(1) to CEASE and DESIST prescribing or dispensing controlled substances or dangerous drugs for Nevada patients without a valid registration.

WHEREAS, Bruce was concurrently issued a CITATION pursuant to NRS 639.2895(2) for his unlicensed practice and assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

WHEREAS, on July 27, 2020, Dr. Bruce, through his attorney, timely sought an appeal and requested a hearing before the Board regarding the Citation ("Appeal Request").

WHEREAS, the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement wherein Dr. Bruce would acknowledge he would pay the Citation's fine amount, and Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount. Further, Dr. Bruce would withdraw his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal has been withdrawn/vacated from the Board's October 14, 2020, hearing agenda.

WHEREAS, the parties further agree to the following:

* Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
* No signed "acknowledgement" is needed;
* Payment of the fine does not constitute discipline; and
* The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

THEREFORE, Dr. Victor Bruce, hereby agrees to pay the administrative fine imposed through monthly payments pursuant to the following schedule

Due Date	Amount
10/21/2020	1000.00
11/21/2020	800.00
12/21/2020	800.00
1/21/2021	800.00
2/21/2021	800.00
3/21/2021	800.00
Total	**$5,000.00**

Bruce shall submit each payment by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway - Suite 206, Reno, Nevada 89521. Bruce has the right to pre-pay any or all of the payments agreed to herein without interest accruing.

The Board and Victor Bruce, M.D. have considered and fully understood the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

July 21, 2020

VIA CERTIFIED U.S. MAIL AND PERSONAL SERVICE

Victor Bruce, M.D.
2290 McDaniel Street, Suite 2A
North Las Vegas, NV 89030

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 19-242-S)

Dear Dr. Bruce:

The Nevada State Board of Pharmacy ("BOP") has determined that you are possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice in violation of federal and state law. Specifically, your license was stayed from revocation from the Nevada State Board of Medical Examiners since December 8, 2014, and you are not registered with the BOP. You are prohibited from prescribing controlled substances from schedules II-V during the stayed revocation.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i); NRS 453.381(1), NRS 453.401(1)(a), NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

Victor Bruce, M.D.

2290 McDaniel St., Ste. 2A

North Las Vegas, NV 89030

August 7, 2020

NEVADA STATE BOARD OF PHARMACY

RE: BME CASE#:19-242-D-S

Dear J. David Wuest,

Please find below my responses to the Factual Allegations cited in your letter.

The line items are all true, except the following:

Item 3:

I am indeed not registered with the Board to prescribe any controlled substances. I did not prescribe unlawfully under another practitioner's credentials. I was attending to patients in my preceptorship role as prescribed by the Nevada Medical Board. In essence, I was operating as a medical student or physician assistant-a very common role in the medical field. The steps involved are as follows; you take a history, conduct a physical, discuss tests needed and prescriptions recommended; then your precepting physician approves and then he/she authorizes prescriptions. I followed this exact blueprint throughout my 15-month long preceptorship.

Item 8:

I was never employed by Dr. Addo-Quaye. I was doing my preceptorship in his clinic for no pay. My role in his clinic was exactly as explained in Item 3.

Item 10:

I did write a few handwritten prescriptions (usually due to patient's choice or convenience). These were ALWAYS for non-controlled substances eg. Losartan for hypertension, citalopram for depression.

Item 11:

There was absolutely no collusion of any sort. All patients were seen per the normal bona fide therapeutic relationship with patients. I did not represent myself as a practitioner entitled to write prescriptions for controlled substances. I was merely an "apprentice" conducting the usual history and physicals on patients and then conferring with Dr. Addo-Quaye who then makes the final decision as to what to prescribe-and then sent the medications to the pharmacy.

I sincerely hope these responses clear the air regarding the allegations.

Respectfully,

Victor Bruce, M.D.

Nevada State Board of Medical Examiners

December 11, 2014

Victor R. Bruce, M.D.
c/o John Hunt, Esq.
Morris Polich & Purdy LLP
500 S. Ranch Drive, Ste 17
Las Vegas, NV 89106

Re: Compliance Case 14-12252-1

Dear Dr. Bruce:

On December 6, 2014 the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 14-12252-1 finding the following:

- Respondent engaged in conduct that is grounds for discipline pursuant to the MPA, to wit: conviction of a felony relating to the practice of medicine or the ability to practice medicine, a violation of NRS 630.301(1), as set forth in *Judgment in a Criminal Case* and as was alleged in the Indictment.

As a result the Board entered its **ORDER** as follows:

- Respondent agrees to a stayed revocation of his license to practice medicine until December 31, 2014, when Respondent's license to practice medicine in Nevada will be Revoked;
- Board shall issue a Public Reprimand;
- Following his release from incarceration, Respondent may petition to reinstate license to practice medicine in Nevada, with the following conditions:
  - Reimburse the Board in the amount of $932.91;
  - Submit proof that he has complied with the required CME requirements while incarcerated;
  - Submit proof that he has surrendered his DEA registration and NV State Pharmacy Board license to prescribe any Schedule, II, III, IV, V controlled substances;
  - Submit proof that he has attended and completed a 24 hour ethics course entitled "The PBI Professional Boundaries Course";
- Upon reinstatement of Respondent's license to practice medicine in Nevada, Respondent shall be placed on probation for 3 years, and shall comply with any terms and conditions of parole and probation related to US District Court Case

LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2563

2:13-cr-0041-APG-CWH. Within 30 days of Respondent's release, he shall provide a copy of this agreement to the office of Federal Parole and Probation. Upon release from probation and completion of 3 years probation with the Board, Respondent's license to practice medicine in Nevada shall be reinstated to active status with no restrictions.

- Respondent agrees he shall submit to the Board any and all documentation regarding any of the terms and conditions of parole and probation related to the case 2:13-cr-0041-APG-CWH, upon his release from incarceration.
- This agreement fully and completely resolves any and all matters contained in the complaint 14-12252-1.
- This agreement fully and completely resolves all matters that have or may be alleged by the Board with regards to the Indictment and or *Judgment in a Criminal case*.

Your continued compliance with the terms and conditions will be monitored by the Compliance Unit.

Included in the Order are various conditions that you must fulfill, upon your seeking a license to practice medicine in Nevada, some of which include:

1.) The costs in the amount of $932.91.

2.) The 24 hours of CME on ethics, the course titled "The PBI Professional Boundaries Course".

3.) Submit proof of your surrendered DEA registration and Nevada State Pharmacy Board license.

4.) Submit proof of compliance with the required CME requirements.

Please contact me, in writing, upon your release from incarceration, **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jslnsbme@medboard.nv.gov. In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,

Johnna LaRue, CMBI
Compliance Officer
Nevada State Board of Medical Examiners
PO Box 7238
Reno, NV 89510
(775) 688-2559, ext. 229

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

EXCLUSIONS BRANCH
P.O. Box 23871
WASHINGTON, D.C. 20026

AUG 10 2015

~~Victor Ronald Bruce, M.D., #48790-048~~
Taft CI
P.O. Box 7001
Taft, CA 93268

Dear Victor Ronald Bruce:

RE: OI File Number H-14-4-2941-9

As a result of your conviction in the United States District Court, District of Nevada, the Department of Health and Human Services is required to exclude you from eligibility to participate in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). Section 1128(a) of the Act (42 U.S.C. 1320a-7(a)) authorizes the imposition of this exclusion, which will be in addition to any sanction an individual Federal or State agency may impose under its own authority.

The scope of an exclusion is broad and, if implemented, would have a significant effect on your ability to work in the health care field. If this exclusion is imposed, it would significantly limit your ability to work in the health care field in the United States. No payment would be made by any Federal health care program (such as Medicare, Medicaid, Veterans Administration, TRICARE, etc.) for any items or services you furnish, order, or prescribe in any capacity. For example, you would be prohibited from submitting or causing claims to be submitted to any Federal health care programs for any items or services you provide in any capacity and you would be prohibited from being employed in any capacity to provide any items or services which are billed to a Federal health care program. Such items or services could include administrative, clerical, and other activities that do not directly involve patient care or the provision of any health care related services. Generally speaking, you could not be employed by a hospital, nursing home or other provider or supplier that participates in Federal health care.

You should be aware that an exclusion would not affect your rights or the rights of your family members to collect benefits to which you or they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid, or Social Security. You may find more information regarding exclusions on the Office of Inspector General's (OIG) website, including Frequently Asked Questions and the Special Advisory Bulletin about the Effect of Exclusion.

To access this site, go to http://oig.hhs.gov, click on EXCLUSIONS DATABASE, and then choose the item you would like to access.

You may be eligible for a waiver if an exclusion is implemented under section 1128(a)(1), (a)(3), or (a)(4) of the Act or any combination of exclusion authorities thereof. However, there is no provision for granting a waiver for an exclusion implemented under section 1128(a)(2), whether that authority is used alone or in combination with any of the aforementioned exclusion authorities. The OIG may only waive an exclusion if the person or entity is the sole community practitioner or the sole source of essential specialized services in a community (42 CFR 1001.1801(b)). Such a request must be made in writing to the OIG by the person directly responsible for administering the Federal or State health care program for which the waiver is being requested. (The waiver provision of the Act (section 1128(c)) was amended by section 949 of the Medicare Prescription Drug Improvement and Modernization Act.)

As provided in section 1128(c)(3)(B) of the Act, the minimum period of program exclusion shall be at least 5 years and, if aggravating circumstances warrant, the period may be increased. You have 30 days from the date of this letter to submit any information and supporting documentation you want the OIG to consider before it makes a final determination regarding your exclusion. Please send documentation to support your response to this office at the above address. If you do not submit documentation within 30 days, the OIG will make its decision based on currently available information. Once the OIG has made its determination, the OIG will send you a letter notifying of its decision and, if an exclusion is imposed, of the effective date and length of the exclusion, as well as your appeal rights.

Sincerely,

Peter Clark
Exclusions Director
Office of Investigations

JLS

cc: David Z. Chesnoff, Esq.
Chesnoff & Schonfeld
520 S. 4th Street
Las Vegas, NV 89101

Richard A Schonfeld, Esq.
Chesnoff & Schonfeld
520 S. 4th Street
Las Vegas, NV 89101

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

NOV 3 0 2015

Victor Ronald Bruce, M.D., #48790-048
Taft CI
P.O. Box 7001
Taft, CA 93268

Dear Victor Ronald Bruce:

RE: OI File Number H-14-42941-9

This is to notify you that you are being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act) for a minimum period of 10 years. The scope of this exclusion is broad and has a significant effect on your ability to work in the health care field. This action is being taken under section 1128(a)(4) of the Act (42 U.S.C. 1320a-7(a)) and is effective 20 days from the date of this letter. This exclusion is due to your felony conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)), in the United States District Court, District of Nevada, of a criminal offense related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance as defined under Federal or State law. This applies to any individual or entity that is, or has ever been, a health care practitioner, provider, or supplier; holds a direct or indirect ownership or control interest (as defined in section 1124(a)(3) of the Act) in an entity that is a health care provider or supplier or is, or has ever been, an officer, director, agent or managing employee (as defined in section 1126(b) of the Act) of such an entity; or is, or has ever been, employed in any capacity in the health care industry.

This exclusion will affect your ability to claim payment from these programs for items or services that you render; it will NOT affect your right to collect benefits under any Federal health care program such as Medicare, Medicaid or Social Security. You may find more information regarding exclusions on the OIG=s website, including Frequently Asked Questions and the Special Advisory Bulletin about the Effect of Exclusion. To access this site, go to http://oig.hhs.gov, click on EXCLUSIONS DATABASE, then choose the item you would like to access.

Section 1128(c)(3)(B) of the Act provides that the minimum period of exclusion shall be not less than 5 years. Your period of exclusion is greater than that because our records contain evidence of the following circumstances:

1. The sentence imposed by the court included incarceration. The court sentenced you to 46 months of imprisonment.

Victor Ronald Bruce, M.D., #48790-048

2. The individual or entity was convicted of other offenses besides those which formed the basis for exclusion, or has been the subject of any other adverse action by any Federal, State, or local government agency or board, if the adverse action is based on the same set of circumstances that serves as the basis for imposition of the exclusion. The Nevada State Board of Medical Examiners revoked your medical doctor license.

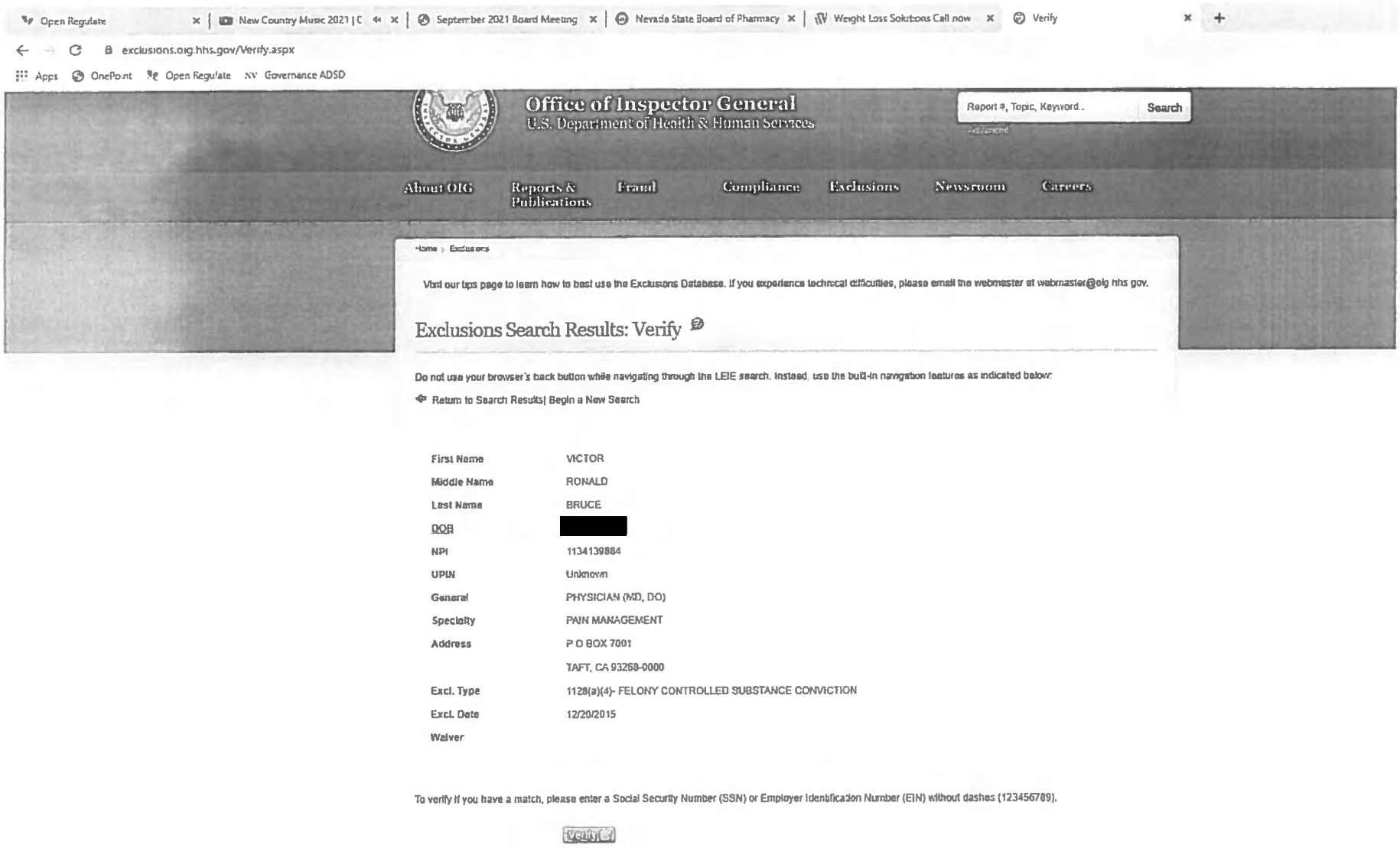
A detailed explanation of the authority for this exclusion, its effect, and your appeal rights is enclosed and is incorporated as part of this notice by specific reference. You should read this document carefully, act upon it as necessary, and retain it for future reference.

REINSTATEMENT IS NOT AUTOMATIC. You must apply to the OIG and be granted reinstatement. Obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not reinstate your eligibility to participate in those programs.

Sincerely,

Thomas J. Sowinski
Reviewing Official
Health Care Program Exclusions

Enclosure



Open Regulate | New Country Music 2021 | C | September 2021 Board Meeting | Nevada State Board of Pharmacy | Weight Loss Solutions Call now | Verify

exclusions.oig.hhs.gov/Verify.aspx

Apps | OnePoint | Open Regulate | NV Governance ADSD

Office of Inspector General
U.S. Department of Health & Human Services

Report #, Topic, Keyword.. Search

About OIG | Reports & Publications | Fraud | Compliance | Exclusions | Newsroom | Careers

Home > Exclusions

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Verify

Do not use your browser's back button while navigating through the LEIE search. Instead, use the built-in navigation features as indicated below:

Return to Search Results| Begin a New Search

First Name	VICTOR
Middle Name	RONALD
Last Name	BRUCE
DOB	[redacted]
NPI	1134139884
UPIN	Unknown
General	PHYSICIAN (MD, DO)
Specialty	PAIN MANAGEMENT
Address	P O BOX 7001
	TAFT, CA 93268-0000
Excl. Type	1128(a)(4)- FELONY CONTROLLED SUBSTANCE CONVICTION
Excl. Date	12/20/2015
Waiver	

To verify if you have a match, please enter a Social Security Number (SSN) or Employer Identification Number (EIN) without dashes (123456789).

Verify

CLARK HILL

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

August 18, 2021

Via E-mail and US regular mail

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: msedar@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: clee@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

Ms. Lee and Messrs. Sedar and Wuest:

This office represents Victor Bruce, MD ("Dr. Bruce"). I have been provided a copy of Mr. Sedar's August 4, 2021, letter addressed to Dr. Bruce regarding his Controlled Substance Application ("CSA") dated June 26, 2021, submitted to the Nevada State Board of Pharmacy (the "Pharmacy Board"). See **Exhibit 1**, copy of Mr. Sedar's 8-4-2021 letter. Mr. Sedar's letter, in part, advises that Dr. Bruce is required to personally appear before the Pharmacy Board relative to his CSA, with said appearance being scheduled for Tuesday, August 31, 2021, at 9:00 a.m.. Id., first and second paragraphs.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021
Page **2** of **14**
Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

---

1. Notice of Appearance of Counsel.

As to any requirement for a notice of appearance, please accept this letter as notice of appearance of counsel for Dr. Bruce relative to this matter with the Pharmacy Board. Notice is further provided Dr. Bruce and the undersigned will be attending the August 31, 2021, Pharmacy Board hearing via Zoom.

2. Supplement/amendment to Dr. Bruce's Controlled Substance Application.

As you are aware, questions 2, 3, and 4 of Section 5 of the CSA provide as follows:

> 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?
> 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?
> 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

Id., CSA, § 5, at pg. 2 (underline emphasis in original).

Dr. Bruce's CSA dated June 26, 2021, answered "Yes" to questions 2, 3, and 4 of Section 5. As a result of these "Yes" answers, Dr. Bruce, in accordance with the CSA's instructions, also provided a signed statement of explanation and provided certain documents with his CSA.

By this letter, Dr. Bruce hereby supplements/amends his explanations and provides additional documents relative to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA. See *Consent and Approval by Victor R. Bruce, MD* at the last page of this letter.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021
Page **3** of **14**
Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

*** Additional documents/information regarding the judgment in a criminal case from 2014**

As noted in Dr. Bruce's initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA (see **Exhibit 2**), on October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, in the United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court entered its Judgment in a Criminal Case, adjudging Dr. Bruce guilty of violating 21 USC §§ 846, 841(a)(1) and (b)(I)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six (46) months of imprisonment, among other sanctions. See **Exhibit 3**, copy of *Judgment in a Criminal Case* filed 10-23-2014.

In light of the criminal action, as noted in Dr. Bruce's initial explanation (**Exhibit 2**), the Nevada State Board of Medical Examiners (the "Medical Board") and Dr. Bruce, on December 8, 2014, entered into a *Settlement Agreement* (**Exhibit 4**) wherein it was agreed that Dr. Bruce's medical license would be revoked. The December 8, 2014, *Settlement Agreement* also provide, in part:

> **WHEREAS**, a *Judgment in a Criminal Case* was filed on October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH, wherein it notes Respondent has plead guilty to count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone. The *Judgment in a Criminal Case* also, in part, sentences Respondent to forty-six (46) months of imprisonment, requires Respondent to surrender for service of sentence before 12 p.m. on January 16, 2015, and upon release from imprisonment, sets forth supervised release for three (3) years, subject to certain conditions. Respondent provided the Board with timely notice of the *Judgment in a Criminal Case*. It is important to note Respondent has taken full responsible for issuing controlled substances on more than one occasion to patients not of record and

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021
Page **4** of **14**
Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

> Respondent has cooperated with Federal authority in every manner during this investigation. Respondent prior to this incident has no prior criminal background. Respondent has no prior patient complaints or any prior Board actions.

Id., **Exhibit 4**, Medical Board *Settlement Agreement* filed December 8, 2014, at 2:7-19.

Following Dr. Bruce's release from incarceration, he submitted to the Medical Board an application for licensure and preceptor plan. After an appearance by Dr. Bruce and Bernard Kofi Addo-Quaye, MD (Dr. Bruce's preceptor) before the Medical Board at a public meeting on September 7, 2018, the Medical board issued Dr. Bruce an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Dr. Addo-Quaye, whereby Dr. Addo-Quaye was to supervise the medical activities of Dr. Bruce and to report to the Medical Board regarding Dr. Bruce's competence to practice medicine. The Medical Board ordered Respondent to complete a one (1) year preceptorship with Dr. Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24) months or until his probation period lapses, whichever is greater, and subject to prior approval of the Medical Board.[1]

Dr. Bruce complied with all the requirements of the *Settlement Agreement* filed December 8, 2014, in Case No. 14-12252-1 (see **Exhibit 4**). In addition, attached is a copy of the May 17, 2021, letter from the United States District Court, District of Nevada, Probation Department, advising that Dr. Bruce has completed his supervision term relative to the criminal case. See **Exhibit 5**.

Accordingly, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed

---

[1] These matters are noted in the *First Amended Complaint* filed November 23, 2020 (**Exhibit 8**), at 2:7-16, ¶5. See further discussion below.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

---

from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See **Exhibit 6**.

* **Pharmacy Board's *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)* dated July 21, 2020**

As noted above, question 3 of the CSA asks, in part, "[h]ave you been the subject of a board citation...." As to the same, the Pharmacy Board is aware of its own records. Notwithstanding, and out of an abundance of caution, Dr. Bruce received a letter dated July 21, 2020, from Courtney K. Lee, General Counsel, on behalf of the Pharmacy Board regarding a *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)*. On July 27, 2020, Dr. Bruce, through the undersigned, timely sought an appeal and requested a hearing before the Pharmacy Board regarding the Citation ("Appeal Request").

Following on said Appeal Request, the Pharmacy Board filed on August 3, 2020, a *Statement to the Respondent and Notice of Hearing* (Case No. 19-242-D-S), in the matter captioned Nevada State Board of Pharmacy, Petitioner v. Victor Bruce, MD., Respondent before the Pharmacy Board ("Statement"). The Statement sets the hearing before the Pharmacy Board for September 2, 2020, at 9:00 a.m.

Via letter dated August 11, 2020, Dr. Bruce submitted to the Pharmacy Board his demand/application for a more definite and detailed statement and request for production of documents and information. In response to the demand, the Pharmacy Board, through counsel, provided certain documents on August 14, 2020, and on August 15, 2020, provided a list of witnesses. The Pharmacy Board provided supplemental documents on August 21, 2020. Dr. Bruce provided documents on August 31, 2020. Pharmacy Board counsel and counsel for Dr. Bruce mutually agreed to continue the hearing on Citation from September 2, 2020, at 9:00 a.m. to October 14, 2020 at 9:00 a.m.

The Pharmacy and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement in that Dr. Bruce would acknowledge he would pay the Citation's

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

fine amount, that Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount, and Dr. Bruce would withdrawal his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal was withdrawn/vacated from the Board's October 14, 2020, hearing agenda. See **Exhibit 7**, *Payment Agreement* regarding Pharmacy Board Case No. 19-242. The same further notes, in part:

> **WHEREAS**, the parties further agree to the following:
>
> * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
> * No signed "acknowledgement" is needed;
> * Payment of the fine does not constitute discipline; and
> *The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

See **Exhibit 7**, *Payment Agreement*, at pg. 1.

* **Nevada State Board of Medical Examiners, Case No. 20-12252-1, captioned *In the Matter of Charges and Complaint Against Victor Ronald Bruce, M.D., Respondent***

The Nevada State Board of Medical Examiners (the "Medical Board"), apparently after receiving information from the Pharmacy Board relative to the just discussed Pharmacy Board Citation, addressed such matters with Dr. Bruce via its Case No. 20-12252-1. The Medical Board's operative complaint was the First Amended Complaint filed November 23, 2020. See **Exhibit 8**, copy of Medical Board's First Amended Complaint. The First Amended Complaint contained one count. In part, it alleged:

> 1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC)

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

(collectively, the Medical Practice Act), His license was originally issued on September 7, 2018 (License No. 18273).

2. Bernard Kofi Addo-Quaye, M.D. (Addo-Quaye) was at all times relative to this Amended Complaint a licensed medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9413). Addo-Quaye was originally licensed by the Board on June 13, 2000.

3. On October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court entered its Judgment in a Criminal Case, adjudging Respondent guilty of violating 21 USC §§ 846, 841(a)(1) and (b)(I)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six (46) months of imprisonment, among other sanctions.

4. On December 31, 2014, the Board revoked Respondent's former license to practice medicine (License No. 8652) pursuant to a Settlement Agreement and Order entered by the Board on December 8, 2014.

5. Following Respondent's release from incarceration, Respondent submitted to the Board an application for licensure and preceptor plan. After an appearance by Respondent and Addo-Quaye before the Board at a public meeting on September 7, 2018, and good case appearing, the Board issued Respondent an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Addo-Quaye, whereby Addo-Quaye was to supervise the medical activities of Respondent and report to the Board regarding Respondent's competence to practice medicine. The Board ordered Respondent to complete a one (1) year preceptorship with Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24)

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

months or until his probation period lapses, whichever is greater, and subject to prior approval of the Board.

6. Addo-Quaye held, at all times relative to this Amended Complaint, a controlled substance registration, Certificate of Registration No. CS10103, issued by the Nevada State Board of Pharmacy (Pharmacy Board).

7. Respondent, at all times relative to this Amended Complaint, did not hold a controlled substance registration, or any other kind of license to prescribe controlled substances, issued by the Pharmacy Board.

8. Addo-Quaye, at all times relative to this Amended Complaint, was the proprietor of "Bernard Addo-Quaye, MD PC," dba "TruCare Medical Center" ("TruCare"). TruCare is located at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada 89030.

9. Respondent was engaged as a preceptee of Addo-Quaye at TruCare from September 2018 to present.

10. Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019.

COUNT I
NRS 630,306(1)(b)(3)
(Violation of Statutes and Regulations of the Nevada State Board of Pharmacy)

11, All of the allegations contained in Paragraphs 1-10 above are hereby incorporated by reference as though fully set forth herein.

12. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician, who holds a license to practice medicine in the State of Nevada.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

---

13. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating discipline against a licensee.

14. The Nevada State Board of Pharmacy adopted NAC 454.060, which sets forth requirements for written prescriptions for dangerous drugs. NAC 454.060 incorporates and includes the prescription requirements of NRS 454.223. In part, NRS 454.223(2)(a) provides:

> 2. A written prescription must contain:
> (a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

15. Respondent violated NAC 454.060 in that, as Addo-Quaye's preceptee, and while Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019, Respondent prescribed dangerous drugs by using Addo-Quaye's blank prescription pads having Addo-Quaye's name pre-printed on the prescription forms. Respondent failed to cross-out Addo-Quaye's name on the prescription forms and write in his own name prior to Respondent signing his own name on the prescription for dangerous drugs, in violation of NAC 454.060, a regulation of the State Board of Pharmacy, because the above-referenced prescription did not contain Respondent's name (although it did contain Respondent's signature), as required by NRS 454,223(2)(a) which is incorporated by NAC 454.060, a regulation adopted by the State Board of Pharmacy.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021
Page **10** of **14**
Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

---

16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

See **Exhibit 8**, Medical Board's First Amended Complaint filed 11-23-2020, at 1:17 to 4:2.

Dr. Bruce and the Medical Board resolved case No. 20-12252-1 via a *Settlement Agreement* filed December 4, 2020. See **Exhibit 9**. In part, same provides:

> **4. Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.
>
> **5. Consent to Entry of Order.** In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:
>
> a. Respondent admits to Count I of the Complaint, one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

---

b. Respondent shall pay a fine of five hundred dollars ($500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand eighty-four dollars and eighteen cents ($2,084.18).

d. Respondent shall undergo an independent peer review examination to assess his current clinical competency to practice medicine, with the evaluation to be completed within ninety (90) days of the Board's acceptance, adoption and approval of this Agreement. The examination shall be conducted pursuant to and in accord with NRS 630.318. The examination shall be conducted by a peer reviewer approved by the Board in advance of the examination. The peer reviewer shall, within thirty (30) days of the completion of the examination, render an opinion and report to the Board regarding whether Respondent is competent to practice medicine with an unrestricted license, noting any concerns or deficiencies and areas of necessary improvement. The peer review and report shall be performed at Respondent's sole expense.

e. Upon completion of the terms and conditions set forth in paragraph 5(b)-(d) above, Respondent shall petition the Board for an unrestricted license, and appear at a public meeting where the Board shall review the record presented and render a determination on that petition in good faith.

***

Id., **Exhibit 9**, *Settlement Agreement* filed 12-4-2020, at pgs. 3-4.

As noted above, Dr. Bruce complied with all the requirements of the *Settlement Agreement* filed December 8, 2014, in Case No. 14-12252-1[2] (see **Exhibit 4**) as well as all the requirements of the *Settlement Agreement* filed December 4, 2020, in Case No. 20-12252-1 (see **Exhibit 9**).

Accordingly, as partially noted above, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See **Exhibit 6**.

\\\

\\\

\\\

\\\

\\\

\\\

\\\

---

[2] The *Settlement Agreement* filed with the Medical Board on December 8, 2014 (**Exhibit 4**), is also referenced at Paragraph 4 of the Medical Board's First Amended Complaint filed November 23, 2020 (**Exhibit 8**). Also, Dr. Bruce referenced same in his initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA. See **Exhibit 2**, copy of Dr. Bruce's initial explanation.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021
Page 13 of 14
Re: Victor Bruce, MD
* **Follow-up to Mr. Sedar's August 4, 2021, letter**
* **Supplement/amendment to Dr. Bruce's Controlled Substance Application**
* **Notice of Appearance of Counsel**

If this letter and attached documents should be directed to a different person or department at the Pharmacy Board, please advise at your earliest convenience.

Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com, or contact Dr. Bruce directly.

Thank you.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

Consent and Approval by Victor R. Bruce, MD

By my signature below, I, Victor R. Bruce, MD, hereby provide the recipient permission to speak with, disclose information, and release documents to John A. Hunt, Esq. and/or Clark Hill, PLLC regarding the above-referenced matter and any matter pertaining to my status, including licensure or registration, with the recipient. In addition, by my signature below, I hereby approve of the form and content of the above.

By _____ this 18th day of August, 2021.
Victor R. Bruce, MD

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021
Page **14** of **14**
Re: Victor Bruce, MD
*** Follow-up to Mr. Sedar's August 4, 2021, letter**
*** Supplement/amendment to Dr. Bruce's Controlled Substance Application**
*** Notice of Appearance of Counsel**

INDEX TO **EXHIBITS 1-9:**

Exhibit 1: Mr. Sedar's 8-4-2021, letter addressed to Dr. Bruce regarding his Controlled Substance Application ("CSA") dated 6-26-2021.

Exhibit 2: Dr. Bruce's initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA.

Exhibit 3: *Judgment in a Criminal Case* filed 11-23-2014, in the matter of United States of America v. Victor Bruce, MD, in the United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH.

Exhibit 4: *Settlement Agreement* filed 12-8-2014, with the Nevada State Board of Medical Examiners, case no. 14-12252-1.

Exhibit 5: United States District Court, District of Nevada, Probation Department, letter dated 5-17-2021advising Dr. Bruce has completed his supervision term.

Exhibit 6: *Order Removing Conditions from License* filed 6-16-2021 with the Medical Board which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license."

Exhibit 7: *Payment Agreement* entered into with the Pharmacy Board regarding the *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S).*

Exhibit 8: Medical Board's *First Amended Complaint* filed 11-23-2020, case no. 20-12252-1.

Exhibit 9: Medical Board's *Settlement Agreement* in case no. 20-122521 filed 12-4-2020.

EXHIBIT "1"

EXHIBIT "1"

263740853

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

August 4, 2021

Victor Bruce
[redacted] Foothill Ash Avenue
Las Vegas, NV 89117

Dear Victor Bruce:

We are in receipt of your application for a license/registration from the Nevada State Board of Pharmacy. After reviewing the application, you are required to personally appear before the Board at a regularly-scheduled meeting for their consideration of approval.

Your appearance has been scheduled for Tuesday, 8/31/2021 9:00:00 AM PST or soon thereafter.[1] Pursuant to Governor Steve Sisolak's Emergency Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session. During the hearing you will be asked to waive your right to the required 21 day notice.

Your appearance is required at the meeting. If you do not appear at the meeting and have not contacted the Board prior to the meeting, the Board may take action on the application in your absence. The person(s) appearing should be thoroughly knowledgeable of and capable of explaining all information contained in the application and submitted in support of the application.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Mark Sedar
Chief Operating Officer

[1] Please note that the Board meeting will commence Wednesday; however, the meeting will continue, if necessary, on Thursday until the Board concludes its business. The full meeting agenda is available at www.notice.nv.gov and www.bop.nv.gov.

EXHIBIT "2"

EXHIBIT "2"

Explanation for question 24

On December 13, 2013, I was arrested at my clinic (Swanlake Medical Center) by US Marshalls and DEA agents and charged with "conspiracy to distribute oxycodone". I was charged with having written some oxycodone prescriptions for various patients that were filled and diverted for sale on the streets.

In September 2014, I was sentenced in federal court to serve 46 months in Taft Correctional Institute, California. I had to shut down my then 16-year old practice and turned myself in to serve my sentence January 16, 2015.

I had my original medical licensure in Nevada since 1998 (license number 8652). I practiced successfully in Nevada until December 2014.

That license was revoked December 31, 2014.

I completed my sentence in Federal prison camp May 18, 2018. I went to a NV Medical Board hearing September 7, 2018, at which time they approved my application for re-licensure. They gave me a new license 18273 with restrictions of "no controlled substance prescriptions" for 24 months. I was also required to have a preceptor for 1 year. Dr. Bernard Adao-quaye was approved to provide said preceptorship for the required duration.

I completed every step as required and at the NV Medical Board hearing June 4, 2021, they issued me an active, unrestricted license to practice medicine in the state of Nevada. I have attached a copy.

Thank you.

Signed:.....

Victor R. Bruce, M.D.

EXHIBIT "3"

EXHIBIT "3"

AO 245B (Rev. 09/11) Judgment in a Criminal Case
Sheet 1

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA
v.
VICTOR BRUCE, MD

JUDGMENT IN A CRIMINAL CASE

Case Number: 2:13-cr-441-APG-CWH

USM Number: 48790-048

RICHARD SCHONFELD
Defendant's Attorney

THE DEFENDANT:

X pleaded guilty to count(s) One of the Indictment

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☐ was found guilty on count(s) _____ after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
21 USC §§ 846, 841(a)(1) and (b)(1)(C)	Conspiracy to Distribute Oxycodone	11/2013	One

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s) _____

☐ Count(s) _____ ☐ is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

October 16, 2014
Date of Imposition of Judgment

Signature of Judge

ANDREW P. GORDON, UNITED STATES DISTRICT JUDGE
Name and Title of Judge

October 23, 2014
Date

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of: **46 MONTHS**

X The court makes the following recommendations to the Bureau of Prisons:
Due to the proximity of family, the Court recommends the Defendant be permitted to serve his term of incarceration in the Federal Prison Camp, Taft, California.

☐ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ ☐ a.m. ☐ p.m. on _____.

☐ as notified by the United States Marshal.

X The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

X before 12 p.m. on **JANUARY 16, 2015**.

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____

a _____, with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of: **3 YEARS**

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The Defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of placement on probation and at least two periodic drug tests thereafter, as determined by the court, not to exceed 104 tests annually. Revocation is mandatory for refusal to comply.

☐ The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*

X The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*

X The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*

☐ The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*

☐ The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
2) the defendant shall report to the probation officer in a manner and frequency directed by the court or probation officer;
3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
4) the defendant shall support his or her dependents and meet other family responsibilities;
5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

SPECIAL CONDITIONS OF SUPERVISION

1) You shall not possess, have under your control, or have access to any firearm, explosive device, or other dangerous weapons, as defined by federal, state, or local law.

2) To ensure compliance with all conditions of release, you shall submit to the search of your person, and any property, residence, business or automobile under your control by the probation officer, or any other authorized person under the immediate and personal supervision of the probation officer without a search warrant at a reasonable time and in a reasonable manner. Provided, however, you shall be required to submit to any search only if the probation officer has reasonable suspicion to believe you have violated a condition or conditions of release. You shall also inform any other residents that the premises may be subject to a search pursuant to this condition.

3) You shall be restricted from engaging in employment, consulting, or any association with any medical practice or employment as a physician for a period of **three (3) years** without the prior approval of the probation officer.

4) You shall be prohibited from incurring new credit charges, opening additional lines of credit, or negotiating or consummating any financial contracts without the approval of the probation officer.

5) You shall provide the probation officer access to any requested financial information, including personal income tax returns, authorization for release of credit information, and any other business financial information in which you have a control or interest.

Note: A written copy of the conditions of release was provided to the Defendant by the Probation Officer in open Court at the time of sentencing.

ACKNOWLEDGMENT

Upon finding of a violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed) _____ _____
Defendant Date

_____ _____
U.S. Probation/Designated Witness Date

AO 245B (Rev. 09/11) Judgment in a Criminal Case
Sheet 5 — Criminal Monetary Penalties

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	Assessment	Fine	Restitution
TOTALS	$ 100.00	$ WAIVED	$ N/A

☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss*	Restitution Ordered	Priority or Percentage

TOTALS $ _____ $ _____

☐ Restitution amount ordered pursuant to plea agreement $ _____

☐ The defendant must pay interest on restitution and a fine of more than $2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

A X Lump sum payment of $ 100.00 due immediately, balance due
☐ not later than _____ , or
☐ in accordance ☐ C, ☐ D, ☐ E, or ☐ F below; or

B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or

C ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after the date of this judgment; or

D ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after release from imprisonment to a term of supervision; or

E ☐ Payment during the term of supervised release will commence within _____ *(e.g., 30 or 60 days)* after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or

F Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Defendant and Co-Defendant Names and Case Numbers *(including defendant number)*, Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s):

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

EXHIBIT "4"

EXHIBIT "4"

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In re Matters and	)	**Case No. 14-12252-1**
Complaint Against	)	
VICTOR R. BRUCE, M.D.,	)	
Respondent.	)	

FILED
DEC - 8 2014
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

THIS AGREEMENT is hereby entered into by and between the Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed of Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member, in the above-captioned matter, by and through Erin L. Albright, Esq., Board General Counsel and counsel for the IC, and Victor R. Bruce, M.D. (Respondent), by and through John A. Hunt, Esq., counsel for Respondent, as follows:

WHEREAS, a Sealed Indictment was filed on December 11, 2013 ("Indictment"), in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Respondent provided the Board with timely notice of the Indictment;

WHEREAS, on February 13, 2014, the Board's IC at the time filed a Complaint in case no. 14-12252-1 against Respondent (relative to matters unrelated to the Indictment) charging Respondent with engaging in conduct that is grounds for discipline pursuant to the Nevada

Medical Practice Act (MPA), i.e., Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630;

WHEREAS, following extensions of time, on or about April 24, 2014, Respondent filed an Answer to the Complaint in case no. 14-12252-1 denying the allegations contained therein;

WHEREAS, a *Judgment in a Criminal Case* was filed on October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH, wherein it notes Respondent has plead guilty to count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone. The *Judgment in a Criminal Case* also, in part, sentences Respondent to forty-six (46) months of imprisonment, requires Respondent to surrender for service of sentence before 12 p.m. on January 16, 2015, and upon release from imprisonment, sets forth supervised release for three (3) years, subject to certain conditions. Respondent provided the Board with timely notice of the *Judgment in a Criminal Case*. It is important to note Respondent has taken full responsible for issuing controlled substances on more than one occasion to patients not of record and Respondent has cooperated with Federal authority in every manner during this investigation. Respondent prior to this incident has no prior criminal background. Respondent has no prior patient complaints or any prior Board actions.

WHEREAS, Respondent has received a copy of the Complaint in case no. 14-12252-1, reviewed it, understands it, and has had ample opportunity to consult with his above-identified counsel concerning the nature and significance of the Complaint in case no. 14-12252-1, and Respondent is fully aware concerning his rights and defenses to the Complaint, as well as the possible sanctions that may be imposed if the Board finds and concludes that he has violated one or more provisions of the MPA;

WHEREAS, Respondent has received a copy of the Indictment and a copy of the *Judgment in a Criminal Case*, reviewed it, understands it, and has had ample opportunity to consult with his above-identified counsel concerning the nature and significance of the same with regards to possible sanctions that may be imposed if the Board finds and concludes that he has violated one or more provisions of the MPA as a result of the Indictment and/or *Judgment in a Criminal Case*;

WHEREAS, Respondent understands and agrees that this Agreement is entered into by and between himself and the Board's IC, and not with the Board, but that the IC will present this Agreement to the Board for consideration in open session at a meeting duly noticed and scheduled, and that the IC shall advocate approval of this Agreement by the Board, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement; and,

WHEREAS, Respondent understands and agrees that if the Board approves the terms, covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated below shall be binding and enforceable upon him.

NOW THEREFORE, in order to resolve this matter and all charges alleged by the Board's IC in the Complaint in case no. 14-12252-1 and any and all matters relating to and any and all matters that may be charged by the Board or the Board's IC by virtue of or in connection with the above-referenced Indictment and/or the above-referenced *Judgment in a Criminal Case*, Respondent and the IC hereby agree to the following terms, covenants and conditions:

1. **Jurisdiction**. Respondent is, and at all times mentioned in the Complaint in case no. 14-12252-1 and at all times relevant with respect to the filing of the Indictment and the filing of the *Judgment in a Criminal Case*, Respondent was a physician licensed to practice medicine in the state of Nevada subject to the jurisdiction of the Board to hear and adjudicate charges of violations of the MPA and to impose sanctions as provided by the MPA.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent is represented by above-identified legal counsel in this matter and has had ample opportunity to review this Agreement, the Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, and the related factual basis with regards to the same with said legal counsel, John A. Hunt, Esq. Respondent covenants and agrees that he knowingly, willingly, and intelligently enters into this Agreement.

3. **Waiver of Rights**. In connection with this Agreement, and the terms, covenants, and conditions contained herein, and the understanding that Respondent knowingly, willingly, and intelligently waives all rights arising under or pursuant to the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630, NRS Chapter 233B, and any other statutory rights that may be available to him or that may apply to him in connection with the proceedings on the Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, the defense of said Complaint in case no. 14-12252-1, and the adjudication of the charges in said Complaint in case no. 14-12252-1.

In connection with this Agreement, and the terms, covenants, and conditions contained herein, and the understanding that Respondent knowingly, willingly, and intelligently waives all rights arising under or pursuant to the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630, NRS Chapter 233B, and any other statutory rights that may be available to him or that may apply to him in connection with the proceedings herein and/or any and all matters relating to and any and all matters that may be charged by the Board or the Board's IC by virtue of or in connection with the above-referenced Indictment and/or the above-referenced *Judgment in a Criminal Case*, the defense of the same in this administrative context.

4. **Consent to Entry of Order**. Respondent concedes only that the Board has sufficient evidence to proceed with its formal Complaint in case no. 14-12252-1 against him, and that by virtue of the Indictment and/or the *Judgment in a Criminal Case*, the Board also has

sufficient evidence to bring additional allegations against Respondent, but does not concede or admit to such allegations, which he expressly denies, and which, but for his desire to reach this compromise, he would contest at a formal hearing of these matters (i.e., the Complaint in case no. 14-12252-1 as well as any and all matters that could be alleged by the Board with regards to the Indictment and/or the *Judgment in a Criminal Case*). Accordingly, in order to resolve these matters without incurring further costs and expense of providing a defense to a formal Complaint, Respondent hereby agrees[1] that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the MPA, and agrees:

a. The Board may find that Respondent engaged in conduct that is grounds for discipline pursuant to the MPA, to wit: conviction of a felony relating to the practice of medicine or the ability to practice medicine, a violation of NRS 630.301(1), as set forth in *Judgment in a Criminal Case* and as was alleged in the Indictment;

b. Respondent agrees upon adoption of this Agreement, to accept a stayed revocation of his license to practice medicine in the State of Nevada until such time as Respondent allows his license to practice medicine in the State of Nevada to be revoked, effective December 31, 2014. If, during the term of Respondent's stayed revocation, the IC receives substantial evidence that Respondent has materially breached any of the terms and conditions of this Agreement, including but not limited to Respondent violating the prohibition of prescribing any Schedule II, III, IV or V controlled substances, or should Respondent violate any of the terms of his current release until he surrenders to the Federal Bureau of Prisons on January 16, 2015. Respondent agrees the IC, without any further hearing or action by the Board, shall issue an Order Revoking Respondent's license to practice medicine in the State of Nevada. Respondent waives any right to seek judicial review (state or federal) to reinstate his revoked license pending his release from incarceration.

[1] All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal court proceeding, or any other state or federal court proceeding, or any credentialing or privileges matter.

c. Pursuant to NRS 630.352(4)(b) Respondent agrees the Board shall administer a formal written public reprimand which will include language with is synonymous with the terms of this Agreement.

d. Following his release from incarceration pursuant to the *Judgment in the Criminal Case*, Respondent's may petition the Board to reinstated Respondents' license to practice medicine in the State of Nevada pursuant to the following terms and conditions:

i. Pursuant to NRS 622.400, Respondent shall reimburse to the Board the sum of $ 932.91, the amount of the costs incurred by the Board to investigate and prosecute this matter, along with the costs to conclude the matter, if any. Respondent must pay the reimbursement costs prior to Respondent petitioning the Board for reinstatement of Respondents' license to practice medicine in the State of Nevada;

ii. Respondent must submit proof that Respondent has complied with required continuing education requirements while incarcerated;

iii. Respondent must submit proof that Respondent has surrender his DEA registration and Nevada State Pharmacy license to prescribe any Schedule II, III, IV or V controlled substances.

iv. Respondent must submit proof that Respondent has attended and completed a twenty-four (24) hour ethics course entitled "The PBI Professional Boundaries Course". However, Respondent agrees attendance and completion of the twenty-four (24) hour ethics course entitled "The PBI Professional Boundaries Course" may not be used by Respondent to fulfill the normal continuing education requirements regarding ethics.

e. Pursuant to NRS 630.353(4)(a) in addition to any additional terms the Board deems appropriate in the event the Board reinstates Respondents' license to practice medicine in the State of Nevada, Respondent shall be placed on probation for a period of three (3) years. Respondent shall also comply with any terms and conditions of parole and probation related to the case of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Within thirty (30) days of Respondent release, Respondent shall provide a copy of this Agreement to the office of Federal Parole and Probation. Respondent shall also execute any documents necessary authorizing the office of Federal Parole and Probation to release any and all reports generated regarding Respondent's compliance with the terms and conditions of Respondent's federal probation. Once respondent is given written notice of his completion of his probation, Respondent shall submit the written notice to the Investigative Committee. Upon receipt of the written notice of completion of probation and Respondents' completion of the three (3) years of probation the IC shall, without any further action of the Board, authorize an Order reinstating Respondent's license to the status of good standing without restriction. If, during the term of Respondent's probation, the IC receives substantial evidence that Respondent has materially breached the terms and conditions of his probation, Respondent agrees the IC, without any further hearing or action by the Board, shall issue an order suspending Respondent's license to practice medicine in the State of Nevada. Thereafter, Respondent may request a hearing before the Board to reinstate his license which must be heard within forty-five (45) days of the Order of Suspension. However, during the pendency of the hearing before the Board, Respondent waives any right to seek judicial review (state or federal) to reinstate his privilege to practice medicine in the State of Nevada pending a final Board hearing.

f. Pursuant to NRS 630.353(4)(a), Respondent agrees he shall submit to the Board any and all documentation regarding any of the terms and conditions of parole and probation related to the case of United States of America v. Victor Bruce, MD, United States

District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH upon Respondents' release from incarceration.

g. This Agreement fully and completely resolves all matters contained in the Complaint in case no. 14-12252-1;

h. This Agreement fully and completely resolves all matters that have or may be alleged by the Board or the Board's IC against Respondent with regards to the Indictment and/or the *Judgment in a Criminal Case*; and

i. The terms of this Agreement shall be reported as required by law.

5. **Release From Liability**. In execution of this Agreement, the Respondent, for himself, his executors, successors and assigns, hereby releases and forever discharges the state of Nevada, the Board, the Nevada Attorney General, and each of their members, agents and employees in their representative capacities, and in their individual capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons or entities named in this paragraph arising out of or by reason of this investigation, this Agreement or its administration.

6. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms, covenants and conditions contained herein by the Board in resolution of the matters referenced herein and above. In the course of seeking Board approval, adoption and/or acceptance of this Agreement, counsel for the IC may communicate directly with the Board staff and members of the panel of the Board who would adjudicate this case if it were to go to hearing.

Respondent acknowledges that such contacts and communication may be made or conducted ex parte, without notice or opportunity to be heard on his part or on the part of his counsel until the public Board meeting where this Agreement is discussed, and that such contacts

and communications may include, but not be limited to, matters concerning this Agreement, the Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, and any and all information of every nature whatsoever related to the same or the proceedings herein against Respondent. The IC and its counsel agree that Respondent and/or his counsel may appear at the Board meeting where this Agreement is discussed, and if requested, respond to any questions that may be addressed to the IC or its counsel.

7. **Effect of Acceptance of Agreement by Board**. In the event the Board approves, accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the IC will cause to be entered herein the Board's Order accepting, adopting and approving this Settlement Agreement, ordering full compliance with the terms herein and ordering that this case involving the Complaint in case no. 14-12252-1, as well as any matter involving the Indictment, and the *Judgment in a Criminal Case*, be closed.

8. **Effect of Rejection of Agreement by Board**. In the event the Board does not approve, accept and adopt the terms covenants and conditions set out in this Agreement, this Agreement shall be null, void, and of no further force and effect except as to the following covenant and agreement regarding disqualification of adjudicating Board panel members. Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained herein and nothing that occurs pursuant to efforts of the IC or its counsel to seek acceptance and adoption of this Agreement by the Board shall disqualify any member of the adjudicating panel of the Board from considering the charges against Respondent and participating in the disciplinary proceeding in any role, including adjudication of the case. Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

9. **Binding Effect**. Providing this Agreement is approved by the Board, Respondent covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent and the Board's IC, which contract may be enforced in a court or tribunal having jurisdiction.

10. **Attorneys' Fees and Costs**. Respondent covenants and agrees that in the event an action is commenced in the district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover costs and reasonable attorneys' fees.

11. **Failure to Comply with Terms**. In the event the Board enters its order approving this Agreement, should Respondent fail to comply with any term or condition recited herein, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in the state of Nevada pending an order to show cause hearing, which will be duly noticed. Further, failure to comply with the terms recited herein may result in additional disciplinary action being initiated against Respondent for a violation of an order of the Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to reimburse the Board for monies agreed to be paid as a condition of settlement may subject Respondent to civil collection efforts.

Dated this 1st day of December, 2014.

By: _____
Erin L. Albright, Esq.
Attorney for the Investigative Committee

Dated this 25th day of November, 2014.

By: _____
John A. Hunt, Esq.
Attorney for Respondent

UNDERSTOOD AND AGREED:

_____
Victor R. Bruce, M.D., Respondent

H:\WDDOCS\3598\37072\LV149950.DOC

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 5th day of December 2014, with the final total amount of costs due of $932.91.

Michael J. Fischer, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

EXHIBIT "5"

EXHIBIT "5"

United States District Court

DISTRICT OF NEVADA
PROBATION OFFICE

Chad R. Boardman
CHIEF PROBATION OFFICER

☒ Reply to Las Vegas
Foley Federal Building
300 Las Vegas Blvd. South
Suite 1200
Las Vegas, NV 89101
Tel: 702-527-7300
Fax:702-527-7345

☐ Reply to Reno
Bruce R. Thompson U.S. Courthouse
400 S. Virginia St.
Suite 103
Reno, NV 89501
Tel: 775-686-5980
Fax: 775-686-5990

May 17, 2021

Victor Bruce
[redacted] Foothill Ash Avenue
Las Vegas, Nevada 89117

RE: EXPIRATION OF SUPERVISION TERM
Case No. 2:13CR00441

Dear Mr. Bruce:

This letter serves to formally confirm the expiration of your supervision term as ordered in criminal case 2:13CR00441, effective May 17, 2021.

Despite your expiration from supervision, you remain liable for any court-imposed restitution and/or fine amounts that remain outstanding and will be expected to continue with your monthly payments. If you have a felony conviction, you must adhere to all Federal and State laws prohibiting possession of firearms and/or explosive devices. Additionally, should you continue to reside in Nevada, you remain subject to local criminal registration requirements.

Sincerely,

Gabriella Mitchell
Digitally signed by Gabriella Mitchell
Date: 2021.05.17 07:57:11 -07'00'

Gabriella Mitchell
United States Probation Officer Assistant

-Integrity is Our Guide-

EXHIBIT "6"

EXHIBIT "6"

263284747

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the License of:	**License No. 18273**
VICTOR RONALD BRUCE, M.D.,	
Respondent.	

FILED

JUN 16 2021

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

ORDER REMOVING CONDITIONS FROM LICENSE

Victor Ronald Bruce, M.D. (Dr. Bruce), License No. 18273, personally appeared in Las Vegas, Nevada, before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on June 4, 2021, requesting removal of all conditions and restrictions on his medical license.

After considering the request, good cause appearing, the Board enters the following order:

IT IS HEREBY ORDERED that all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license.

DATED this 16th day of June, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: D Prabhu Rachakonda MD

RACHAKONDA D. PRABHU, M.D.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT "7"

EXHIBIT "7"

PAYMENT AGREEMENT

VICTOR BRUCE, M.D. – CASE NO. 19-242

WHEREAS, on or about July 21, 2020, Victor Bruce, M.D. ("Bruce") was ordered by the Nevada State Board of Pharmacy ("Board") pursuant to NRS 639.2895(1) to CEASE and DESIST prescribing or dispensing controlled substances or dangerous drugs for Nevada patients without a valid registration.

WHEREAS, Bruce was concurrently issued a CITATION pursuant to NRS 639.2895(2) for his unlicensed practice and assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

WHEREAS, on July 27, 2020, Dr. Bruce, through his attorney, timely sought an appeal and requested a hearing before the Board regarding the Citation ("Appeal Request").

WHEREAS, the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement wherein Dr. Bruce would acknowledge he would pay the Citation's fine amount, and Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount. Further, Dr. Bruce would withdraw his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal has been withdrawn/vacated from the Board's October 14, 2020, hearing agenda.

WHEREAS, the parties further agree to the following:

* Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
* No signed "acknowledgement" is needed;
* Payment of the fine does not constitute discipline; and
* The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

THEREFORE, Dr. Victor Bruce, hereby agrees to pay the administrative fine imposed through monthly payments pursuant to the following schedule:

Due Date	Amount
10/21/2020	1000.00
11/21/2020	800.00
12/21/2020	800.00
1/21/2021	800.00
2/21/2021	800.00
3/21/2021	800.00
Total	**$5,000.00**

Bruce shall submit each payment by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Bruce has the right to pre-pay any or all of the payments agreed to herein without interest accruing.

The Board and Victor Bruce, M.D. have considered and fully understood the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.

AGREED:

Signed this __ day of September, 2020

VICTOR BRUCE, M.D.

Signed this 23 day of September, 2020

J. DAVID WUEST, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT:
Signed this __ day of September, 2020

JOHN HUNT, ESQ.
Attorney for Victor Bruce, M.D.

EXHIBIT "8"

EXHIBIT "8"

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **VICTOR RONALD BRUCE, M.D.,** **Respondent.**	**Case No. 20-12252-1**

FILED
NOV 23 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)[1] of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Victor Ronald Bruce, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Amended Complaint), stating the IC's charges and allegations as follows:

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on September 7, 2018 (License No. 18273).

2. Bernard Kofi Addo-Quaye, M.D. (Addo-Quaye) was at all times relative to this Amended Complaint a licensed medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9413). Addo-Quaye was originally licensed by the Board on June 13, 2000.

3. On October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Amended Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chairman, Ms. April Mastroluca, and Weldon Havins, M.D., J.D.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

entered its Judgment in a Criminal Case, adjudging Respondent guilty of violating 21 USC §§ 846, 841(a)(l) and (b)(l)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six (46) months of imprisonment, among other sanctions.

4. On December 31, 2014, the Board revoked Respondent's former license to practice medicine (License No. 8652) pursuant to a Settlement Agreement and Order entered by the Board on December 8, 2014.

5. Following Respondent's release from incarceration, Respondent submitted to the Board an application for licensure and preceptor plan. After an appearance by Respondent and Addo-Quaye before the Board at a public meeting on September 7, 2018, and good case appearing, the Board issued Respondent an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Addo-Quaye, whereby Addo-Quaye was to supervise the medical activities of Respondent and report to the Board regarding Respondent's competence to practice medicine. The Board ordered Respondent to complete a one (1) year preceptorship with Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24) months or until his probation period lapses, whichever is greater, and subject to prior approval of the Board.

6. Addo-Quaye held, at all times relative to this Amended Complaint, a controlled substance registration, Certificate of Registration No. CS10103, issued by the Nevada State Board of Pharmacy (Pharmacy Board).

7. Respondent, at all times relative to this Amended Complaint, did not hold a controlled substance registration, or any other kind of license to prescribe controlled substances, issued by the Pharmacy Board.

8. Addo-Quaye, at all times relative to this Amended Complaint, was the proprietor of "Bernard Addo-Quaye, MD PC," dba "TruCare Medical Center'' ("TruCare"). TruCare is located at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada 89030.

9. Respondent was engaged as a preceptee of Addo-Quaye at TruCare from September 2018 to present.

///

10. Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019.

COUNT I
NRS 630.306(1)(b)(3)
(Violation of Statutes and Regulations of the Nevada State Board of Pharmacy)

11. All of the allegations contained in Paragraphs 1-10 above are hereby incorporated by reference as though fully set forth herein.

12. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician, who holds a license to practice medicine in the State of Nevada.

13. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating discipline against a licensee.

14. The Nevada State Board of Pharmacy adopted NAC 454.060, which sets forth requirements for written prescriptions for dangerous drugs. NAC 454.060 incorporates and includes the prescription requirements of NRS 454.223. In part, NRS 454.223(2)(a) provides:

> 2. A written prescription must contain:
> (a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

15. Respondent violated NAC 454.060 in that, as Addo-Quaye's preceptee, and while Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019, Respondent prescribed dangerous drugs by using Addo-Quaye's blank prescription pads having Addo-Quaye's name pre-printed on the prescription forms. Respondent failed to cross-out Addo-Quaye's name on the prescription forms and write in his own name prior to Respondent signing his own name on the prescription for dangerous drugs, in violation of NAC 454.060, a regulation of the State Board of Pharmacy, because the above-referenced prescription did not contain Respondent's name (although it did contain Respondent's signature), as required by NRS 454.223(2)(a) which is incorporated by NAC 454.060, a regulation adopted by the State Board of Pharmacy.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Amended Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Amended Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it finds and concludes that there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, to include sanctions to be imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Fricke, Esq., Senior Deputy General Counsel
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
; ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: M. Neil Duxbury
M. Neil Duxbury, Chairman

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 23rd day of November, 2020, I served a file-stamped copy of the **FIRST AMENDED COMPLAINT**, via electronic mail to the following:

John A. Hunt Esq. at jhunt@clarkhill.com
c/o Victor Ronald Bruce, M.D.
3800 Howard Hughes Pkwy., Ste. 500
Las Vegas, NV 89169

DATED this 23rd day of November, 2020.

Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT "9"

EXHIBIT "9"

261322291

261557258

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against VICTOR RONALD BRUCE, M.D., Respondent.	Case No. 20-12252-1

FILED

DEC - 4 2020

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel for the Board and attorney for the IC, and Victor Ronald Bruce, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, John Hunt, Esq., of the law firm of Clark Hill PLC, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on September 7, 2018 (License No. 18273).

2. On November 23, 2020, in Case No. 20-12252-1, the IC filed a formal First Amended Complaint (Complaint) charging Respondent with violating the Medical Practice Act.[2] Specifically, the Complaint alleges one (1) violation: one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy.

///

[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

[2] Due to the filing of the Amended Complaint, the initial formal Complaint filed on August 13, 2020, is withdrawn and deemed to be of no force and effect.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

V.B

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VB

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. Jurisdiction. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. Representation by Counsel/Knowing, Willing and Intelligent Agreement. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. Waiver of Rights. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. Acknowledgement of Reasonable Basis to Proceed. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VC

that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint, one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy.

b. Respondent shall pay a fine of five hundred dollars ($500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand eighty-four dollars and eighteen cents ($2,084.18).

d. Respondent shall undergo either an independent peer review examination or a Physician Assessment and Clinical Education (PACE) examination to assess his current clinical competency to practice medicine, with the examination to be completed within ninety (90) days of the Board's acceptance, adoption and approval of this Agreement. The examination shall be conducted pursuant to and in accord with NRS 630.318. The examination shall be conducted by a provider approved by the Board in advance of the examination. The examiner shall, within sixty (60) days of the completion of the examination, render an opinion and report to the Board regarding whether Respondent is competent to practice medicine with an unrestricted license,

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VB

noting any concerns or deficiencies and areas of necessary improvement. The examination and report shall be performed at Respondent's sole expense.

e. Upon completion of the terms and conditions set forth in paragraph 5(b)-(d) above, Respondent shall petition the Board for an unrestricted license, and appear at a public meeting where the Board shall review the record presented and render a determination on that petition in good faith.

f. Respondent shall remain prohibited from writing prescriptions for controlled substances until further order of the Board.

g. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

h. Respondent shall receive a Public Letter of Reprimand.

i. All claims and allegations arising from Board Investigative Case No. 19-18983 shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience,

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VB

and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VB

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on revocation, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VB

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

Dated this 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Fricke, Esq., Senior Deputy General Counsel
Attorney for the Investigative Committee

Dated this 19 day of Nov, 2020.

CLARK HILL PLC

By: _____
John Hunt, Esq.
Attorney for Respondent

Dated this 19th day of November, 2020.

_____
Victor Ronald Bruce, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VB

ORDER

IT IS HEREBY ORDERED, that the foregoing Settlement Agreement (Case No. 20-12252-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of December, 2020, with the final total amount of costs due of two thousand eighty-four dollars and eighteen cents ($2,084.18)

DATED this 4th day of December, 2020.

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

CLARK HILL

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

October 6, 2021

Via E-mail and US regular mail

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

Mr. Wuest:

As you know, this office represents Victor Bruce, MD ("Dr. Bruce"). We are in receipt of your letter dated September 7, 2021, advising of the Nevada State Board of Pharmacy's (the "Board") denial of Dr. Bruce's application for Controlled Substance Registration. See **Exhibit 1**. With citation to NRS 639.139, your notes Dr. Bruce has the right to petition the Board within thirty (30) days for reconsideration of his application. Id., second paragraph.

* **Request/Petition for Reconsideration.**

Accordingly, this letter is submitted as Dr. Bruce's petition for reconsideration of the Board's denial of his application Controlled Substance Registration.

NRS 139.139 provides:

NRS 639.139 Denial of application: Procedure for reconsideration.

1. At any time within 30 days after receipt of the notice of denial of an application, the applicant may petition the Board for reconsideration of the application. The petition must set forth

---

a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations.

. Within 30 days after the petition is received by the Board, the Executive Secretary of the Board shall notify the petitioner, by registered or certified mail, of the Board's decision to grant or deny the petition for reconsideration. If the petition is granted, the notice must include the time and place set for reconsideration of the application by the Board. (Added to NRS by 1967, 1655; A 1977, 90; 2003, 2285)

NRS 639.139(1) provides that a petition for reconsideration "must set forth a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations." In keeping with NRS 639.139(1), Dr. Bruce hereby provides as follows regarding the stated basis for the Board's denial of his application and he, as noted below, further states he is prepared to submit evidence in support of his denial of the Board's purported basis for its denial of his application. As to the latter, request is made that the Board advise of any deadline as to when such evidence is due.

* **NRS 639.139(1) - Dr. Bruce acknowledges his conviction for conspiracy to distribute oxycodone in October 2014, but he denies that the conviction makes him unsafe for the public if his application for a controlled substance registration is granted. Dr. Bruce is prepared to submit evidence in support of the denial of this purported basis.**

Your letter advises, in part, "[t]he Board denied your [Dr. Bruce's] application because of your criminal conviction for conspiracy to distribute oxycodone..." See **Exhibit 1**. Pursuant to NRS 639.139(1), Dr. Bruce acknowledges his conviction for conspiracy to distribute oxycodone in October 2014, but he denies that the conviction makes him unsafe for the public if his application for a controlled substance registration is granted. Also pursuant to NRS 639.139(1), Dr. Bruce hereby states he is prepared to submit evidence in support of the denial of this purported basis. Again, request is made that the Board advise of any deadline as to when such evidence is due.

As was addressed in Dr. Bruce's application (BB1530-1542)[1] and his supplement (BB1543-1603) which were referenced at agenda item 10B for the Board's August 31, 2021, hearing, Dr. Bruce has taken and acknowledged full responsibility for his conviction for conspiracy to distribute oxycodone in October 2014. As addressed in his

[1] Reference to "BB" refers to the Board's Book from the August 31, 2021, Board hearing. The page numbers following the "BB" reference are those referenced in the upper right hand corner.

application/supplement, following Dr. Bruce's release from incarceration, the Nevada State Board of Medical Examiners on September 7, 2018, issued Dr. Bruce an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Dr. Addo-Quaye, whereby Dr. Addo-Quaye was to supervise the medical activities of Dr. Bruce and to report to the Medical Board regarding Dr. Bruce's competence to practice medicine. The Medical Board ordered Respondent to complete a one (1) year preceptorship with Dr. Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24) months or until his probation period lapses, whichever is greater, and subject to prior approval of the Medical Board.

Via letter dated May 17, 2021, the United States District Court, District of Nevada, Probation Department, advised that Dr. Bruce has completed his supervision term relative to the criminal case. See BB1581.

Accordingly, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See BB1583.

* **NRS 639.139(1) – With regards to purported basis of "disciplinary history" for the denial of Dr. Bruce's application, the same is denied and Dr. Bruce hereby states he is prepared to submit evidence in support of the denial of this purported basis.**

Also, in part, your letter advises that the Board denied Dr. Bruce's application because of his "disciplinary history." Pursuant to NRS 639.139(1), this purported basis for the denial of Dr. Bruce's application is denied and Dr. Bruce hereby states he is prepared to submit evidence in support of the denial of this purported basis. As you may remember, at the August 31, 2021, hearing, the only discussion of any purported "disciplinary history" as to Dr. Bruce had to do with the Pharmacy Board's *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)* dated July 21, 2020. This matter, however, was settled via a *Payment Agreement* (BB1585-1586) wherein the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement in that Dr. Bruce would acknowledge he would pay the Citation's fine amount, that Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount, and Dr. Bruce would withdrawal his appeal to be heard in front of the Board. Id., BB1585-1586

Accordingly, Dr. Bruce's appeal was withdrawn/vacated from the Board's October 14, 2020, hearing agenda. See BB1585-1586, *Payment Agreement* regarding Pharmacy Board Case No. 19-242. The same further notes, in part:

> **WHEREAS**, the parties further agree to the following:
>
> * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
> * No signed "acknowledgement" is needed;
> * Payment of the fine does not constitute discipline; and
> *The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

See BB1585, *Payment Agreement*, at pg. 1.

Accordingly, as the *Payment Agreement* concerning the Citation/Statement makes clear there is **no** admission of liability and payment of the fine **does not** constitute discipline. Thus, pursuant to the *Payment Agreement* (BB1585-1586), the resolution of the Citation/Statement did not and does not represent any form of discipline. Thus, any reliance upon the Citation/Statement as evidence of "disciplinary history" is factually inaccurate and the Board's denial of Dr. Bruce's application based upon same was improper.

* **Reconsideration is also proper to allow for consideration of terms, conditions, restrictions.**

Dr. Bruce is open to discussing with the Board terms, conditions, and restrictions to be associated with an order for a controlled substance registration. For instance, in the matter of Craig Weingrow, M.D., Certificate Registration Nos. CS209272, PD00502, Petitioner, Case No. 17-066-CS-S, the *Order of Reinstatement* filed July 31, 2020, set for certain terms, conditions, and restrictions relative to the Board's reinstatement of Dr. Weingrow's controlled substance registration (following approximately 2 years of revocation in July 2018). See **Exhibit 2**, copy of *Order of Reinstatement* in the Weingrow matter.[2] The conditions include:

[2] Same is also at BB1392-1395.

---

* Only prescribing controlled substances listed in Exhibit 2 to the *Order of Reinstatement*;
* Reporting controlled substance prescribing every quarter to Board staff;
* Appearing before the Board for prior authorization to make any amendments to the list of controlled substances that may be prescribed.

Id., **Exhibit 2**, at pg. 1, or BB1392.

As was noted during the August 31, 2021, hearing, certain Board members voiced concern for the safety of the public if Dr. Bruce's application was approved. It is submitted that any such safety concerns regarding Dr. Bruce prescribing controlled substances can be appropriately addressed via a stipulation consistent with the terms addressed in the *Order of Reinstatement* from Dr. Weingrow's matter. See **Exhibit 2** or BB1392-1395. Dr. Bruce, like with Dr. Weingrow, is willing to stipulate to terms and conditions like those found in the *Order of Reinstatement*.

Dr. Bruce is likewise willing to discuss and consider alternative or other terms and conditions to address Board member safety concerns. For example, such other terms and conditions could include: 1) Dr. Bruce establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription complies with the provisions of Federal and State law; 2) Dr. Bruce shall comply with all Federal and State laws regarding controlled substances, and 3) Dr. Bruce shall have no charges filed with the Board regarding controlled substances during the period that the terms and conditions are applicable.

* **Requests for information and statistics.**

Via letters on September 14, 2021 (see **Exhibit 3**) and September 29, 2021 (see **Exhibit 4**), this office requested certain information and statistics from the Board. Board counsel advised that the Board does not have or maintain the requested information. See **Exhibit 5**, September 29, 2021, letter from Brett Kandt.[3]

In part, the requests for information from the Board were made in light of the Board's decisions to grant the other two (2) applications for controlled substance

---

[3] The September 17, 2021, email referenced in Mr. Kandt's September 29, 2021, letter stated, in pertinent part, "[t]he Board does not have the information you requested in your correspondence."

registration that came on for hearing during the Board's August 31, 2021, meeting. Specifically, they were agenda items 10A (Jason Bellak – see BB1462-1528) and 10C (Mark Vellek – see BB1604-1622).

As may be remembered, Mr. Bellak (agenda item 10A) was involved in the following:

BB1466 Admits using cocaine and marijuana (with positive drug tests for both) on two separate occasions accompanying heavy drinking in January 2005 and February 2005

BB1469 June 2004, convicted of driving while intoxicated

BB1470-72 December 2003, charged with (1) physical abuse of child, (2) misdemeanor battery, (3) intimate victim/dissuade reporting, and (4) disorderly conduct to which he plead guilty to counts 1 (recklessly causing great bodily harm to a child) and 2 (battery) in June 2004 (BB1471)

BB1473 December 2004, charged with bail jumping and disorderly conduct. Charges dismissed in April 2005.

BB1474 September 2005, pled no contest to misdemeanor battery which followed on the June 2005 charging of (1) bail jumping, (2) misdemeanor battery, (3) and disorderly conduct. Counts 1 and 3 were dismissed.

As to Mr. Vellek (Board's agenda item 10C), on November 22, 2013, he executed a Settlement Agreement with the Missouri Department of Health and Senior Services', Bureau of Narcotics and Dangerous Drugs see BB1608-1614) which, in part, noted Dr. Vellek did not maintain controlled substance receipt records as required, did not maintain annual inventories, did not maintain a separate administration and dispensing log for Schedule III-V controlled substances, that incomplete records prevented an audit from being conducted to verify the accountability for all controlled substances. Id., BB1612. The Settlement Agreement was withdrawn and a letter of concern was issued. See BB1615.

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
October 6, 2021
Page 7 of 7
Re: Victor Bruce, MD
*** Petition for Reconsideration of the Board's Denial of Dr. Bruce's Application for Controlled Substance Registration**

If this letter and attached documents should be directed to a different person or department at the Pharmacy Board, please advise at your earliest convenience. We look forward to addressing Dr. Bruce's petition/request for reconsideration with the Board.

Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com, or contact Dr. Bruce directly.

Thank you.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

Accompany documents: as stated above, **Exhibits 1-5**

Approved as to form and content:

By _____ this 6th day of October, 2021.
Victor R. Bruce, MD

Copy via email:
Mark Sedar, Chief Operating Officer
Nevada State Board of Pharmacy
email: msedar@pharmacy.nv.gov

Courtney K. Lee, Esq., General Counsel
Nevada State Board of Pharmacy
email: clee@pharmacy.nv.gov

EXHIBIT "1"

EXHIBIT "1"

264093615

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

September 7, 2021

VIA CERTIFIED U.S. MAIL AND EMAIL drb@ascensionmedicalcenter.com

Victor Bruce, MD
7812 Foothill Ash Avenue
Las Vegas, NV 89117

Re: Notice of Denial of Application for Controlled Substance Registration

Dear Dr. Bruce:

This letter constitutes notice pursuant to NRS 639.138 that the Nevada State Board of Pharmacy ("Board") on August 31, 2021, denied your application for a controlled substance registration pursuant to NRS 453.231(1), and/or NRS 639.210. The Board denied your application because of your criminal conviction for conspiracy to distribute oxycodone, and disciplinary history.

You have the right to petition the Board within thirty (30) days for reconsideration of your application, and the right to submit evidence to controvert the alleged violations on which the denial was based pursuant to NRS 639.139.

If you have any questions, please do not hesitate to contact me at (775) 850-1440.

cc: John Hunt, Esq. jhunt@clarkhill.com

Sincerely,

David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

9171 9690 0935 0252 0560 98

EXHIBIT "2"

EXHIBIT "2"

FILED
JUL 31 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

CRAIG WEINGROW, M.D., Certificate of Registration Nos. CS20272 PD00502, **Petitioner.**	**Case No. 17-066-CS-S** **ORDER OF REINSTATEMENT**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), hereby orders as follows:

The Nevada State Board of Pharmacy (Board) heard this matter on July 18, 2018, rendered a decision, and entered an Order on July 25, 2018, revoking the certificates of registration of Craig Weingrow, MD (Weingrow) controlled substance registration, Certificate of Registration No. CS20272 and dispensing practitioner registration, Certificate of Registration No. PD00502. Weingrow petitioned for reinstatement of his controlled substance registration, Certificate of Registration No. CS20272, pursuant to NRS 639.257. On January 15, 2020, and July 15, 2020, Weingrow appeared with counsel before the Board to answer questions and give testimony regarding his petition, his compliance with the Order, and the facts and circumstances underlying this matter.

The Board granted the petition and ordered that Weingrow's Certificate of Registration No. CS20272 be reinstated effective immediately subject to the following terms, conditions and restrictions:

1. Weingrow may only prescribe the controlled substances listed in Exhibit 2 submitted in support of his petition (copy attached).

2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.

3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

Any failure by Weingrow to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing

Weingrow to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

IT IS SO ORDERED.

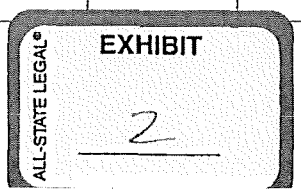
Entered this 31st day of July, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CRAIG WEINGROW, M.D.

LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES PRESCRIBING

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post-Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jeffrey Setness, Esq.
Fabian Vancott
411 E. Bonneville Ave. #400
Las Vegas, NV 89101

KRISTOPHER MANGOSING

EXHIBIT "3"

EXHIBIT "3"

264221612

CLARK HILL

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

September 14, 2021

Via E-mail and US regular mail

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: msedar@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: clee@pharmacy.nv.gov

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: shunting@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration**

Ms. Lee, Ms. Hunting, and Messrs. Sedar and Wuest:

This office represents Victor Bruce, MD ("Dr. Bruce"). I am in receipt of Ms. Hunting's September 8, 2021, email which contained as an attachment Mr. Wuest's September 7, 2021, notice of denial of Dr. Bruce's application for controlled substance registration. See attached Exhibit #1.

Could you please provide the procedure or if there is a form that may be used to acquire a copy of the audio of the Board's meeting of August 31, 2021? Particularly we are requesting a copy of the audio for Agenda Item 10, A, B, & C. Pursuant to NRS 139.139 Dr. Bruce intends to petition the Board to reconsider the denial of his registration and the

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

contents of the audio set forth in Agenda Items 10, A B & C will be critical in Dr. Bruce's petition for reconsideration. If there is any way to expedite the processing of the request, please advise. Can we have our investigator come to the Board and make a copy of the audio of Agenda Item 10, A, B and C?

We are also requesting the following information. If the information below is not kept, please indicate that in your response.

1. Currently, how many members of the Board are of African American descent?

2. In the past five (5) years, how many applicants of African descent have been denied a registration?

3. In the past five (5) years, how many applicants of Indian descent have been denied a registration?

4. In the past five (5) years, how many applicants of Middle Eastern descent have been denied a registration?

5. In the past five (5) years, how many of licensees of African descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

6. In the past five (5) years, how many of licensees of Indian descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

7. In the past five (5) years, how many of licensees of Pakistan descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

Re: Victor Bruce, MD
*** Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration**

8. In the past five (5) years, how many of licensees of Middle Eastern descent have been disciplined by either stipulation and/or been disciplined by the Board after the Board has conducted a full Board hearing?

9. Does the Board maintain a record based upon race and/or ethnic origin of the number of applicants who have been denied a registration?

10. Does the Board maintain a record based upon race and/or ethnic origin of the number of registration holders who have been discipline pursuant to stipulation and/or as a result of a full Board Hearing?

The information requested, if maintained, is public information. The information requested is to assured the those of African, Indian, Pakistan and Middle Eastern communities that the Pharmacy Board, it's attorneys and/or staff are conducting their duties in a fair and unbiased manner to prevent a culture of systemic racism.

The information received may be shared with Nevada legislators the Nevada Attorney General and the media.

Thank you. We await your response. Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com.

Thank you.

Sincerely,

CLARK HILL PLLC

John A. Hunt, Esq.

EXHIBIT "1"

EXHIBIT "1"

264093615

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

September 7, 2021

VIA CERTIFIED U.S. MAIL AND EMAIL drb@ascensionmedicalcenter.com

Victor Bruce, MD
7812 Foothill Ash Avenue
Las Vegas, NV 89117

Re: Notice of Denial of Application for Controlled Substance Registration

Dear Dr. Bruce:

This letter constitutes notice pursuant to NRS 639.138 that the Nevada State Board of Pharmacy ("Board") on August 31, 2021, denied your application for a controlled substance registration pursuant to NRS 453.231(1), and/or NRS 639.210. The Board denied your application because of your criminal conviction for conspiracy to distribute oxycodone, and disciplinary history.

You have the right to petition the Board within thirty (30) days for reconsideration of your application, and the right to submit evidence to controvert the alleged violations on which the denial was based pursuant to NRS 639.139.

If you have any questions, please do not hesitate to contact me at (775) 850-1440.

cc: John Hunt, Esq. jhunt@clarkhill.com

Sincerely,

David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

9171 9690 0935 0252 0560 98

EXHIBIT "4"

EXHIBIT "4"

CLARK HILL

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

September 29, 2021

Via E-mail and US regular mail

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
email: bkandt@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Follow-up to your September 17, 2021, letter and two (2) additional requests for information/documents**

Mr. Kandt:

Thank you for your September 17, 2021, letter (Exhibit 1) and its included USB flash drive containing the audio of agenda item 10 from the Nevada State Board of Pharmacy's September 2021 meeting.

As you note, the request for the audio was made in my September 14, 2021, letter. Again, thank you for the USB flash drive with same. My September 14, 2021, letter (Exhibit 2) also requested certain other information (or, if the information below is not kept, request was made to indicate that in your response). Thus far, my office has not received a response to the request for the other public information which the Board has an obligation to disclose if such information exists or if such information does not exist, to advise of the same. Again, for ease of reference, those requests were as follows:

1. Currently, how many members of the Board are of African American descent?

2. In the past five (5) years, how many applicants of African descent have been denied a registration?

3. In the past five (5) years, how many applicants of Indian descent have been denied a registration?

4. In the past five (5) years, how many applicants of Middle Eastern descent have been denied a registration?

5. In the past five (5) years, how many of licensees of African descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

6. In the past five (5) years, how many of licensees of Indian descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

7. In the past five (5) years, how many of licensees of Pakistan descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

8. In the past five (5) years, how many of licensees of Middle Eastern descent have been disciplined by either stipulation and/or been disciplined by the Board after the Board has conducted a full Board hearing?

9. Does the Board maintain a record based upon race and/or ethnic origin of the number of applicants who have been denied a registration?

10. Does the Board maintain a record based upon race and/or ethnic origin of the number of registration holders who have been discipline pursuant to stipulation and/or as a result of a full Board Hearing?

In addition to the above requests, please provide the following additional information:

11. A list of the applicants who have been **denied** a registration in the past (5) year who has been convicted of a felony.

12. A list of the applicants who have been **granted** a registration in the past (5) year who has been convicted of a felony.

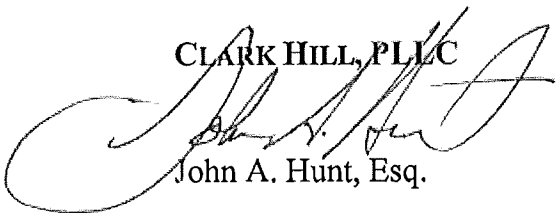
So the matter does not languish, please provide the information requested above no later than the close of business October 6, 2021. If the Board believes a longer response time is appropriate, please advise.

Again, if the requested information is not maintained by the Board, please advise of same. Lastly, if the Board objects to any of the requests on the basis of privilege, please provide the judicial holding(s) and/or NRS statute(s) and/or NAC regulations which are relied upon for such a claim. Each response may assist the Nevada legislature in addressing possible knowing or unknowing systemic racism.

Thank you again. We await your further response. Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com.

Sincerely,

CLARK HILL, PLLC



John A. Hunt, Esq.

Accompanying documents: as stated above.

Copy via email only:

Mark Sedar, Chief Operating Officer
Nevada State Board of Pharmacy
email: msedar@pharmacy.nv.gov

J. David Wuest, R. Ph., Executive Secretary
Nevada State Board of Pharmacy
email: dwuest@pharmacy.nv.gov

Courtney K. Lee, Esq., General Counsel
Nevada State Board of Pharmacy
email: clee@pharmacy.nv.gov

Shirley Hunting, Board Coordinator,
Custodian of Records
Nevada State Board of Pharmacy
email: shunting@pharmacy.nv.gov

Attorney General Aaron Ford
Assemblyman Jason Frierson, Speaker
Mark Fierro, Fierro Communications

EXHIBIT "1"

EXHIBIT "1"

264152670 with USB flash drive of 3 agenda items re. Dr. Victor Bruce

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

September 17, 2021

VIA OVERNIGHT MAIL

John A, Hunt, Esq.
Clark Hill
3800 Howard Hughes Parkway
Las Vegas, NV 89169

Re: Victor Bruce, MD

Dear John:

Pursuant to your September 14th request, enclosed please find a USB flash drive containing the audio of agenda item 10 from the Nevada State Board of Pharmacy's September meeting.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

Dr. Bruce 03598-412203 BME20-12252-1

EXHIBIT "2"

EXHIBIT "2"

264221612

CLARK HILL

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

September 14, 2021

Via E-mail and US regular mail

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: msedar@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: clee@pharmacy.nv.gov

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: shunting@pharmacy.nv.gov

Re: Victor Bruce, MD
*** Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration**

Ms. Lee, Ms. Hunting, and Messrs. Sedar and Wuest:

This office represents Victor Bruce, MD ("Dr. Bruce"). I am in receipt of Ms. Hunting's September 8, 2021, email which contained as an attachment Mr. Wuest's September 7, 2021, notice of denial of Dr. Bruce's application for controlled substance registration. See attached Exhibit #1.

Could you please provide the procedure or if there is a form that may be used to acquire a copy of the audio of the Board's meeting of August 31, 2021? Particularly we are requesting a copy of the audio for Agenda Item 10, A, B, & C. Pursuant to NRS 139.139 Dr. Bruce intends to petition the Board to reconsider the denial of his registration and the

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

contents of the audio set forth in Agenda Items 10, A B & C will be critical in Dr. Bruce's petition for reconsideration. If there is any way to expedite the processing of the request, please advise. Can we have our investigator come to the Board and make a copy of the audio of Agenda Item 10, A, B and C?

We are also requesting the following information. If the information below is not kept, please indicate that in your response.

1. Currently, how many members of the Board are of African American descent?

2. In the past five (5) years, how many applicants of African descent have been denied a registration?

3. In the past five (5) years, how many applicants of Indian descent have been denied a registration?

4. In the past five (5) years, how many applicants of Middle Eastern descent have been denied a registration?

5. In the past five (5) years, how many of licensees of African descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

6. In the past five (5) years, how many of licensees of Indian descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

7. In the past five (5) years, how many of licensees of Pakistan descent have been disciplined by either stipulation and/or been disciplined by the Board, after the Board has conducted a full Board hearing?

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

Shirley Hunting
Board Coordinator, Custodian of Records
Nevada State Board of Pharmacy

Re: Victor Bruce, MD
*** Follow-up to Mr. Wuest's September 7, 2021, Notice of Denial of Dr. Bruce's Application for Controlled Substance Registration**

8. In the past five (5) years, how many of licensees of Middle Eastern descent have been disciplined by either stipulation and/or been disciplined by the Board after the Board has conducted a full Board hearing?

9. Does the Board maintain a record based upon race and/or ethnic origin of the number of applicants who have been denied a registration?

10. Does the Board maintain a record based upon race and/or ethnic origin of the number of registration holders who have been discipline pursuant to stipulation and/or as a result of a full Board Hearing?

The information requested, if maintained, is public information. The information requested is to assured the those of African, Indian, Pakistan and Middle Eastern communities that the Pharmacy Board, it's attorneys and/or staff are conducting their duties in a fair and unbiased manner to prevent a culture of systemic racism.

The information received may be shared with Nevada legislators the Nevada Attorney General and the media.

Thank you. We await your response. Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com.

Thank you.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

EXHIBIT "1"

EXHIBIT "1"

264093615

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

September 7, 2021

VIA CERTIFIED U.S. MAIL AND EMAIL drb@ascensionmedicalcenter.com

Victor Bruce, MD
7812 Foothill Ash Avenue
Las Vegas, NV 89117

Re: Notice of Denial of Application for Controlled Substance Registration

Dear Dr. Bruce:

This letter constitutes notice pursuant to NRS 639.138 that the Nevada State Board of Pharmacy ("Board") on August 31, 2021, denied your application for a controlled substance registration pursuant to NRS 453.231(1), and/or NRS 639.210. The Board denied your application because of your criminal conviction for conspiracy to distribute oxycodone, and disciplinary history.

You have the right to petition the Board within thirty (30) days for reconsideration of your application, and the right to submit evidence to controvert the alleged violations on which the denial was based pursuant to NRS 639.139.

If you have any questions, please do not hesitate to contact me at (775) 850-1440.

cc: John Hunt, Esq. jhunt@clarkhill.com

Sincerely,

David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

9171 9690 0935 0252 0560 98

EXHIBIT "5"

EXHIBIT "5"

264227876

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

September 29, 2021

VIA U.S. MAIL AND ELECTRONIC MAIL TO: jhunt@clarkhill.com

John A, Hunt, Esq.
Clark Hill
3800 Howard Hughes Parkway
Las Vegas, NV 89169

Re: Victor Bruce, MD/Request for Information

Dear John:

I am in receipt of your September 29th correspondence. As I previously informed you in my September 17th email (copy attached), the Board does not have the information you requested in your September 14th correspondence. In response to your two new requests for information, please note that a State agency is not required to conduct research for a requestor or to create a record that does not exist in order to satisfy a request (NAC 239.867), and the Board does not maintain the lists you are requesting.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

Kristopher Mangosing

From: Brett Kandt
Sent: Friday, December 10, 2021 9:03 AM
To: Hunt, John A.
Cc: David Wuest; Yenh Long; Peter Keegan; Shirley Hunting; Kristopher Mangosing; Darlene Nases
Subject: FW: Tabled Petition of Dr. Bruce
Attachments: CPEP Assessment of Dr. Bruce 5_26_20(263059657.1).pdf; Requested Limited Prescriptions to be Authorized by Pharmacy Board(264870433.1).pdf

John-

Your email and attachments will be provided to the Board and your client's petition for reconsideration included on the agenda for January 12, 2022.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Hunt, John A. <jhunt@clarkhill.com>
Sent: Wednesday, December 8, 2021 1:17 PM
To: Brett Kandt <bkandt@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Cc: Aaron B. Fricke <africke@medboard.nv.gov>; Wuester Jr, Bert E. <bwuester@clarkhill.com>; Victor Bruce <ayiteybruce@yahoo.com>
Subject: Tabled Petition of Dr. Bruce

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Gentlemen:

Based upon the Board's request for additional information regarding Dr. Bruce's tabled and pending petition for reconsideration of a controlled substance registration, please find attached the CPEP Assessment Report regarding Victor R. Bruce, MD dated May 26, 2021 ("Report" or "CPEP Report") which was requested by the Nevada State Board of Medical Examiners ("Medical Board") which resulted in Dr. Bruce receiving an unrestricted license from the Medical Board.

Also attached, as requested by the Board, is a list of limited prescriptions that Dr. Bruce believes necessary which will enable him to serve his community until such time as the Board is grants Dr. Bruce an unrestricted controlled substance registration. I have spoken to the Medical Board's general counsel, Aaron Fricke, Esq., and should you have any questions regarding the assessment and/or the authenticity of the assessment, please contact him.

With regards to the CPEP Report, a number of points are of note. Moreover, highlighted in yellow are certain references to the Report which specifically address prescription related issues/matters. Most importantly, the Report's findings and overall recommendations provide that Dr. Bruce performed and there were no health conditions identified that should interfere with Dr. Bruce's medical practice. Further, his cognitive function screen results were within normal limits. See Report, pg. 1, section I.A.

As to the "scattered educational needs" or "minimal educational needs" the Report provides Dr. Bruce "should have the resources to address these educational needs through self-study and the assistance of a respected colleague in the same area of specialty, without the benefit of a structured Educational Intervention." Id., pg. 1, section I.B.

As to Dr. Bruce's medical knowledge, the Report notes, in part:

- Dr. Bruce demonstrated a good fund of knowledge of internal medicine with minor gaps. Id., pg. 5, section III.A.1.
- Dr. Bruce demonstrated good knowledge of causes of chest pain, evaluation of syncope, evaluation of fatigue, diagnosis of hypothyroidism, diagnosis of Parkinson's disease, as well as the management of cellulitis, hypertension, diabetes mellitus, pulmonary embolus, chronic obstructive pulmonary disease exacerbation, transient ischemic attack, urinary tract infection, diverticulitis, gout, knee pain, and acute/chronic low back pain. Id., pg. 5, section III.A.1.
- Regarding controlled substance prescribing, Dr. Bruce's knowledge was adequate. Id., pg. 5, section III.A.1.
- His knowledge of potency, indications, side effects, risks, and weaning schedule for opioids was appropriate. Id., pg. 5, section III.A.1.

- He had adequate knowledge of non-opioid pain medications and non-pharmacologic management options for chronic pain in addition to the benefits of a multi-modal approach. Id., pg. 5, section III.A.1.

- He was current in his knowledge of necessary monitoring of patients being prescribed chronic opioids with urine drug screens, review of the prescription drug monitoring program, as well as use of a controlled substance agreement. Id., pg. 5, section III.A.1.

- When discussing benzodiazepines, Dr. Bruce demonstrated adequate knowledge of associated risks and how to wean them. Id., pg. 5, section III.A.1.

With regards to Dr. Bruce's clinical judgment and reasoning, the Report notes, in part:

- Dr. Bruce's clinical judgment and reasoning, as demonstrated during this Assessment, were acceptable. Id., pg. 6, section III.A.2.

- Dr. Bruce's information-gathering was appropriate in most scenarios, but he could improve in gathering more data about alcohol use and mental health symptoms. Id., pg. 7, section III.A.2.

- Dr. Bruce's described differential diagnoses for the hypothetical patients were appropriate; this included scenarios of fatigue, shortness of breath, and memory loss. Id., pg. 7, section III.A.2.

- He demonstrated a good ability to recognize the potential for iatrogenesis with prescribed medications such as nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, and hydrochlorothiazide. Id., pg. 7, section III.A.2.

- His ability to recognize acuity of illness was adequate in scenarios of gastrointestinal bleeding, shortness of breath, pulmonary embolus, diabetic foot infection, urinary tract infection in an elderly hypothetical patient, and an acute worsening of chronic renal insufficiency. Id., pg. 7, section III.A.2.

- Dr. Bruce's described hypothetical patient care was acceptable. He described comprehensive and thoughtful approaches to the discussed cases and applied evidence-based medical principles to patient care. Id., pg. 7, section III.A.2.

- His management of hypothetical patients with gastrointestinal bleeding, urinary tract infection, diabetic foot infection, hypertension, diabetes mellitus, gout, osteoporosis, coronary artery disease/recent coronary artery stenting, transient ischemic attack, ankle sprain, gastroesophageal reflux disease, insomnia, and hypothyroidism was adequate. Id., pg. 7, section III.A.2.

- Dr. Bruce did inquire about alcohol use in most of the scenarios and did make sound recommendations for alcohol cessation when indicated. Id., pg. 7, section III.A.2.

- Regarding controlled substance prescribing, Dr. Bruce's performance was acceptable. In several scenarios of low-back pain, his approaches were multi-modal with use of non-opioid medications and non-pharmacologic therapies. He recommended against the use of chronic opioids for back pain and his descriptions of how to counsel the patient on expectations and how to wean opioids were acceptable. Id., pg. 7, section III.A.2.

- He appeared to recognize the addictive nature and potential for diversion with opioids and benzodiazepines. His described approach to opioid prescribing included current recommendations of a controlled substance agreement, urine drug screening, and review of the prescription drug monitoring program. Id., pg. 7, section III.A.2.

- He aptly recommended a non-benzodiazepine for sleep for a hypothetical patient with insomnia and a slow wean of the benzodiazepine medication she had been taking to prevent withdrawal symptoms such as seizure. Id., pg. 7, section III.A.2.

- When discussing stimulants for the treatment of adult ADHD, Dr. Bruce appeared to recognize indications and potential adverse effects. Id., pg. 7, section III.A.2.

- While his approach to stimulant prescribing was generally acceptable, Dr. Bruce could have better encouraged non-stimulant treatment options, according to the consultant. Id., pg. 7, section III.A.2.

- Dr. Bruce appeared to recognize some of his knowledge limitations during the interviews. He described appropriate use of consultants such as neurology for a scenario of Parkinson disease, and gynecology for uterine prolapse with urinary incontinence. Id., pg. 8, section III.A.2.

With regards to Dr. Bruce's patient care documentation, the Report notes, in part:

- Dr. Bruce's notes were dictated in a history and physical format. In the history, Dr. Bruce consistently included a presenting complaint, history of present illness, allergies, family history, and review of systems. He included a past medical history and medication list in two notes and omitted a substance use history (tobacco, alcohol, and illicit substance use) in all notes. Id., pg. 8, section III.A.3.

- Two of the three notes included brief exams. He indicated an assessment with a differential diagnosis depending on the patient compliant. Dr. Bruce included plans in all notes. He documented patient education in all three notes. He did not recommend any prescription medications; therefore, the completeness of his documentation of prescriptions could not be evaluated. Timing for follow-up was indicated in all three notes. Contingencies for early follow-up were not included. Id., pg. 8, section III.A.3.

- Overall, Dr. Bruce's SP documentation was adequate with areas that could be enhanced. He demonstrated that he understood most of the components of acceptable single-encounter patient documentation. Id., pg. 8, section III.A.3.

With regards to Dr. Bruce's communication skills and certain other matters, the Report notes, in part:

- The three SPs presented remotely with irritated eyes, carpal tunnel, and chronic cough. Dr. Bruce presented himself as professional, friendly, affable, warm, and easy to talk to throughout the SP encounters. He briefly set expectations, followed a logical sequence of events, and asked several open-ended questions. All three SPs felt able to ask questions and use their own words to describe concerns. Id., pg. 9, section III.C.1.

- Dr. Bruce was easy to understand and his voice volume was good. The patient education he provided was brief, but clear and adequate, and all of the SPs understood the treatment plan. There was a natural flow of conversation with good pacing. Id., pg. 9, section III.C.1.

- Dr. Bruce's empathy level was rated from adequate to high; he had a good sense of humor, seemed understanding of an SP's inability to take time off from work, and made sure the SPs understood what he was telling them. Id., pg. 9, section III.C.1.

- One SP liked that Dr. Bruce was friendly, smiling, and knowledgeable; another appreciated that Dr. Bruce was affable and had a sense of humor; and the third SP said that Dr. Bruce set them at ease. None of the SPs had any negative comments about Dr. Bruce and all three would return. Id., pg. 9, section III.C.1.

- The communication consultant had a positive impression of Dr. Bruce's communication skills. He had a conversational style that immediately set the SPs at ease, so they felt comfortable talking to him. He summarized the SP complaints well. He checked in periodically to make sure that the SPs understood him. Id., pg. 9, section III.C.1.

- Dr. Bruce's patient education was brief but adequate enough to enable each SP to understand their condition. Id., pg. 9, section III.C.1.

- Dr. Bruce demonstrated very strong physician-patient communication skills during this exercise. No further intervention is recommended. Id., pg. 9, section III.C.1.

- Dr. Bruce's communication skills were consistently professional throughout the Assessment, both with the consultants and CPEP staff. Id., pg. 10, section III.C.2.

- Nothing that transpired during this Assessment raised questions about Dr. Bruce's professionalism. Id., pg. 10, section III.D.

- while the Assessment is not designed to evaluate this competency in-depth, Dr. Bruce demonstrated some awareness of health care costs and cost containment, as well as some awareness of ways to assist patients in dealing with system complexities. Id., pg. 10, section III.E.

- Dr. Bruce was pleasant and cooperative toward CPEP staff and clinical consultants, and conducted himself in a professional manner throughout the Assessment. He submitted all of the required documentation in a timely manner. Id., pg. 10, section III.F.3.

Again, as noted initially the Report's findings and overall recommendations provide that Dr. Bruce performed well, demonstrating only minimal, scattered educational needs and that there were no health conditions identified that should interfere with Dr. Bruce's medical practice. While certain minimal educational needs were noted, the Report clearly provides Dr. Bruce "should have the resources to address these educational needs through self-study and the assistance of a respected colleague in the same area of specialty, without the benefit of a structured Educational Intervention." Id., pg. 1, section I.B.

Again, after the Medical Board reviewed the attached Report, the Medical Board issued Dr. Bruce an unrestricted license. Should you have any questions regarding either the Report and/or the proposed list of requested limited prescriptions, please contact me.

It is requested that this email and its attachments be provided to the Pharmacy Board and be made part of the agenda and record at the next Board meeting when the Board reconsiders Dr. Bruce's tabled and pending petition for reconsideration relative to his application for a controlled substance registration.

Lastly, can you please provide the date of the Board's next meeting when it will again consider Dr. Bruce's petition for reconsideration relative to his application for a controlled substance registration?

Thank you.

John A. Hunt
Member
Clark Hill LLP
3800 Howard Hughes Parkway, Las Vegas, NV 89169
(702) 697-7512(office) | (702) 862-8400(fax)
jhunt@clarkhill.com | www.clarkhill.com

ASSESSMENT REPORT

For

Victor R. Bruce, M.D.

February 16-18, 2021

NATIONALLY RECOGNIZED ▪ PROVEN LEADER ▪ TRUSTED RESOURCE

720 South Colorado Blvd., Suite 1100-N
Denver, Colorado 80246
Phone: 303-577-3232
Fax: 303-577-3241
www.cpepdoc.org

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

I. Executive Summary

Background

CPEP, the Center for Personalized Education for Professionals, designed this Assessment for Victor R. Bruce, M.D., to evaluate his practice of internal medicine. The CPEP Medical Director and staff reviewed information that the Nevada State Board of Medical Examiners (Board) and Dr. Bruce provided for the Assessment. According to Dr. Bruce, his license was revoked in 2014 after being convicted of a federal criminal charge involving controlled substances. Dr. Bruce informed CPEP that he was issued a restricted license in 2018 and was required to complete a preceptorship. According to the Board's Settlement Agreement dated November 23, 2020, Dr. Bruce was ordered to undergo an assessment of his current clinical competency to practice medicine.

Limitations: Dr. Bruce has treated pediatric patients in the past. His CPEP Assessment was in outpatient internal medicine and treatment of an adult population and did not include pediatrics.

A. Assessment Findings and Overall Recommendations

During this Assessment, Dr. Bruce performed well, demonstrating only minimal, scattered educational needs. The educational needs identified in this Assessment are listed in *Section III. Assessment Findings.*

No health conditions were identified that should interfere with Dr. Bruce's medical practice. His cognitive function screen results were within normal limits.

B. Educational Recommendations

Based on the findings of this Assessment, Dr. Bruce demonstrated minimal educational needs. CPEP believes that Dr. Bruce should have the resources to address these educational needs through self-study and the assistance of a respected colleague in the same area of specialty, without the benefit of a structured Educational Intervention. However, if desired by Dr. Bruce and/or the Board, CPEP is available to speak with the Board and Dr. Bruce about options and resources, including a CPEP Educational Intervention. Please see *Appendix II, CPEP Educational Recommendations* for an explanation and implication of these recommendations.

Limitations

CPEP's findings are based on the performance of the participant during the Assessment process. No direct observation of the participant in the procedural setting occurs. Therefore, conclusions address only whether the participant possesses the knowledge and judgment necessary to perform, without predicting actual behavior. CPEP is unable to evaluate whether a participant possesses the technical skills required in a procedural setting. Such concerns need to be addressed through direct observation of the participant's abilities by peer professionals. Concerns about complication rates should be addressed through comparison with published data.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

The Assessment is not designed to provide an in-depth evaluation of fraudulent or unethical practice patterns, inappropriate behavior with patients, or the participant's boundaries with patients; nor is it designed to evaluate the consequences of physical or mental health disorders.

(The remainder of this page is intentionally blank.)

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

II. Personalization of Assessment Process

An Associate Medical Director oversees the Assessment to ensure that the process is reflective of the participant's particular practice and that the results accurately reflect the participant's performance. Selection of testing modalities varies with each Assessment, using specific components from the table below that are determined to be appropriate for each participant's practice.

The table below outlines the processes and test modalities typically used in an Assessment and how each modality contributes to an Assessment.

Assessment Components	**Pertinence to ABMS Core Competencies**						
	Medical Knowledge	Patient Care	Practice-based Learning	Communication Skills	Professionalism	Systems-based Practice	Other
Pre-Assessment Components							
Telephone Interview with Participant				♦	♦		
Written Intake Questionnaire			♦	♦	♦	♦	
Participant Practice Profile					♦	♦	
Participant Education, Training, and Professional Activities			♦		♦	♦	
Referral Source Information, if available		♦		♦	♦		
Assessment Components May Include the Following							
Clinical Interviews	♦	♦	♦	♦	♦	♦	
Review of Patient Charts	♦	♦		♦	♦	♦	
Simulated Patient Encounters	♦	♦		♦	♦		
Simulated Patient Encounter Note Analysis/Documentation Exercise	♦	♦		♦	♦		
Electrocardiogram (ECG) Interpretation Exercise	♦	♦					
Fetal Monitor Strip (FMS) Interpretation Exercise	♦	♦					
Multiple-Choice Question Examination	♦						
Technical Skills Simulation	♦	♦					
Health Information Review							♦
Cognitive Function Screen							♦
Observations of Participant Behavior				♦	♦		♦

Dr. Bruce's Assessment is personalized in the following manner:

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

- ***Patient Charts:*** Because Dr. Bruce has been out of practice since 2014, CPEP did not request charts.
- ***Clinical Interviews:*** Three clinical interviews were conducted by board-certified internists. The consultants based the interviews on the hypothetical cases and topic-based discussions.
- ***Simulated Patient (SP) Encounters:*** The exercise included three 20-minute patient encounters. The SP cases were selected to represent conditions typically seen in the participant's specialty setting.
- ***SP Documentation Exercise:*** The exercise involved documentation of each interview with an SP.
- ***Electrocardiogram (ECG) Interpretation:*** The exercise included one ECG tracing for which the ventricular rate, PR interval, QRS duration, QT interval, and QRS axis were requested, and 10 ECG tracings for which a written description, interpretation, and course of action were requested.

III. Assessment Findings

A. Medical Knowledge and Patient Care

CPEP's findings of Dr. Bruce's Medical Knowledge and Patient Care are based on clinical interviews, an SP documentation exercise, and results of written testing.

1. Medical Knowledge

During this Assessment, Dr. Bruce demonstrated a good fund of knowledge of internal medicine with minor gaps.

The following paragraphs provide a brief discussion with examples of some of Dr. Bruce's demonstrated areas of strength. The list below includes the majority of educational needs identified during the Assessment.

Dr. Bruce demonstrated good knowledge of causes of chest pain, evaluation of syncope, evaluation of fatigue, diagnosis of hypothyroidism, diagnosis of Parkinson's disease, as well as the management of cellulitis, hypertension, diabetes mellitus, pulmonary embolus, chronic obstructive pulmonary disease exacerbation, transient ischemic attack, urinary tract infection, diverticulitis, gout, knee pain, and acute/chronic low back pain.

Regarding controlled substance prescribing, Dr. Bruce's knowledge was adequate. His knowledge of potency, indications, side effects, risks, and weaning schedule for opioids was appropriate. He had adequate knowledge of non-opioid pain medications and non-pharmacologic management options for chronic pain in addition to the benefits of a multi-modal approach. He was current in his knowledge of necessary monitoring of patients being prescribed chronic opioids with urine drug screens, review of the prescription drug monitoring program, as well as use of a controlled substance agreement. When discussing benzodiazepines, Dr. Bruce demonstrated adequate knowledge of associated risks and how to wean them.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Dr. Bruce completed a written ECG interpretation examination. He was asked to note the rate, intervals, and axis for one normal ECG and was correct for everything. He was asked to provide descriptions, interpretations, and course of action for 10 ECG tracings representing various cardiac conditions. His notes did not show that he had a logical scheme to evaluate ECGs. Of the five tracings for which Dr. Bruce needed to consider infarct or ischemia as the cause of the pattern, he identified four. He did not describe all ST/T abnormalities, Q waves, and underlying rhythm on several tracings. He did not identify inferior wall myocardial infarction (MI), age indeterminate on one tracing. Dr. Bruce's plans were incorrect for five tracings. He did not compare to old ECG on two tracings and did not initiate acute coronary syndrome management on one tracing. In summary, Dr. Bruce's performance on the ECG interpretation exercise was generally acceptable with room for improvement. He could improve his ability to formulate plans based on electrocardiographic findings.

Educational Needs – Medical Knowledge

- Cardiology:
  - Current management of hyperlipidemia;
  - ECG interpretation:
    - Identification of underlying rhythm;
    - Formulation of plans based on electrocardiographic findings;
- Routine health maintenance:
  - Cervical cancer screening;
  - Breast cancer screening;
  - Hepatitis C screening;
  - Human immunodeficiency virus (HIV) screening;
  - Abdominal aortic aneurysm screening;
- Mental health:
  - Tools to screen for mental health and alcohol use disorders;
  - Attention-deficit hyperactivity disorder (ADHD);
  - Non-stimulant options such as atomoxetine and bupropion;
  - Non-pharmacologic management;
- Gastroenterology:
  - Indications for esophagogastroduodenoscopy (EGD);
- Endocrinology:
  - FRAX score;
  - Bisphosphonates: side effects such as atypical fractures and osteonecrosis of the jaw;
  - Levothyroxine: recommended time of day to take the medication.

2. Clinical Judgment and Reasoning

Dr. Bruce's clinical judgment and reasoning, as demonstrated during this Assessment, were acceptable.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Dr. Bruce's information-gathering was appropriate in most scenarios, but he could improve in gathering more data about alcohol use and mental health symptoms. Dr. Bruce's described differential diagnoses for the hypothetical patients were appropriate; this included scenarios of fatigue, shortness of breath, and memory loss. He demonstrated a good ability to recognize the potential for iatrogenesis with prescribed medications such as nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, and hydrochlorothiazide. His ability to recognize acuity of illness was adequate in scenarios of gastrointestinal bleeding, shortness of breath, pulmonary embolus, diabetic foot infection, urinary tract infection in an elderly hypothetical patient, and an acute worsening of chronic renal insufficiency. The one exception was a case of chest pain: the consultant opined that although troponin levels are sometimes performed in the outpatient office setting *(as Dr. Bruce recommended),* transfer of the patient to the emergency room would lessen the chance of a delay in diagnosis of acute coronary syndrome.

Dr. Bruce's described hypothetical patient care was acceptable. He described comprehensive and thoughtful approaches to the discussed cases and applied evidence-based medical principles to patient care. His management of hypothetical patients with gastrointestinal bleeding, urinary tract infection, diabetic foot infection, hypertension, diabetes mellitus, gout, osteoporosis, coronary artery disease/recent coronary artery stenting, transient ischemic attack, ankle sprain, gastroesophageal reflux disease, insomnia, and hypothyroidism was adequate. One area for improvement pertained to routine health maintenance as his performance appeared to have been impacted by knowledge deficiencies.

Dr. Bruce did inquire about alcohol use in most of the scenarios and did make sound recommendations for alcohol cessation when indicated. However, one identified theme was that Dr. Bruce did not screen for alcohol abuse/alcohol use disorders. In scenarios of gout, falls, insomnia, and dyspepsia, the consultant opined that Dr. Bruce should have screened for alcohol use disorder.

Regarding controlled substance prescribing, Dr. Bruce's performance was acceptable. In several scenarios of low-back pain, his approaches were multi-modal with use of non-opioid medications and non-pharmacologic therapies. He recommended against the use of chronic opioids for back pain and his descriptions of how to counsel the patient on expectations and how to wean opioids were acceptable. He appeared to recognize the addictive nature and potential for diversion with opioids and benzodiazepines. His described approach to opioid prescribing included current recommendations of a controlled substance agreement, urine drug screening, and review of the prescription drug monitoring program. He aptly recommended a non-benzodiazepine for sleep for a hypothetical patient with insomnia and a slow wean of the benzodiazepine medication she had been taking to prevent withdrawal symptoms such as seizure. When discussing stimulants for the treatment of adult ADHD, Dr. Bruce appeared to recognize indications and potential adverse effects. While his approach to stimulant prescribing was generally acceptable, Dr. Bruce could have better encouraged non-stimulant treatment options, according to the consultant.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Dr. Bruce appeared to recognize some of his knowledge limitations during the interviews. He described appropriate use of consultants such as neurology for a scenario of Parkinson disease, and gynecology for uterine prolapse with urinary incontinence.

Since patient charts were not available for Dr. Bruce's practice of outpatient (adult) internal medicine for this Assessment, CPEP is unable to comment about Dr. Bruce's application of knowledge in actual patient care.

The list below includes the educational needs discussed above as well as additional limited educational needs that were identified during the Assessment.

Educational Needs – Clinical Judgment and Reasoning

- Consistent ability to gather adequate data about alcohol use and mental health symptoms;
- Appropriate suspicion and screening for alcohol use disorder.

3. Patient Care Documentation

a. Review of Documentation – Patient Charts

Dr. Bruce's patient care documentation was evaluated based solely on notes written at CPEP, as charts from his former practice were not requested due to his time away from practice. For this reason, no assessment of his ability to manage and organize a complete chart can be made.

b. Review of Documentation – Simulated Patient (SP) Encounter Notes

Dr. Bruce was asked to document a progress note for each remote SP encounter.

Dr. Bruce's notes were dictated in a history and physical format. In the history, Dr. Bruce consistently included a presenting complaint, history of present illness, allergies, family history, and review of systems. He included a past medical history and medication list in two notes and omitted a substance use history (tobacco, alcohol, and illicit substance use) in all notes.

Two of the three notes included brief exams. He indicated an assessment with a differential diagnosis depending on the patient compliant. Dr. Bruce included plans in all notes. He documented patient education in all three notes. He did not recommend any prescription medications; therefore, the completeness of his documentation of prescriptions could not be evaluated. Timing for follow-up was indicated in all three notes. Contingencies for early follow-up were not included.

Overall, Dr. Bruce's SP documentation was adequate with areas that could be enhanced. He demonstrated that he understood most of the components of acceptable single-encounter patient documentation.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Educational Needs – Documentation

- Inclusion of contingencies for early follow-up when warranted;
- Inclusion of substance use history;
- Consistent inclusion of a medication list and physical exam.

4. Practice-based Learning

Dr. Bruce reported 140 hours of CME activities and some self-study in the past 36 months but provided limited information about the specific activities. CPEP is unable to comment as to whether Dr. Bruce was selecting CME activities that were pertinent to the field of internal medicine. It was not clear how much, if any, of this CME was evidence-based, as CPEP did not request the data in this format. He described limited medical content resources.

Educational Needs – Practice-based Learning

- If not already doing so, selection of CME activities pertinent to the field of internal medicine (adult patients);
- Expanded variety of medical content resources, including but not limited to, internet-based resources.

C. Communication Skills

1. Physician-Patient Communication Evaluation

The three SPs presented remotely with irritated eyes, carpal tunnel, and chronic cough. Dr. Bruce presented himself as professional, friendly, affable, warm, and easy to talk to throughout the SP encounters. He briefly set expectations, followed a logical sequence of events, and asked several open-ended questions. All three SPs felt able to ask questions and use their own words to describe concerns. Dr. Bruce was easy to understand and his voice volume was good. The patient education he provided was brief, but clear and adequate, and all of the SPs understood the treatment plan. There was a natural flow of conversation with good pacing. Dr. Bruce's empathy level was rated from adequate to high; he had a good sense of humor, seemed understanding of an SP's inability to take time off from work, and made sure the SPs understood what he was telling them. One SP liked that Dr. Bruce was friendly, smiling, and knowledgeable; another appreciated that Dr. Bruce was affable and had a sense of humor; and the third SP said that Dr. Bruce set them at ease. None of the SPs had any negative comments about Dr. Bruce and all three would return.

The communication consultant had a positive impression of Dr. Bruce's communication skills. He had a conversational style that immediately set the SPs at ease, so they felt comfortable talking to him. He summarized the SP complaints well. He checked in periodically to make sure that the SPs understood him. Dr. Bruce's patient education was brief but adequate enough to enable each SP to understand their condition.

Dr. Bruce demonstrated very strong physician-patient communication skills during this exercise. No further intervention is recommended.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

2. Inter-Professional Communication Skills

Dr. Bruce's communication skills were consistently professional throughout the Assessment, both with the consultants and CPEP staff.

Educational Needs

Physician-Patient Communication Skills

- None identified.

Inter-Professional Communication Skills

- None identified.

D. Professionalism

Nothing that transpired during this Assessment raised questions about Dr. Bruce's professionalism.

E. Systems-based Practice

While the Assessment is not designed to evaluate this competency in-depth, Dr. Bruce demonstrated some awareness of health care costs and cost containment, as well as some awareness of ways to assist patients in dealing with system complexities.

F. Other

1. Review of Health Information

Dr. Bruce submitted a copy of a history and physical exam conducted in November 2020 and a health attestation form dated January 2021. Review of this documentation did not reveal any conditions that should affect Dr. Bruce's medical practice.

2. Cognitive Function Screen

Dr. Bruce submitted a copy of a cognitive function screen results completed on January 22, 2021; however, the signature of the performing provider was illegible. The results were within normal limits and did not suggest the need for further neuropsychological evaluation.

3. Observations of Behavior and Additional Considerations

Dr. Bruce was pleasant and cooperative toward CPEP staff and clinical consultants, and conducted himself in a professional manner throughout the Assessment. He submitted all of the required documentation in a timely manner.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

IV. Signatures

The Assessment Report reflects the effort and analysis of CPEP's Medical Director, Associate Medical Directors, and administrative staff. The electronic signatures below authenticate the content of this Assessment Report dated this 26th day of May, 2021.

CPEP Representatives

Elizabeth S. Grace, M.D.
Medical Director

Alisa Johnson, M.S.
Director, Program Services

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Appendix I

Electrocardiogram Interpretation Exercise

Dr. Bruce's responses to the ECG examination were considered within the context of his internal medicine training.

Task #1
Note the rate, intervals, and axis for one normal ECG:
Dr. Bruce was correct (within acceptable variation) for everything.

Task #2
Provide a description, interpretation, and course of action for 10 ECG tracings representing various cardiac conditions:

Organization: Dr. Bruce's notes did not show that he had a logical scheme to evaluate ECGs:

Dr. Bruce was partially correct in his descriptions of all 10 tracings:

- Did not describe/ accurately describe/ describe all/localize /over-interpret ST/T abnormalities on several tracings;
- Did not describe/identify/identify origin of underlying rhythm on nine tracings;
- Did not describe/localize all P wave abnormalities on one tracing;
- Did not describe/identify Q waves on one tracing;
- Over-interpretation of Q wave on one tracing;
- Did not describe poor R wave progression on one tracing;
- Did not describe with RSR' in III and notched in AVF on one tracing;

Dr. Bruce's interpretations were correct in two instances, partially correct in six, and incorrect in two:

- Did not consider pericarditis on one tracing;
- Did not identify/accurately identify IVCD/LBBB on one tracing;
- Did not identify LAE on one tracing;
- Did not identify inferior wall MI as being of indeterminate age on one tracing;
- Did not indicate inability to diagnose ischemia with LBBB on one tracing;
- Of the five tracings for which Dr. Bruce needed to consider infarct or ischemia as the cause of the pattern, he identified four;

Dr. Bruce's plans were correct and thorough in two instances, partially correct in three, and incorrect in five:

- Four plans were incorrect due to incorrect interpretation;
- Did not check for CHF in patient with LVH;
- Did not compare to old ECG on two tracings;
- Did not initiate ACS management on one tracing;

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

- Did not evaluate for causes of TC on two tracings.

Five patients might have been put at risk by Dr. Bruce's plans; one by not initiating ACS management; two by not ruling out MI; two by not evaluating for causes of TC.

The consultant concluded that Dr. Bruce's performance on this exercise was generally acceptable with room for improvement. The main issue identified was formulating appropriate plans based on electrocardiographic findings.

(The remainder of this page is intentionally blank.)

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Appendix II

CPEP Educational Recommendations: Explanations and Implications

Note: Although this document refers to physicians, CPEP conducts Assessments and Educational Interventions for physician assistants, advanced practice nurses, and podiatrists, and the following is applicable to all healthcare providers that are evaluated by CPEP.

Physician performance on a CPEP Assessment falls along a broad spectrum. Often, for both the physician involved and the referring organization, the critical questions are, "What does this mean?" and "How do I/we move forward from here?" CPEP provides direction through the Educational Recommendations that are provided in the Assessment Report.

While the educational activities that would benefit a physician are very specific to that individual, CPEP Educational Recommendations fall into three broad categories.

- *Independently address educational needs*

No physician is expected to perform perfectly during an Assessment, and no physician knows everything. Some physicians who participate in an Assessment demonstrate minimal or limited educational needs, which we believe they should be able to address independently through self-study, CME, and other resources. We recommend that these physicians incorporate these topics into their ongoing professional education activities. Although CPEP does not use the terms "pass" or "fail," if thinking along those terms, it is reasonable to consider that an individual receiving this recommendation has "passed" the Assessment.

The wording used to convey this in an Assessment Report is typically similar to the following: "CPEP believes that Dr. Smith should have the resources to address these educational needs independently, without the benefit of an Educational Intervention. All professionals have a responsibility for self-directed, ongoing learning and Dr. Smith should continue to make this a part of his work."

- *Residency or residency-like setting*

On the other end of the spectrum, some physicians demonstrate educational needs that are of a quantity or quality such that CPEP believes that they are not equipped with the resources to address their educational needs while they continue to practice. CPEP recommends that these physicians address their educational needs in a residency or residency-like setting. Our opinion is that it would not be safe for this physician to practice independently; they are in need of the structure and rigor of an academic setting to provide an intensive and highly supervised educational experience. As stated previously, CPEP does not use the terms "pass" or "fail." However, it is reasonable to consider that an individual receiving this recommendation has "failed" the Assessment.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

CPEP acknowledges that residency positions may be difficult for practicing physicians to secure; therefore, the wording residency-like setting is intended to suggest that other situations may be acceptable, such as a voluntary position in a training setting, a fellowship, or other such situation in which the physician can benefit from learning in a formal training or educational setting. To further clarify, a recommendation that an individual address their educational needs in a training setting does not necessarily indicate that the equivalent of a full residency be completed; the specific needs of the physician will vary and the training might range from one year or longer.

The wording used in an Assessment Report to convey such a recommendation will be similar to the following: "Because of the extent of the deficiencies identified, CPEP believes that Dr. Smith should retrain in a residency or residency-like setting. CPEP does not believe that Dr. Smith demonstrated the ability to remain in independent practice while attempting to remediate his clinical skills."

- *Structured Educational Intervention*

In the middle of the spectrum are those participants who demonstrate educational needs that CPEP believes should be addressed with external structure, oversight, and/or some level of supervision. These physicians should be able to address their educational needs while they continue or return to practice.

The Educational Recommendations in the Assessment Report will read something comparable to: "CPEP recommends that Dr. Smith participate in structured, individualized education to address the identified areas of need." Physician-participants and referring organizations have found value in CPEP Education Services, through which we provide expertise in developing specific and clear educational objectives, structure in the educational process, and a means by which integration and implementation of new learning and approaches can be demonstrated. CPEP Education Services are available, if desired and requested by the physician-participant or referring organization, and would include development of an Educational Intervention Plan (a detailed learning contract) and ongoing support, monitoring, and oversight during the course of the physician's educational process. Please contact CPEP Education Services for additional information.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Appendix III

Description of Evaluation Tools

Selection of the testing modalities varies with each Assessment, using the specific components that are determined to be appropriate for each participant's situation.

Structured Clinical Interviews

Clinical Interviews are oral evaluations of the provider-participant conducted by physician-consultants in the same specialty area. Each consultant is certified through a Board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). The interview is conducted in the presence of the Associate Medical Director. The consultant asks about patient care management based on charts submitted by the participant and hypothetical case scenarios. Radiologic studies or videotapes of surgical procedures may also be used in the interview process. These 90-minute oral interviews are used to evaluate the provider-participant's medical knowledge, clinical judgment, and peer communication skills.

Note: On occasion, provider-participants are unable to provide charts from their practice, either because they have not been in practice for a number of years or because the facility at which they work is unable or unwilling to release them. In these situations, hypothetical case scenarios are used as the basis for the interviews.

Multiple-Choice Examination

Physician-participants may be given a timed multiple-choice examination. The examinations are provided by the Post-Licensure Assessment System (PLAS) and scored by the National Board of Medical Examiners (NBME).

Difficult Airway Simulation

Anesthesiologist provider-participants may complete a series of simulated airway management scenarios using a high-fidelity simulator. The scenarios are designed to test both technical and non-technical skills.

Fundamentals of Laparoscopic Surgery

Physician-participants performing laparoscopic surgery may participate in the Fundamentals of Laparoscopic Surgery (FLS) Program, which is offered by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). The FLS Program involves study materials, hands-on manual skills practice, and an exam composed of a multiple-choice exam and assessment of manual skills using an FLS Laparoscopic Trainer Box and scored by SAGES.

Electrocardiogram (ECG) Interpretation

Physician-participants whose practice includes reading ECG tracings are presented one ECG for which the ventricular rate, PR interval, QRS duration, QT interval, and QRS axis are requested, and 10 ECG tracings for which an interpretation and course of action are requested.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Fetal Monitor Strip (FMS) Interpretation

Physician-participants providing obstetric care in their practice are asked to read 12 FMSs and provide an interpretation and course of action for each strip.

Physician-Patient Communication Evaluation

Effective communication and formation of therapeutic provider-patient relationships are assessed through the use of SP encounters. The provider-participant conducts patient interviews in an exam-room setting. The patient cases are selected based on the provider-participant's specialty area. Both the SPs and the provider-participant evaluate the interaction. The patient encounters are videotaped and analyzed by a communication consultant.

Patient Care Documentation

Physician-participants are asked to submit redacted copies of patient charts. The charts are reviewed for documentation legibility, content, consistency, and accuracy. The physician's attention to pertinent medical details is noted.

Review of Documentation – Simulated Patient Encounter Progress Notes

Following the SP encounters, the provider-participant is asked to document each interaction in a chart note. The physician may hand-write the notes on plain lined paper provided by CPEP, dictate the notes, or use templates brought from the physician's practice. Radiologists who do not typically interact with patients in their professional roles are given a documentation exercise using digitally reproduced radiographic images.

Cognitive Function Screen

MicroCog™, a computer-based assessment of cognitive skills, is a screening test to help determine which provider-participants should be given a complete neuropsychological work-up. The test is viewed as a *screening instrument only* and is not diagnostic.

> *This screening test does not require proficiency with computers; a proctor is available to answer questions about test instructions. Test performance or expected test performance can be impacted by a number of factors, including normal aging and background. A neuropsychologist analyzes the test results, taking these factors into account.*

Review of Health Information

The provider-participant is asked to submit the findings from a recent physical examination as well as hearing and vision screens. If indicated, program staff requests information related to specific health concerns.

This document and its contents are confidential and intended for the exclusive use of CPEP, Participant, and authorized professional review organization(s). It is privileged under professional review, attorney/client, work product, or trade secrets as permitted by law. Use or disclosure without written authorization from CPEP is strictly prohibited. If you have received this document in error, please contact CPEP immediately.

Dr. Victor Bruce, MD

List of Anticipated Controlled Substances

Controlled Substance	Schedule	Treatment
Alprazolam	IV	**Anxiety, Panic Disorder**
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	?	Tension Headaches, Migraines
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/ Methyltestosterone	III	Menopause, Vasomotor Symptoms
Lorazepam	IV	Anxiety
Lisdexamfetimine	II	ADHD
Methylphenidate	II	ADHD
Transdermal Testosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	II-V	Diabetic Peripheral Neuropathy, Post Herpetic Neuralgia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/ Severe Pain
Zolpidem	IV	Insomnia
Phentermine Hydrochloride	IV	Appetite Suppressant
Tylenol/Codeine	IV	Pain
Human Growth Hormone (HGH)	?	Growth Hormone Deficiency
Neurontin	II-V	Neuropathic Pain, Post Herpetic Neuralgia, Fibromyalgia

264870133

9

Back To Dashboard

Renewal Application
Pharmacist

Application Fee : $200.00
Convenience Fee : $10.00
License Number : 15593
License Type : Pharmacist
New Expiration Date : 10/31/2023

Renewal Type

Please confirm the status that you are renewing before moving to the next section.

Active Inactive Proceed to Renew

Personal Information

First Name : Darrel
Middle (initial only) : Wayne
Last Name : Foth
License # : 15593

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :
Military Address :
Street : [redacted] RIVER RANCH WY
Country : United States
City : SACRAMENTO
State : California
Zip : 95831
Practice Phone : (XXX) XXX-XXXX
Practice Fax : (XXX) XXX-XXXX

Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :
Street : [redacted] RIVER RANCH WY
Country : United States
City : SACRAMENTO
State : California
Zip : 95831
Home Phone : [redacted]
Cell Phone : [redacted]
Email Address : d.foth@comcast.net
Fax : (XXX) XXX-XXXX

Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Sex : Male
Practice License Number:
Specialty:

Nevada Business License Information - Check appropriate answer

I DO NOT have a Nevada Business license number.

I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.

I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :
Business License # :

Child Support Information – Check appropriate answer

- (•) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable	( ) Yes (•) No
Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable	( ) Yes (•) No
Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	( ) Yes (•) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? (•) Yes ( ) No

My California License was put on probationary status in April 2021 for a failed random drug screening at Walgreens in June 2019. I am currently working at CVS in Sacramento under the restrictions of the California State Board run by Maximus recovery program. I will be putting my license on inactive status in Nevada until my probation is finished in California. Please note, I have never worked in Nevada as a Pharmacist, and I will not be working there until my probationary period in California is complete.

Document Name	Document Type	Date	Link	Action
Stipulated Settlement and Disciplinary Order	Legal - Question 1	10/25/2021	Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select

Date : 01/26/2021

Case # : 6889

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ( ) Yes (•) No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? (•) Yes ( ) No

Administrative action. See Stipulated Settlement and Disciplinary Order.

Document Name	Document Type	Date	Link	Action
Stipulated Settlement and Disciplinary Order	Legal - Question 3	10/25/2021	Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select

Date : 01/26/2021

Case # : 6889

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? (•) Yes ( ) No

I've been subjected to disciplinary action by the California State Board of Pharmacy. 4 years probation. See stipulated settlement and disciplinary order.

Document Name	Document Type	Date	Link	Action
Stipulated Settlement and Disciplinary Order	Legal - Question 4	10/25/2021	Document Details	

Document Name :

Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select

Date : 01/26/2021

Case # : 6889

Criminal Action :

State : Select

Date : MM/DD/YYYY

Case # :

County :

Court :

CE Hours

Inactive - By checking this box you certify that you are NOT practicing in Nevada and do not wish to comply with the CE requirements of Nevada and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219).

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : Darrel Foth

Date Of Application : 10/25/2021

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2021 to 10/31/2023	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 43018927692

InvoiceDate : 10/26/2021

Paid

Pay & Submit

XAVIER BECERRA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
ANDREW M. STEINHEIMER
Deputy Attorney General
State Bar No. 200524
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7892
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **DARREL WAYNE FOTH** **P.O. Box [redacted]** **Sacramento, CA 95822** **Pharmacist License No. RPH 52592** Respondent.	Case No. 6889 OAH No. 2020100090 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Andrew M. Steinheimer, Deputy Attorney General.

2. Respondent Darrel Wayne Foth (Respondent) is represented in this proceeding by attorney Paul Chan, whose address is: 1851 Heritage Lane, Suite 128,

Sacramento, CA 95815-4996

3. On or about August 31, 2001, the Board issued Pharmacist License No. RPH 52592 to Respondent. The Pharmacist License was in full force and effect at all times relevant to the charges brought in Accusation No. 6889, and will expire on April 30, 2021, unless renewed.

JURISDICTION

4. Accusation No. 6889 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 16, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 6889 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 6889. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 6889.

//

10. Respondent agrees that his Pharmacist License is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

//

//

//

//

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 52592 issued to Respondent Darrel Wayne Foth is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

1. **Obey All Laws**

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. **Report to the Board**

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed,

probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. **Interview with the Board**

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. **Cooperate with Board Staff**

Respondent shall timely cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of his probation, including but not limited to: timely responses to requests for information by board staff; timely compliance with directives from board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

5. **Continuing Education**

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. **Reporting of Employment and Notice to Employers**

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 6889 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, respondent shall report to the board in writing the name, physical address, and mailing address of each of his employer(s), and the name(s) and telephone number(s) of all of his direct supervisor(s), as well as any pharmacist(s)-in- charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior

employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause (a) his direct supervisor, (b) his pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of his employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 6889, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in writing within fifteen (15) days of the change acknowledging that he or she has read the decision in case number 6889, and the terms and conditions imposed thereby.

If respondent works for or is employed by or through an employment service, respondent must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board of the decision in case number 6889, and the terms and conditions imposed thereby in advance of respondent commencing work at such licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through an employment service, respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service to report to the board in writing acknowledging that he or she has read the decision in case number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board.

Failure to timely notify present or prospective employer(s) or failure to cause the identified person(s) with that/those employer(s) to submit timely written acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision includes any full-time, part-time, temporary, relief, or employment/management service position as a Pharmacist, or any position for which a Pharmacist License is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. **Notification of Change(s) in Name, Address(es), or Phone Number(s)**

Respondent shall further notify the board in writing within ten (10) days of any change in name, residence address, mailing address, e-mail address or phone number.

Failure to timely notify the board of any change in employer, name, address, or phone number shall be considered a violation of probation.

8. **Restrictions on Supervision and Oversight of Licensed Facilities –**

During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge, designated representative-in-charge, responsible manager or other compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

9. **Reimbursement of Board Costs**

As a condition precedent to successful completion of probation, respondent shall pay to the board its costs of investigation and prosecution in the amount of $7,455.00.

Respondent shall be permitted to pay these costs in a payment plan approved by the board or its designee, so long as full payment is completed no later than one (1) year prior to the end date of probation. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

10. **Probation Monitoring Costs**

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall

be considered a violation of probation.

11. **Status of License**

Respondent shall, at all times while on probation, maintain an active, current Pharmacist License with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current Pharmacist License shall be considered a violation of probation.

If respondent's Pharmacist License expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

12. **License Surrender While on Probation/Suspension**

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may relinquish his license, including any indicia of licensure issued by the board, along with a request to surrender the license. The board or its designee shall have the discretion whether to accept the surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish his pocket and/or wall license, including any indicia of licensure not previously provided to the board within ten (10) days of notification by the board that the surrender is accepted if not already provided. Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

//

//

13. **Practice Requirement – Extension of Probation**

Except during periods of suspension, respondent shall, at all times while on probation, be employed as a Pharmacist in California for a minimum of 80 hours per calendar month. Any month during which this minimum is not met shall extend the period of probation by one month. During any such period of insufficient employment, respondent must nonetheless comply with all terms and conditions of probation, unless respondent receives a waiver in writing from the board or its designee.

If respondent does not practice as a Pharmacist in California for the minimum number of hours in any calendar month, for any reason (including vacation), respondent shall notify the board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the interruption or reduction in practice; and the anticipated date(s) on which respondent will resume practice at the required level. Respondent shall further notify the board in writing within ten (10) days following the next calendar month during which respondent practices as a Pharmacist in California for the minimum of hours. Any failure to timely provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to be extended pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months. The board or its designee may post a notice of the extended probation period on its website.

14. **Violation of Probation**

If respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and the board shall provide notice to respondent that probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed. The board or its designee may post a notice of the extended probation period on its website.

//

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against respondent during probation, or the preparation of an accusation or petition to revoke probation is requested from the Office of the Attorney General, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. **Completion of Probation**

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

16. **Pharmacists Recovery Program (PRP)**

By no later than ten (10) days after the effective date of this decision, respondent shall have completed all of the following: contacted the Pharmacists Recovery Program (PRP) for evaluation; enrolled in the PRP; completed, signed, and returned the treatment contract as well as any addendums required or suggested by the PRP; successfully completed registration for any drug or alcohol testing mandated by the treatment contract and/or by enrollment in the PRP; and begun compliance with the drug or alcohol testing protocol(s). Respondent shall successfully participate in the PRP and complete the treatment contract and any addendums required or suggested by the PRP. The costs for PRP participation shall be borne by the respondent.

If respondent is currently enrolled in the PRP, said participation is now mandatory and as of the effective date of this decision is no longer considered a self-referral under Business and Professions Code section 4362 (a)(2). Respondent shall successfully participate in and complete his or her current contract and any subsequent addendums with the PRP.

Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not timely paid to the PRP shall constitute a violation of probation. The board will collect unpaid administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

Any of the following shall result in the automatic suspension of practice by respondent and shall be considered a violation of probation:

Failure to contact, complete enrollment, and execute and return the treatment contract with the PRP, including any addendum(s), within ten (10) days of the effective date of the decision as directed by the PRP;

Failure to complete registration for any drug or alcohol testing mandated by the treatment contract and/or by the PRP, and begin compliance with the testing protocol(s), within ten (10) days of the effective date of the decision as directed by the PRP;

Failure to comply with testing protocols regarding daily check-in and/or failure to complete a mandated test as directed by the PRP;

Any report from the PRP of material non-compliance with the terms and conditions of the treatment contract and/or any addendum(s); or

Termination by the PRP for non-compliance, failure to derive benefit, or as a public risk.

Respondent may not resume the practice of pharmacy until notified by the board in writing.

Probation shall be automatically extended until respondent successfully completes the PRP. The board will provide notice of any such suspension or extension of probation.

During any suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug retailer, or any other distributor of drugs which is licensed by the board, or any manufacturer, or any area where dangerous drugs and/or dangerous devices or controlled substances are maintained. Respondent shall not practice as a Pharmacist nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or dangerous devices or controlled substances.

During any suspension, respondent shall not engage in any activity that requires the professional judgment of and/or licensure as a Pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy, or of the manufacturing, distributing, wholesaling, or retailing of dangerous drugs and/or dangerous devices or controlled substances.

//

Failure to comply with any requirement or deadline stated by this term shall be considered a violation of probation.

17. **Drug and Alcohol Testing**

Respondent, at his own expense, shall participate in testing as directed by the board or its designee for the detection of alcohol, controlled substances, and dangerous drugs and/or dangerous devices. Testing protocols may include biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other testing protocols as directed by the board or its designee. All testing must be pursuant to an observed testing protocol, unless respondent is informed otherwise in writing by the board or its designee. Respondent may be required to participate in testing for the entire probation period and frequency of testing will be determined by the board or its designee.

By no later than thirty (30) days after the effective date of this decision, respondent shall have completed all of the following tasks: enrolled and registered with an approved drug and alcohol testing vendor; provided that vendor with any documentation, and any information necessary for payment by respondent; commenced testing protocols, including all required contacts with the testing vendor to determine testing date(s); and begun testing. At all times, respondent shall fully cooperate with the testing vendor, and with the board or its designee, with regard to enrollment, registration, and payment for, and compliance with, testing. Any failure to cooperate timely shall be considered a violation of probation.

Respondent may be required to test on any day, including weekends and holidays. Respondent is required to make daily contact with the testing vendor to determine if a test is required, and if a test is required must submit to testing on the same day.

Prior to any vacation or other period of absence from the area where the approved testing vendor provides services, respondent shall seek and receive approval from the board or its designee to use an alternate testing vendor to ensure testing can occur. Upon approval, respondent shall enroll and register with the approved alternate drug testing vendor, provide to that alternate vendor any documentation required by the vendor, including any necessary payment by respondent. During the period of absence of the area, respondent shall commence testing

protocols with the alternate vendor, including required daily contacts with the testing vendor to determine if testing is required, and required testing. Any failure to timely seek or receive approval from the board or its designee, or to timely enroll and register with, timely commence testing protocols with, or timely undergo testing with, the alternate testing vendor, shall be considered a violation of probation.

Upon detection of an illicit drug, controlled substance or dangerous drug, the board or its designee may require respondent to timely provide documentation from a licensed practitioner authorized to prescribe the detected substance demonstrating that the substance was administered or ingested pursuant to a legitimate prescription issued as a necessary part of treatment. All such documentation shall be provided by respondent within ten (10) days of being requested.

Any of the following shall be considered a violation of probation and shall result in respondent being immediately suspended from practice as a Pharmacist until notified by the board in writing that he may resume practice: failure to timely complete all of the steps required for enrollment/registration with the drug testing vendor, including making arrangements for payment; failure to timely commence drug testing protocols; failure to contact the drug testing vendor as required to determine testing date(s); failure to test as required; failure to timely supply documentation demonstrating that a detected substance was taken pursuant to a legitimate prescription issued as a necessary part of treatment; and/or detection through testing of alcohol, or of an illicit drug, or of a controlled substance or dangerous drug absent documentation that the detected substance was taken pursuant to a legitimate prescription and a necessary treatment. In the event of a suspension ordered after detection through testing of alcohol, an illicit drug, or of a controlled substance or dangerous drug absent documentation that the detected substance was taken pursuant to a legitimate prescription and a necessary treatment, the board or its designee shall inform respondent of the suspension and inform him to immediately leave work, and shall notify respondent's employer(s) and work site monitor(s) of the suspension.

During any such suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, third-party-logistics provider, veterinary food-animal drug retailer, or any other distributor of drugs which is licensed by the board, or any manufacturer, or

any area where dangerous drugs and/or dangerous devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or dangerous devices and controlled substances.

During any such suspension, respondent shall not engage in any activity that requires the professional judgment of and/or licensure as a Pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy, or of the manufacturing, distributing, wholesaling, or retailing of dangerous drugs and/or dangerous devices.

Failure to comply with any such suspension shall be considered a violation of probation. Failure to comply with any requirement or deadline stated by this term shall be considered a violation of probation.

18. **Notification of Departure**

Prior to leaving the probationary geographic area designated by the board or its designee for a period greater than twenty-four (24) hours, respondent shall notify the board verbally and in writing of the dates of departure and return. Failure to comply with this provision shall be considered a violation of probation.

19. **Abstain from Drugs and Alcohol**

Respondent shall completely abstain from the possession or use of alcohol, controlled substances, illicit drugs, dangerous drugs and/or dangerous devices, or their associated paraphernalia, except when possessed or used pursuant to a legitimate prescription issued as a necessary part of treatment. Respondent shall ensure that he is not in the same physical location as individuals who are using illicit substances even if respondent is not personally ingesting the drugs. Any possession or use of alcohol, dangerous drugs and/or dangerous devices or controlled substances, or their associated paraphernalia for which a legitimate prescription has not been issued as a necessary part of treatment, or any physical proximity to persons using illicit substances, shall be considered a violation of probation.

20. **Prescription Coordination and Monitoring of Prescription Use**

Within thirty (30) days of the effective date of this decision, respondent shall submit to the board, for its prior approval, the name and qualifications of a single physician, nurse practitioner, physician assistant, or psychiatrist of respondent's choice, who shall be aware of the respondent's history with the use of controlled substances, and/or dangerous drugs and who will coordinate and monitor any prescriptions for respondent for dangerous drugs and/or dangerous devices, controlled substances or mood-altering drugs. The approved practitioner shall be provided with a copy of the board's Accusation and decision. A record of this notification must be provided to the board or its designee upon request. Respondent shall sign a release authorizing the practitioner to communicate with the board or its designee about respondent's treatment(s). The coordinating physician, nurse practitioner, physician assistant, or psychiatrist shall report to the board on a quarterly basis for the duration of probation regarding respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances. The board or its designee may require that the single coordinating physician, nurse practitioner, physician assistant or psychiatrist be a specialist in addictive medicine, or consult a specialist in addictive medicine. Should respondent, for any reason, cease supervision by the approved practitioner, respondent shall notify the board or its designee immediately and, within thirty (30) days of ceasing supervision, submit the name of a replacement physician, nurse practitioner, physician assistant, or psychiatrist of respondent's choice to the board or its designee for its prior approval. Failure to timely submit the selected practitioner or replacement practitioner to the board or its designee for approval, or to ensure the required quarterly reporting thereby, shall be considered a violation of probation.

If at any time an approved practitioner determines that respondent is unable to practice safely or independently as a Pharmacist, the practitioner shall notify the board or its designee immediately by telephone and follow up by written letter within three (3) working days. Upon notification from the board or its designee of this determination, respondent shall be automatically suspended and shall not resume practice as a Pharmacist until notified by the board

or its designee that practice may be resumed.

During any suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug retailer, or any other distributor of drugs which is licensed by the board, or any manufacturer, or any area where dangerous drugs and/or dangerous devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or dangerous devices and controlled substances. Respondent shall not resume practice until notified by the board.

During any suspension, respondent shall not engage in any activity that requires the professional judgment and/or licensure as a Pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy or of the manufacturing, distributing, wholesaling, or retailing of dangerous drugs and/or dangerous devices or controlled substances.

Failure to comply with any requirement or deadline stated by this term shall be considered a violation of probation.

21. **Facilitated Group Recovery and/or Support Meetings**

Within thirty (30) days of the effective date of this decision, respondent shall begin regular attendance at a group recovery and/or support meeting that is run by a trained facilitator approved in advance by the board or its designee. The required frequency of group meeting attendance shall be determined by the board or its designee. Respondent shall continue regular attendance as directed at an approved facilitated group meeting until the board or its designee advises the respondent in writing that he may cease regular attendance. Respondent shall provide signed and dated documentation of attendance as required with each quarterly report. Failure to attend as required or to submit documentation of attendance shall be considered a violation of probation.

If respondent is required to participate in the PRP, compliance with this term can be demonstrated through that program. Where respondent is enrolled in the PRP, participation as

required in a facilitated group meeting approved by the PRP shall be sufficient for satisfaction of this requirement. Any deviation from participation requirements for the PRP-approved group shall be considered a violation of probation.

22. **Work Site Monitor**

Within ten (10) days of the effective date of this decision, respondent shall identify a work site monitor, for prior approval by the board or its designee, who shall be responsible for supervising respondent during working hours. Respondent shall be responsible for ensuring that the work site monitor reports in writing to the board monthly or on another schedule as directed by the board or its designee. Should the designated work site monitor suspect at any time during the probationary period that respondent has abused alcohol or drugs, he or she shall notify the board immediately.

In the event of suspected abuse, the monitor shall make at least oral notification within one (1) business day of the occurrence, and shall be followed by written notification within two (2) business days of the occurrence. If, for any reason, including change of employment, respondent is no longer able to be monitored by the approved work site monitor, within ten (10) days respondent shall designate a new work site monitor for approval by the board or its designee. Failure to timely identify an acceptable initial or replacement work site monitor, or to ensure monthly reports are submitted to the board by the monitor, shall be considered a violation of probation.

Within thirty (30) days of being approved by the board or its designee, the work site monitor shall sign an affirmation that he or she has reviewed the terms and conditions of respondent's disciplinary order and agrees to monitor respondent. The work site monitor shall at least:

1) Have regular face-to-face contact with respondent in the work environment, at least once per week or with greater frequency if required by the board or its designee;

2) Interview other staff in the office regarding respondent's behavior, if applicable; and

3) Review respondent's work attendance.

//

The written reports submitted to the board or its designee by the work site monitor shall include at least the following information: respondent's name and license number; the monitor's name, license number (if applicable) and work site location; the date(s) the monitor had face-to-face contact with respondent; the staff interviewed, if applicable; an attendance report; notes on any changes in respondent's behavior or personal habits; notes on any indicators that may lead to substance abuse; and the work site monitor's signature.

Respondent shall complete the required consent forms and sign an agreement with the work site monitor and the board to allow the board to communicate with the work site monitor.

It is a condition of respondent's enrollment in the Pharmacists Recovery Program (PRP) that he is required to have a work site monitor approved by the PRP who shall be responsible for supervising respondent during working hours. Respondent shall be responsible for ensuring that the work site monitor reports in writing to the PRP monthly or on another schedule as directed by the PRP. Should the designated work site monitor suspect at any time during the probationary period that respondent has abused alcohol or drugs, he or she shall notify the PRP immediately. The initial notification shall be made orally within one (1) business day of the occurrence, which shall be followed by written notification within two (2) business days of the occurrence. If, for any reason, including change of employment, respondent is not longer able to be monitored by the approved work site monitor, within ten (10) days of commencing new employment for prior approval by the PRP. Failure to identify an acceptable initial or replacement work site monitor, or to ensure monthly reports are submitted to the PRP by the work site monitor, shall be considered a violation of probation.

Within thirty (30) days of being approved by the PRP, the work site monitor shall sign an affirmation that he or she has reviewed the terms and conditions of respondent's disciplinary order and agrees to monitor respondent. The work site monitor shall at least:

1) Have regular face-to-face contact with respondent in the work environment, at least once per week or with greater frequency if required by the board or its designee;

2) Interview other staff in the office regarding respondent's behavior, if applicable; and

3) Review respondent's work attendance.

The written reports submitted to the PRP by the work site monitor shall include at least the following information: respondent's name and license number; the monitor's name, license number (if applicable) and work site location; the date(s) the monitor had face-to-face contact with respondent; the staff interviewed, if applicable; an attendance report; notes on any changes in respondent's behavior or personal habits; notes on any indicators that may lead to substance abuse; and the work site monitor's signature.

Respondent shall complete the required consent forms and sign an agreement with the work site monitor and the board to allow the board to communicate with the work site monitor.

23. **Supervised Practice**

Within thirty (30) days of the effective date of this decision, respondent shall submit to the board or its designee, for prior approval, the name of a Pharmacist by and not on probation with the board, to serve as respondent's practice supervisor. As part of the documentation submitted, respondent shall cause the proposed practice supervisor to report to the board in writing acknowledging that he or she has read the decision in case number 6889, and is familiar with the terms and conditions imposed thereby, including the level of supervision required by the board or its designee. This level will be determined by the board or its designee, will be communicated to the respondent on or before the effective date of this decision and shall be one of the following:

Continuous – At least 75% of a work week

Substantial - At least 50% of a work week - REQUEST FOR REDUCTION WHEN APPROPRIATE

Partial - At least 25% of a work week

Daily Review - Supervisor's review of probationer's daily activities within 24 hours

Respondent may practice only under the required level of supervision by an approved practice supervisor. If, for any reason, including change of employment, respondent is no longer supervised at the required level by an approved practice supervisor, within ten (10) days of this change in supervision respondent shall submit to the board or its designee, for prior approval, the name of a Pharmacist by and not on probation with the board, to serve as respondent's replacement practice supervisor. As part of the documentation submitted, respondent shall cause the proposed replacement practice supervisor to report to the board in writing acknowledging that

he or she has read the decision in case number 6889, and is familiar with the terms and conditions imposed thereby, including the level of supervision required.

Any of the following shall result in the automatic suspension of practice by a respondent and shall be considered a violation of probation:

Failure to nominate an initial practice supervisor, and to have that practice supervisor report to the board in writing acknowledging the decision, terms and conditions, and supervision level, within thirty (30) days;

Failure to nominate a replacement practice supervisor, and to have that practice supervisor report to the board in writing acknowledging the decision, terms and conditions, and supervision level, within ten (10) days;

Practicing in the absence of an approved practice supervisor beyond the initial or replacement nomination period; or

Any failure to adhere to the required level of supervision.

Respondent shall not resume practice until notified in writing by the board or its designee.

During any suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, third-party logistics provider, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or any area where dangerous drugs and/or dangerous devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, distributing, manufacturing or dispensing of dangerous drugs and/or dangerous devices or controlled substances.

During any suspension, respondent shall not engage in any activity that requires the professional judgment and/or licensure as a Pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy or of the manufacture, distribution, wholesaling, or retailing of dangerous drugs and/or dangerous devices or controlled substances.

Failure to comply with any suspension shall be considered a violation of probation.

Any of the following shall be considered a violation of probation: failure to timely nominate either an initial or a replacement practice supervisor; failure to cause the practice supervisor to timely report to the board in writing acknowledging the decision, terms and conditions, and supervision level; practicing in the absence of an approved practice supervisor after lapse of the nomination period; and/or failure to adhere to the level of supervision required by the board or its designee. If any of these obligations or prohibitions is not met, respondent shall be prohibited from practice as a Pharmacist and may not resume such practice until notified by the board or its designee in writing.

24. **No Ownership or Management of Licensed Premises**

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

Respondent shall not acquire any new ownership, legal or beneficial interest nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any additional business, firm, partnership, or corporation licensed by the board. If respondent currently owns or has any legal or beneficial interest in, or serves as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board, respondent may continue to serve in such capacity or hold that interest, but only to the extent of that position or interest as of the effective date of this decision. Violation of this restriction shall be considered a violation of probation.

//

//

//

//

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Paul Chan. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 11/26/21

DARREL WAYNE FOTH
Respondent

I have read and fully discussed with Respondent Darrel Wayne Foth the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 1/26/21

PAUL CHAN
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

ANDREW M. STEINHEIMER
Deputy Attorney General
Attorneys for Complainant

SA2020100103
34767102.docx

10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Eric Middle: Albert Last: Galey

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Nobel Pl

City: Louisville State: KY Zip: 40216

Telephone: [redacted] Email: [redacted]

Reason for Temporary License:

Section 2: Employment Information

Pharmacy Name: Chewy NV Pharmacy License # (if applicable): PH04186

Address: 11403 Bluegrass Pkwy

City: Louisville State: KY Zip: 40299

Telephone: 877-977-3879 Email: rx@chewy.com

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: Kentucky Date of issuance: 07-19-2012

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Eric A Galey
Original Signature, no copies or stamps accepted

09-13-2021
Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

Y

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Eric Middle: Albert Last: Galey

Mailing Address: [redacted] Nobel Pl

City: Louisville State: KY Zip Code: 40216

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Fort Gordon, GA

SS# or ITIN: [redacted] Sex: ☑ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

Kentucky Date of Issuance: 07-19-2012

College of Pharmacy Information

Graduation Date: 05-04-2012 (mm/dd/yy)

Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Kentucky

Location of School: Lexington, Kentucky

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: $250 check 123 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
KY	016183	Yes ☑ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☑	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

	State	Date:	Case #:
Board Administrative Action: Agreed Order	KY	02/05/2020	19-0105C
Agreed Order	KY	08/07/2020	19-0330D

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☑
4a. If you marked Yes, to the question 4. are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Eric A Daley

Original Signature, no copies or stamps accepted

09-13-2021

Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 19-0330 D

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Eric Galey ("Respondent"), and both having been fully informed regarding the matter set forth herein hereby agree to the entry of this **Agreed Order** to obviate a formal hearing.

Stipulations of Fact

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacies and pharmacists.

(2) Respondent is licensed as a pharmacist, and was issued license #016183.

(3) On or around, August 18, 2018, Respondent allegedly engaged in unprofessional or unethical conduct by engaging in conduct likely to deceive the public with or without established proof of actual injury. Respondent allegedly dispensed a misbranded controlled substance prescription. The prescription was labeled with the incorrect practitioner name.

Stipulated Conclusions of Law

The parties stipulate to the following Conclusions of Law, which serve as the legal basis for this **Agreed Order**:

1. Respondent's license to practice as a pharmacist in the Commonwealth is subject to regulation and discipline by the Kentucky Board of Pharmacy.

2. Based upon the above allegations, the Board may discipline Respondent pursuant to KRS 315.121 (1)(h) and (2)(d); KRS 217.065 (11)(b); KRS 218A.180 (8).

Order

1. Respondent shall submit to the Board on or before August 10, 2020, proof of no less than six (6) continuing education hours, the subject of which shall be medication errors and their prevention. The hours shall not be used in any way to satisfy Respondent's continuing education requirements for renewal.

2. Respondent acknowledges he or she has read and understands the terms of this Agreed Order and is entering into it freely, willingly, and voluntarily. Respondent further acknowledges that by entering into this Agreed Order, Respondent is freely, voluntarily, and willingly waiving all the due process rights afforded under the U. S. and Kentucky Constitutions, KRS Chapter 315 and the accompanying regulations in regard to disciplinary actions.

3. By entering this Agreed Order respondent consents to the continuing jurisdiction of the Kentucky Board of Pharmacy and by signing, submits to that jurisdiction.

4. The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

JL RHODES
President
Kentucky Board of Pharmacy

7/21/21
DATE

ERIC GALEY
Respondent

08-07-2020
DATE

RECEIVED FEB 28 2019

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 19-0105 C

CK#120
$1000

Eric Galey
[redacted] Nobel Place
Louisville, Kentucky 40216
License: 016183

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Eric Galey ("Respondent"), and both having been fully informed regarding the matter set forth herein hereby agree to the entry of this **Agreed Order** to obviate a formal hearing.

Stipulations of Fact

1. Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacies and pharmacists.

2. Respondent is licensed as a pharmacist, and was issued license #016183.

3. On or about April, 2019, Respondent allegedly engaged in unprofessional or unethical conduct by engaging in conduct likely to harm the public with or without established proof of actual injury by dispensing a misbranded prescription and failure to create a complete compounding record for all compounded preparations. Three compounded preparations dispensed with an assigned beyond use date past the expiration of a component.

Stipulated Conclusions of Law

The parties stipulate to the following Conclusions of Law, which serve as the legal basis for this **Agreed Order**:

1. Respondent's permit to practice as a pharmacy in the Commonwealth is subject to regulation and discipline by the Kentucky Board of Pharmacy.

2. Based upon the above allegations, the Board may discipline Respondent pursuant to KRS 315.121 (2)(d).

Order

1. Respondent is fined $1,000.00, payable by February 9, 2020. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

2. Respondent shall submit to the Board on or before February 9, 2020, proof of no less than six (6) continuing education hours, the subject of which shall be on compounding. The hours shall not be used in any way to satisfy Respondent's continuing education requirements for renewal.

3. Respondent acknowledges it has read and understands the terms of this Agreed Order of Probation and is entering into it freely, willingly, and voluntarily. Respondent further acknowledges that by entering into this Agreed Order. Respondent is freely, voluntarily, and willingly waiving all the due process rights afforded under the U. S. and Kentucky Constitutions, KRS Chapter 315 and the accompanying regulations in regard to disciplinary actions.

4. By entering this Agreed Order respondent consents to the continuing jurisdiction of the Kentucky Board of Pharmacy and by signing, submits to that jurisdiction.

5. The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Ron Poole R. Ph.

~~CRAIG MARTIN~~ Ron Poole
President
Kentucky Board of Pharmacy

2/5/2020
DATE

Eric Galey PharmD

ERIC GALEY
Respondent

02-02-2020
DATE

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable $150 fee

Rev (06/09/2021)

What types of drug(s) will you be dispensing?

☐ Dangerous Drugs AND Controlled Substances
☐ Dangerous Drugs ONLY

Section 1: Personal Information

First: Leslí Middle: Ann Last: Hewitt-Spears

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Home Address: [redacted] S. Edmonds Dr.

City: Carson City State: NV Zip: 89701

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: 1375-A

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Quail Ridge Animal Hospital

Practice Address: 937 Mica Dr. ~~Suite 18~~ Suite #: 18

City: Carson City State: NV Zip: 89705

Telephone: 775 267-4888 Fax: 775 267-3337 Email: quailridgevet@aol.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 4: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

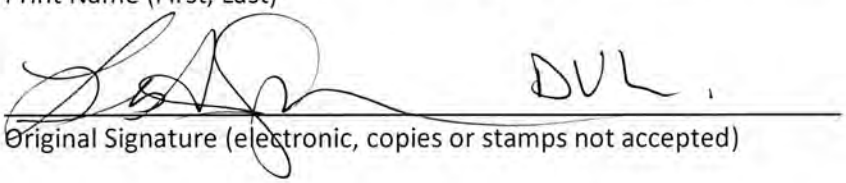
If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
	NV	09-28-2020	04-2020DVM-20

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lesli A. Hewitt-Spears, DVM
Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10-07-21
Date

Board Use Only Received: _____ Amount: _____

State of Nevada

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 Kietzke Lane, Building O-265
Reno, Nevada 89502
Phone 775 688-1788/Fax 775 688-1808
vetbdinfo@vetboard.nv.gov
www.nvvetboard.us

PUBLIC LETTER OF REPRIMAND REGARDING:

LESLI HEWITT-SPEARS, D.V.M.
License #1375
Case #04-2020DVM-20

The Nevada Board of Veterinary Medical Examiners received a complaint against Lesli Hewitt-Spears (License No. 1375) regarding her veterinary practice and issues related to missing controlled substances. After due investigation and consideration, the following facts regarding the complaint were discovered:

1) At all times pertinent to this matter, Lesli Hewitt-Spears, D.V.M. owned and was the veterinarian in charge of Quail Ridge Animal Hospital (QRAH) in Carson City, Nevada.

2) In the second week of December 2019, a veterinary technician-in-training (VTIT A) employed at QRAH found that there was a discrepancy in the count of QRAH's controlled substances, namely that the total manual count of phenobarbital 65mg revealed a 200 tablet deficit in the physical count compared to what was shown in the computerized total. VTIT A informed Dr. Hewitt-Spears of the discrepancy. According to Dr. Hewitt-Spears, she attempted to account for the imbalance, but was unable to account for the missing 200 phenobarbital. To correct the imbalance, Dr. Hewitt-Spears stated she invoiced the missing phenobarbital to a fictitious patient named "Deer 12/27/19" under a wildlife rescue client while continuing her attempt to account for the missing tablets. Additionally, Dr. Hewitt-Spears also rewrote the handwritten controlled substances log because she felt the multiple amendments to the log rendered it unreadable.

3) The Board's investigation determined that the wildlife rescue client did not have a rescued deer in December 2019 and that phenobarbital would never be an appropriate medication for a deer.

4) Despite her efforts, Dr. Hewitt-Spears has been unable to account for the discrepancy. Dr. Hewitt-Spears was unaware these actions were inappropriate at the time.

5) As a result of the contact with the Board's investigator in the course of the investigation of the matter, Dr. Hewitt-Spears reported the discrepancy to the United States Drug Enforcement Agency.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in violation of the standard of care established by Nevada law in Nevada Revised Statutes (NRS) 638.140(1) (Violation of Board Statute or Regulation), NRS 638.1402(4) (Deceptive or fraudulent conduct) and Nevada Administrative Code (NAC) 638.046(1) (Violation of Principles of Veterinary Medical Ethics), NAC 638.048(1) and (2) (Falsifying Records) and NAC 638.0628 (Controlled Substances Records) and Principles of Veterinary Medical Ethics Section II(B) in that rather than addressing the phenobarbital discrepancy through ordinary and lawful means, Dr. Hewitt-Spears created and maintained false records to account for the discrepancy.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration, adjudication, or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signature of Licensee below, the Licensee agrees this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its next upcoming and available 2020 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Hewitt-Spears will pay attorney fees, investigative costs, and Board costs of $650.00 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Hewitt-Spears will provide to the Board's office written evidence of successful completion of two hours of continuing education in controlled substances recordkeeping, two hours of continuing education in ethics, and two hours of continuing education in medical recordkeeping within 60 days of the date of the Board's approval of this Letter of Reprimand. The six hours of continuing education in this paragraph may not be counted toward Dr. Hewitt-Spears's continuing education requirements for renewal of her license.

3) Failure by Dr. Hewitt-Spears to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Hewitt-Spears's license. Additionally, failure by Dr. Hewitt-

Spears to comply with any term or condition of this Letter of Reprimand shall allow the Board's staff not to renew Dr. Hewitt-Spears's license until Dr. Hewitt-Spears remedies the failure to comply.

Dated this 28 day of September, 2020.

Lesli Hewitt-Spears, D.V.M.

Lesli Hewitt-Spears, D.V.M.

Dated this 22 day of Oct, 2020

Nevada State Board of Veterinary Medical Examiners

Steve Damonte, D.V.M., President

STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 Kietzke Lane, Building O-265
Reno, Nevada 89502
Phone (775) 688-1788 / Fax (775) 688-1808
vetbdinfo@vetboard.nv.gov
www.nvvetboard.us

November 5, 2020

Lesli Hewitt-Spears, DVM
Quail Ridge Animal Hospital
937 Mica Dr. #18
Carson City, NV 89705

Re: Board vs. Hewitt-Spears (04-2020DVM-20)

Dear Dr. Hewitt-Spears,

The Nevada State Board of Veterinary Medical Examiners met on October 23, 2020 and voted to accept the enclosed Public Letter of Reprimand. This copy is for your records. The terms and conditions of the Board Order are as follows:

1) The Licensee shall provide to the Board written proof of the satisfactory completion of 2 hours in controlled substances, 2 hours in ethics, and 2 hours in medical records. None of these 6 hours can or will be counted as part of the Licensee's continuing education obligation for 2020.

2) The Licensee will pay attorney's fees, investigative costs, and Board costs of $650.00 The Licensee shall pay the entire amount due of $650.00 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners", which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand. Please contact the Board as soon as possible if you are requesting a payment plan.

Thank you for your cooperation. If you have any questions, please feel free to call me directly.

Sincerely,

Jennifer Pedigo
Executive Director

Enclosure

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable $150 fee

Rev (06/09/2021)

What types of drug(s) will you be dispensing?

☒ Dangerous Drugs AND Controlled Substances

☐ Dangerous Drugs ONLY

Section 1: Personal Information

First: Sircy Middle: Mc Samuel Last: Moore

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Gentle Pines Court

City: Las Vegas State: NV Zip: 89130

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: 2174 (NV)

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Doc Mo's Kindred Spirits Animal Hospital

Practice Address: 2437 E. Cheyenne Ave Suite #:

City: North Las Vegas State: NV Zip: 89030

Telephone (702) 642-5353 Fax: (702) 642-0669 Email: DocmoKindredSpiritsAH@yahoo.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 4: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Letter of Reprimand	NV	2019	#10-2019DVM-89

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sincy M. Moore
Print Name (First, Last)

Sincy M. Moore, DVM
Original Signature (electronic, copies or stamps not accepted)

10-21-21
Date

Board Use Only Received: _____ Amount: 150 oc

Sircy Moore

Legal First Name: Sircy

Legal Last Name: Moore

Previous or Other Name(s):

Licenses

License Number	License Category	License Status	Initial Licensure Date	License Expiry Date
2174-A	Veterinarian	Active	Jun-03-2013	Dec-31-2021

Notices, Restrictions and Findings

Type	Effective Date	Summary	Completion Date	Attachments
Disciplinary Finding	Jun-20-2016	File Number: 06-2016DVM-19 Please contact the Board for further information	Jan-26-2017	Moore, S LOR 06-2016DVM-19.pdf (/rest/public/data/downloadannotation/index.php?id=bcc0f22242a505c05a7a46c4932c29c3bf5c8087c0162af858fa73a9b3ba43254(
Disciplinary Finding	Oct-18-2018	File Number: 07-2017DVM-34	N/A	Moore, S LOR 05-2017DVM-34.pdf (/rest/public/data/downloadannotation/index.php?id=67a640fb7288e07c02e21ae313249958b56bce58616a415a0e4eedb60b9bfd57
Disciplinary Finding	Jul-20-2019	File Number: 10-2019DVM-89	N/A	Moore, S LOR 10-2019DVM-89.pdf (/rest/public/data/downloadannotation/index.php?id=199a8ef2218ceae8d25fdac899d8cb83da811afbd84861fea1adfd462399cc6128

Places of Work

Name	Street Address	City	Postal Code	Start Date	End Date
Tropicana Animal Hospital	2385 East Tropicna Ave	Las Vegas	89119	May-29-2013	Dec-19-2013
Green Valley Animal Hospital	6150 Mountain Vista St.	Henderson	89014	Dec-19-2013	Dec-23-2015
Parkway Springs Animal Hospital	2231 Green Valley Parkway	Henderson	89014	Dec-23-2015	Jul-25-2016
The Greatful Pet Animal Clinic	707 Canyon Rd., #103B	Boulder City	89005	Nov-15-2016	Jun-26-2018
Doc Mo's Kindred Spirits Animal Hospital	2437 E Cheyenne Ave	N Las Vegas	89030	Jun-26-2018	N/A

License History

License Category	License Status	Effective Date
Veterinarian	Active	Jan-01-2021
Veterinarian	Active	Jan-01-2020
Veterinarian	Active	Jan-01-2019
Veterinarian	Active	Jan-01-2018
Veterinarian	Active	Jan-01-2017
Veterinarian	Active	Jan-01-2016
Veterinarian	Active	Jan-01-2015
Veterinarian	Active	Jan-01-2014
Veterinarian	Active	Jun-03-2013
Veterinarian	Applicant	May-29-2013

PUBLIC LETTER OF REPRIMAND REGARDING:

SIRCY MOORE, D.V.M.
License #: 2174
Case # 6-2016DVM-19

The Nevada Board of Veterinary Medical Examiners filed a complaint against Sircy Moore, D.V.M. (Licensee) regarding his application for renewal of his license and his failure to prove completion of the requisite continuing education hours. After due investigation and consideration, the following facts regarding the complaint were discovered.

1) On or about December 29, 2015, Dr. Moore logged into the Board's website and renewed on-line. In his online renewal, Dr. Moore indicated that he had completed 22 hours of continuing education (CE) between January 1, 2015 and December 31, 2015.

2) On or about March 28, 2016, the Board's staff performed a continuing education audit, and Dr. Moore's application was randomly selected. The Board's staff sent Dr. Moore a letter requesting copies of Dr. Moore's continuing education certificates of attendance for the time period between January 1, 2015 and December 31, 2015.

3) On or about May 3, 2016, the Board's staff sent Dr. Moore an e-mail of a second notice to comply with the CE Audit. On June 9, 2016, the Board's staff sent Dr. Moore an additional e-mail in an attempt to reach and receive a response from Dr. Moore.

4) On or about May 20, 2016, June 9, 2016, and June 15, 2016, the Board's staff attempted to reach Dr. Moore by telephone at all of his telephone numbers known to the Board's staff, including telephone numbers for his employing veterinary facilities. Dr. Moore was no longer employed at any of the veterinary facilities of record.

5) On August 1, 2016 and September 13, 2016, the Board's staff attempted to contact Dr. Moore at a personal address the Board's staff had been supplied. The Board's staff also attempted to locate Dr. Moore through internet searches, to no avail.

6) In December 2016, after the Board's Executive Director called an employer of Dr. Moore's, Dr. Moore spoke with the Investigating Board Member. Though Dr. Moore claimed to have completed some hours of continuing education; however, as of the date of this Letter of Reprimand, Dr. Moore has not provided evidence or proof of completion of any of the requisite hours of continuing education.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in violation of applicable Nevada law and, pursuant to NAC 638.041(3), subject to disciplinary action. In particular, the Board finds that the above-described acts violated Nevada Revised Statutes (NRS) 638.140(1) (Violation of a Board Regulation) and Nevada Administrative Code (NAC) 638.041(1) (Hours of CE for DVM) and NAC 638.0423(2) (Failure to Maintain Records of CE) in that Dr. Moore did not maintain or provide the records that would evidence completion any hours of continuing education for the period of January 1 through December 31, 2015. Dr. Moore could not document any hours of continuing education for the relevant time period.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration, adjudication, or resolution of these proceedings, and that no Board member shall be

disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signature of Licensee below, the Licensee agrees this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its October 2016 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Moore shall pay attorney's fees, investigative costs, and Board costs of $300.00 and a fine of $350.00, for a total due of $650.00. Dr. Moore shall pay the entire amount due of $650.00 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Moore will provide to the Board's office written evidence of successful completion of 20 hours of continuing education within 60 days of the date of the Board's approval of this Letter of Reprimand. The 20 hours of continuing education in this paragraph may not be counted toward Dr. Moore' continuing education requirements for renewal of his license.

3) Dr. Moore's renewal applications shall be audited for the next three renewal periods to assure that he has properly satisfied the continuing education requirements for each of those renewal periods.

4) Failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Moore' license.

Dated this _____ day of December, 2016.

Sircy Moore, DVM 1/11/17
Sircy Moore, D.V.M.

Dated this 26 day of January, 2017.

Nevada State Board of Veterinary Medical Examiners

William Taylor DVM
William Taylor, D.V.M., President

STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 KIETZKE LANE, BUILDING O-265
RENO, NEVADA 89502
PHONE 775 688-1788/FAX 775 688-1808
VETBDINFO@VETBOARD.NV.GOV
WWW.NVVETBOARD.US

PUBLIC LETTER OF REPRIMAND REGARDING:

SIRCY MOORE, D.V.M.
License #: 2174
Case # 05-2017DVM-34

The Nevada Board of Veterinary Medical Examiners filed a complaint against Sircy Moore, D.V.M. (Licensee) regarding his treatment of a 9-year-old female Labrador retriever named "Katie". After due investigation and consideration, the following facts regarding the complaint were discovered.

1) On June 29, 2017, the owner of a 9-year-old female Labrador retriever named "Katie" brought her to the Grateful Pet Animal Clinic (GPAC) to have her spayed as part of her participation in a neighborhood outreach program in which the owner was participating because of his straitened circumstances. Two days earlier, a veterinary assistant at GPAC had contacted the owner and given her instructions related to the pre-surgical care for Katie. The owner was an established client at GPAC through her ownership and treatment of another dog. As part of the community outreach program, GPAC had offered to perform the spay at no cost and had arranged to pick up and return Katie to the owner's home because the owner did not have a way to get Katie to GPAC.

2) On June 29, 2017, staff from GPAC (a veterinary assistant and the receptionist) visited the owner's home to pick up Katie for the spay surgery, and they presented authorization forms to the owner regarding the surgery. The owner signed the forms. The communication between GPAC's staff and the owner was apparently less than clear because the staff believed that the owner understood that if Katie was deemed a candidate for surgery, then the surgery would be performed without further communication with the owner whereas the owner understood that he would receive communication from GPAC prior to the performance of any surgery.

3) Prior to surgery, Dr. Moore physically examined Katie, including drawing blood that was tested pre-surgically. The blood test produced normal results except that the ALT was significantly elevated at 640 U/L where the normal range was 0-120 U/L. Dr. Moore did not communicate the elevated ALT level to the owner either prior to or after performing the spay surgery on Katie.

4) On June 29, 2017, Dr. Moore performed the spay surgery on Katie. Katie died at home approximately 12 hours after the surgery. Dr. Moore called the owner after learning of Katie's death and offered a post-mortem examination. A post-mortem examination was performed at GPAC, which showed that Katie had suffered post-surgical internal bleeding.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in

violation of applicable Nevada law and subject to disciplinary action. In particular, the Board finds that the above-described acts violated Nevada Revised Statutes (NRS) 638.140(1) (Violation of a Board Regulation) and Nevada Administrative Code (NAC) 638.046 (Violation of AVMA Principles of Veterinary Medical Ethics) and Principles of Veterinary Medical Ethics sections II(E) and VI(A) in that Dr. Moore did not communicate directly with the owner prior to performing the spay surgery on Katie and at no time communicated to the owner the elevated ALT level and how the elevated ALT level might affect Katie's health and treatment and the risk therein. While there is no definitive correlation to show that Katie's death was caused due to the high ALT levels in Katie's blood work, per the requirements of informed consent, Dr. Moore is required to share abnormal blood test results with the owner prior to surgery.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration, adjudication, or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signature of Licensee below, the Licensee agrees this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its April 2018 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Moore shall pay attorney's fees, investigative costs, and Board costs of $782.50. Dr. Moore shall pay the entire amount due of $782.50 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Moore will provide to the Board's office written evidence of successful completion of 3 hours of continuing education related to veterinary ethics focused on improving his client communication skills.

3) Failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Moore' license.

Dated this 9 day of Oct, 2018.

Sircy Moore, D.V.M.

Dated this 18 day of October, 2018.

Nevada State Board of Veterinary Medical Examiners

Scott Bradley, D.V.M., President

STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 KIETZKE LANE, BUILDING O-265
RENO, NEVADA 89502
PHONE 775 688-1788/FAX 775 688-1808
VETBDINFO@VETBOARD.NV.GOV
WWW.NVVETBOARD.US

PUBLIC LETTER OF REPRIMAND REGARDING:

SIRCY MOORE, D.V.M.
License #: 2174-A
Case #10-2019DVM-89

The Nevada Board of Veterinary Medical Examiners received a complaint against Sircy Moore, D.V.M. (Licensee) regarding Dr. Moore's treatment of 1½-year-old female miniature Poodle named Ellie. After investigation and consideration, the following facts regarding the complaint were discovered:

1) On September 13, 2019, the owner of a 1½-year-old female miniature Poodle named Ellie brought her to Dr. Mo's Kindred AH Spirits Animal Hospital (Kindred AH AH) with concerns about acute left hind leg lameness and pain. After an examination and obtaining radiographs, Dr. Moore diagnosed a left coxofemoral luxation. Dr. Moore sent Ellie home with pain medications and scheduled a surgery.

2) On September 16, 2019, Ellie was brought back to Kindred AH for surgery with Dr. Moore. Dr. Moore attempted to perform a left femoral head osteotomy via a dorsal approach. The surgery was unremarkable until after Dr. Moore transected the femoral head, at which time he could not remove it because, according to Dr. Moore, the femoral head had become lodged behind deeper tissue layers and he was unable to remove it. Rather than continue efforts to remove the femoral head, Dr. Moore stated he closed the incision, thus leaving the femoral head due to his concerns that a prolonged anesthesia could have resulted in complications for the patient. No anesthesia complications were recorded during the one hour anesthesia period.

3) Two days later, Ellie's owner became concerned when the incision became swollen and painful and attempted to take Ellie back to Kindred AH. However, Kindred AH was closed because Dr. Moore was out of town. Thereafter, on September 18 and 19, 2019, Ellie was taken to another veterinary hospital where it was noted that the incision site had swollen, so much so that by September 19, 2019, the swelling had progressed to a black coloration of the skin. The veterinarian at the second veterinary hospital recommended that Ellie be taken to a specialty hospital for a surgical consultation.

4) On September 19, 2019, Ellie was taken to a specialty hospital. At the specialty hospital, it was noted that Ellie had generalized weakness, hypotension, and incision site dehiscence with a large eschar and purulent exudate. Radiographs revealed

soft tissue swelling of the incision and a retained femoral head. The veterinarian at the specialty hospital diagnosed sepsis and began aggressive treatment to address the sepsis.

5) After two days at the specialty hospital, Ellie's condition had worsened and emergency surgery was recommended and Ellie's owner consented. The surgery involved removing the retained femoral head, obtaining a sample for aerobic culture, and amputation of the left hind leg.

6) Ellie suffered significant post-surgical complications for which she was at or taken to the specialty hospital on September 22-24, 25, 28, and 30 and October 1. On October 1, 2019, the owner opted for humane euthanasia which was performed without complication.

7) In the course of the Board's investigation of the instant matter, the Board's staff reviewed the medical records made by Dr. Moore at Kindred AH and determined that the records lacked documentation of surgery times, the types of anesthesia administered, and the doses of injectable medications administered.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in violation of applicable Nevada law. In particular, the Board finds that the above-described acts violated Nevada Revised Statutes (NRS) 638.140(5) (Incompetence), NRS 638.140(6) (Negligence) and NAC 638.045(2) (Negligence) and NAC 638.045(2) (Incompetence) where Dr. Moore knowingly did not remove the femoral head from Ellie's leg and closed the incision knowing that the femoral head remained in Ellie's body and did not establish a clear plan for prompt removal. Additionally, the Board finds this conduct to be in violation of NRS 638.140(1) (Violation of Board regulations) and NAC 639.0475 where Dr. Moore's records lacked documentation of surgery times, the types of anesthesia administered, and the doses of injectable medications administered.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration, adjudication, or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signature of Dr. Moore below, Dr. Moore admits this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its July 2020 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Moore will pay the attorney fees, investigative costs, and Board costs of $880.00 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Moore will provide to the Board's office written evidence of successful completion of four hours of continuing education in orthopedic surgery in canines and two hours in medical recordkeeping within 60 days of the date of the Board's approval of this Letter of Reprimand. The six hours of continuing education in this paragraph may not be counted toward Dr. Moore's continuing education requirements for renewal of his license.

3) Failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Moore's license. Additionally, failure by Dr. Moore to comply with any term or condition of this Letter of Reprimand shall allow the Board's staff not to renew Dr. Moore's license until Dr. Moore remedies the failure to comply.

Dated this 20th day of July, 2020.

Sircy Moore, D.V.M.

Dated this 22 day of Oct, 2020.

Nevada State Board of Veterinary Medical Examiners

Steve Damonte, D.V.M., President

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

December 9, 2021

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: nu4cuss@yahoo.com

Sircy Moore, DVM
Doc Mo's Kindred Spirits Animal Hospital
2437 E. Cheyenne Avenue
Las Vegas, NV 89030

CEASE and DESIST: Unlicensed Dispensing in Nevada

Dear Dr. Moore:

The Nevada State Board of Pharmacy (Board) has determined that you are engaged in dispensing prescription drugs for animal patients without a valid registration. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.23505 and NAC 639.7423.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing any controlled substances or dangerous drugs for animal patients.

Please be aware that the forgoing does not preclude the filing of administrative charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

● New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b

● Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Canyonlands Community Health Care DBA Canyonlands Healthcare - Mesquite

Physical Address: 210 N Sandhill Blvd

City: Mesquite NV State: Zip Code: 89027 Telephone:

928-645-9675 Ext 2205 Fax: 928-645-6621 Toll Free Number:_____

E-mail: a.lewandowski@cchcaz.org

Website: canyonlandschc.org

Managing Pharmacist: Andrew Lewandowski License Number: 20832 ✓ OK N.H 10/6/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
●	☐ Retail	☐	● Off-site Cognitive Services
☐	● Hospital (# beds_____)	☐	● Parenteral
☐	● Internet	☐	● Parenteral (outpatient)
☐	● Nuclear	●	☐ Outpatient/Discharge
☐	● Ambulatory Surgery Center	☐	● Mail Service
●	☐ Community	☐	● Long Term Care
☐	● Other: _____	☐	● Sterile Compounding
		☐	● Non Sterile Compounding
All boxes must be checked		☐	● Mail Service Sterile Compounding
For the application to be complete		☐	● Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ●

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ●

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ●

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ●

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ●

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Andrew J Lewandowski

Original Signature of Person Authorized to Submit Application, no copies or stamps

Andrew Lewandowski

Print Name of Authorized Person

9/21/21

Date

Board Use Only	Date Processed:	Amount: 500 check # 900003

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: Canyonlands Community Health Care

Mailing Address: PO Box 1625

City: Page State: AZ Zip: 86040

Telephone: 928-645-9675 Fax: 928-645-6621

Contact Person: Andrew Lewandowski - Director of Pharmacy

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Not Applicable - 501C3 Non-profit Community Health Center
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: None %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Andrew Lewandowski

Responsible Person of Canyonlands Healthcare - Mesquite

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Andrew Lewandowski
Print Name of Authorized Person

9/21/21
Date

Managing Pharmacist

Pharmacist Name: Andrew Lewandowski License #: 20832

Pharmacy Name: Canyonlands Healthcare - Mesquite

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	●
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	●
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	●
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	●

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 9/21/21

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

CANYONLANDS COMMUNITY HEALTH CARE

ACC file number: 00996306

was incorporated under the laws of the State of Arizona on 01/30/1975;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **10/11/2021**

Matthew Neubert, Executive Director

SECRETARY OF STATE

STATE OF NEVADA

FOREIGN NONPROFIT CORPORATION
(80) QUALIFICATION

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Canyonlands Healthcare** did on **05/26/2021** file in this office its Qualification to do Business in this State and is now on file and of record in the office of the Nevada Secretary of State, and further, that said corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/26/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105261701791
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

CERTIFICATION OF EXEMPTION
NEVADA STATE BUSINESS LICENSE

You have filed a notice citing a statutory exemption pursuant to Nevada Revised Statutes and therefore are not required to maintain a Nevada State Business License.

If your exemption changes or your business is no longer exempt, you must file an amendment reflecting your current business status.

Nevada Business Identification Number: NV20212109631

Entity Name: Canyonlands Healthcare

Associated Business Name:

Entity Type: Foreign Nonprofit Corporation (80)

Exemption Code: 002 - 501(c) Nonprofit Entity

Issued this 05/26/2021

Please post in a Conspicuous Location

Arizona Corporation Commission Corporations Division Website Entity Detail. http://ecorp.azcc.gov/

Entity Details

Entity Name:	CANYONLANDS COMMUNITY HEALTH CARE	Entity ID:	00996306
Entity Type:	Domestic Nonprofit Corporation	Entity Status:	Active
Formation Date:	1/30/1975	Reason for Status:	In Good Standing
Approval Date:	2/6/1975	Status Date:	
Original Incorporation Date:	1/30/1975	Life Period:	Perpetual
Business Type:	HOSPITAL/HEALTH CARE	Last Annual Report Filed:	2020
Domicile State:	Arizona	Annual Report Due Date:	9/30/2021
Years Due:			
Originnal Publish Date:	3/31/1975		

Statutory Agent Information

Name:	Burgess Law, LLC	Appointed Status:	Active 2/18/2021
Attention:			
Address:	4340 E. Indian School Rd, PHOENIX, AZ 85018, USA	Agent Last Updated:	2/18/2021
Attention:		Mailing Address:	
E-mail:	juliet.burgess@icloud.com	County:	

Principal Information

officers*

Title	Name	Address	Date of Taking Office	Last Updated
CEO (Chief Executive Officer)	CHRISTOPHER HANSEN	PO BOX 1625, PAGE, AZ, 86040, Coconino County, USA	1/1/2016	2/18/2021
Director	JANICE LOVETT	PO BOX 153, DUNCAN, AZ, 85534, Greenlee County, USA	7/1/2016	9/13/2019
Director	SAUNDRA GAINES	1275 W. CRIMSON RD., SAFFORD, AZ, 85546, Graham County, USA	10/9/2015	9/13/2019

Arizona Corporation Commission Corporations Division Website Entity Detail. http://ecorp.azcc.gov/

Director	WILLIAM JUSTICE	PO BOX 3249, PAGE, AZ, 86040, Coconino County, USA	3/25/2015	9/13/2019
Director	TOM MAIKOWSKI	PO BOX 1387, PAGE, AZ, 86040, Coconino County, USA	2/17/2015	9/13/2019
Director	ANNETTE NEWMAN	PO BOX 936, CLIFTON, AZ, 85533, Greenlee County, USA	2/17/2015	9/13/2019
Director	THOMAS BRADLEY	PO BOX 2222, KAYENTA, AZ, 86033, Navajo County, USA	11/19/2014	9/13/2019
Director	PAULETTE C LEBLANC	9947 S JACKRABBIT RD, SAFFORD, AZ, 85546, Graham County, USA	7/1/2014	9/13/2019
Director	BEVERLY BECENTI-PIGMAN	BOX 1202, KAYENTA, AZ, 86033, Navajo County, USA	12/15/1994	9/13/2019
CFO (Chief Financial Officer)	HOLLY SMITH	PO BOX 1625, PAGE, AZ, 86040, Coconino County, USA	11/30/2015	2/18/2021
Officer	JANEEN BJORK MD	BOX 1625, PAGE, AZ, 86040, Coconino County, USA	1/10/2003	9/13/2019
Director	Marcie Larson	PO Box 718, MESQUITE, NV, 89024, Clark County, USA	5/3/2019	9/13/2019
Director	Franklin Fowler	PO Box 1784, KAIBETO, AZ, 86053, Coconino County, USA	6/26/2019	9/13/2019

Entity Known Place of Business

Address:	827 VISTA AVE, Box1625, PAGE, AZ, 86040, USA	County:	Coconino	Last Updated:	9/13/2019

Entity Principal Office Address

Address:	County:	Last Updated:

Pharmacy Disclosure Form Attachment - Canyonalnds Community Health Care

CONTROL AND MANAGEMENT

Name	DOB	Physical Address	SSN	Title
CHRISTOPHER HANSEN	[redacted]	[redacted] THIRD AVE, PAGE, AZ 86040	[redacted]	CEO
MARI REED		[redacted] S NAVAJO, PAGE, AZ 86040		COO
HOLLY SMITH		[redacted] PINTO RD, PAGE, AZ, 86040		CFO
JANEEN BJORK		[redacted] ELK RD, PAGE, AZ, 86040		CMO
ANDREW LEWANDOWSKI		[redacted] PINTO RD, PAGE, AZ 86040		PHARMACY DIRECTOR
TOM MAIKOWSKI		[redacted] S LAKE POWELL BLVD, PAGE, AZ, 86040		BOARD MEMBER
SAUNDRA GAINES		[redacted] W CRIMSON RD, SAFFORD, AZ 85546		BOARD MEMBER
BEVERLY BECENTI-PIGMAN		HIGHWAY 163 & 164 - [redacted] KAYENTA, AZ 86033		BOARD MEMBER
THOMAS BRADLEY		[redacted] MILE EAST OF N59, MP 31.5, CHILCHINBETO, AZ 86033		BOARD MEMBER
PAULETTE LEBLANC		[redacted] S JACKRABBIT RD, SAFFORD, AZ 85546		BOARD MEMBER
MARCIE LARSON		[redacted] E LEADMINE RD, SCENIC, AZ 86432		BOARD MEMBER
WILLIAM JUSTICE		[redacted] S NAVAJO DR, PAGE, AZ 86040		BOARD MEMBER
ANNETTE NEWMAN		[redacted] BIRCH ST, CLIFTON, AZ 85533		BOARD MEMBER
JANICE LOVETT		[redacted] RANKLIN RD, DUNCAN, AZ 85534		BOARD MEMBER
FRANKLIN FOWLER		[redacted] M E OF KAIBETO MARKET, NHA HOUSING #20, KAIBETO, AZ 86053		BOARD MEMBER
MICHELLE ALEX		PO BOX [redacted] PAGE, AZ 86040		BOARD MEMBER

PLEASE NOTE - SEVERAL BOARD MEMBERS LIVE WITHIN THE NAVAJO NATION INDIAN RESERVATION, AND THEREFORE DO NOT HAVE TRADITIONAL USPS RECOGNIZED PHYSICAL ADDRESSES.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Canyonlands Healthcare - Mesquite

Physical Address: 210 N Sandhill Blvd

City: Mesquite State: NV Zip: 89027

Mailing Address (if different from physical address): PO Box 1625

City: Page State: AZ Zip: 86040

Telephone: 928-645-9675 Website: canyonlandschc.org

Licensing Company Email: a.lewandowski@cchcaz.org

Section 2: Personal Information

First: ANDREW Middle: JON Last: LEWANDOWSKI

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: PO BOX [redacted]

City: PAGE State: AZ Zip: 86040

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: AL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Michigan		08/2002 - 05/2008	
Address	**City**	**State**	**Zip**
500 S Sate St	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Rogers City High School		8/1998 - 6/2002	
Address	**City**	**State**	**Zip**
1033 W Huron Ave	Rogers City	MI	49779
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2018 - curent	[redacted] Pinto Rd	Page	AZ	86040
05/16 - 02/18	2020 Border St	Page	AZ	86040
05/09 - 05/16	920 MARQUETTE ST	Rogers City	MI	49779

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Canyonlands Community Health Care			05/16 - present
Business Address	**City**	**State**	**Zip**
467 Vista Ave	Page	AZ	86040
Phone	**Title**		**Number of Employed Hours**
928-645-6620	Director of Pharmacy		10,300
Description of Duties			
Dispensing and counseling on medications, responsible for all administrative duties such as record keeping, security, and program management. Accountable agent of the organization for all aspect of outpatient pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

9/21/21
Date

Applicant's initials

I, Andrew Lewandowski, **certify that as the designated representative for**

Canyonlands Healthcare - Mesquite,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Andrew Lewandowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/21

Date

Applicant's initials AL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Lewandowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/21

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of COCONINO

I, Andrew Lewandowski, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/21/21

Date

Subscribed and Sworn to before me this 21 day of September 2021

Notary Public Signature

SHANNON POLCYN
Notary Public
COCONINO COUNTY, Arizona
My Comm. Expires 10/13/2022
Commission No. 555543

(Seal)

Applicant's initials

EACH ■ = 6 inches

Canyonlands Healthcare

Caring for our Communities Since 1973

September 21, 2021

To Nevada State Board of Pharmacy:

I am writing this letter on behalf of Canyonlands Healthcare to express our interest in opening a new retail pharmacy in Mesquite, NV. I wanted to offer a little background on our organization and clarify our proposed business model and timeline.

Canyonlands Community Health Care (CHC) is a Federally Qualified Health Center (FQHC) that began in 1973 with the founding of Lake Powell Medical Center in Page, AZ. Since that time, the organization has expanded to locations in Northern and Southeastern Arizona, and most recently Mesquite, NV. CHC offers comprehensive one-stop services for patients' healthcare in each of the communities served by the organization. We are a non-profit health center. We offer discounts for uninsured and underinsured patients, and we never refuse service based upon a patient's ability to pay. To help fund our operations, CHC receives grand funding under section 330 of the Public Health Services Act.

The mission of Canyonlands Healthcare is to promote healthier lives through affordable, accessible, integrated primary care.

In keeping with our mission, CHC would like to open an in-house pharmacy that will be attached to our current medical clinic. This pharmacy will be an open-door pharmacy, meaning we will serve both patients of our organization and outside patients as well.

I, Andrew Lewandowski, am currently listed as the managing pharmacist. My intention is to take full responsibility throughout the application and permitting process. Once we are issued our permit, we will hire and/or transition one of our currently employed pharmacists to serve as the managing pharmacist. That pharmacist will be licensed by the Nevada Board of Pharmacy and will live in Nevada.

CHC does not have any shareholders nor directors with financ
community board of directors, and is managed by a corporate
pharmacy. Should you have any questions please contact me a

Sincerely,

Andrew J Lewandowski

Andrew Lewandowski, PharmD

RECEIVED
SEP 27 2021
NEVADA STATE BOARD OF PHARMACY

Administration
827 Vista Ave
PO Box 1625
Page, AZ 86040
928-645-9675

Lake Powell Medical Center
467 Vista Ave
PO Box 1625
Page, AZ 86040
928-645-8123

Urgent Care
440 N Navajo Dr
PO Box 1625
Page, AZ 86040

Duncan
227 Main Street
P.O. Box 708
Duncan, AZ 85534
928-359-1380

Globe
5680 S Hospital Dr.
Suite 102
Globe, AZ 85501

Clifton
10-A Ward Canyon Road
Clifton, AZ 85533
928-865-2500

Chilchinbeto
Next to Chapter House
PO Box 1496
Kayenta, AZ 86033

Beaver Dam
3272 E Rio Virgin Rd
PO Box 490
Beaver Dam, AZ 86432
928-347-5971

Safford
2016 W. 16th St.
Safford, AZ 85546
928-428-1500

12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH_____

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
☐ Partnership - Pages 1,2,6,10,11a&b
☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Complete Care Pharmacy

Physical Address: 1090 E. Desert Inn Rd., Ste. 204

City: Las Vegas NV State: Zip Code: 89109 Telephone: ~~pending~~ (702) 483-2243

Fax: pending Toll Free Number: NA

E-mail: licensure@receptrx.com

Website: _____

Managing Pharmacist: Janice Rose License Number: 13727 verified 7/26/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding
	For the application to be complete	☐	☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Basil Blake
Print Name of Authorized Person

05/13/2021
Date

Board Use Only	Date Processed:	Amount: 200 Check # 0002362105

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Complete Care Pharmacy and Medical Supplies, Inc.

Mailing Address: 1620 W. Northwest Hwy., Suite 100

City: Grapevine State: TX Zip: 76051

Telephone: 817-572-0009 x20109 Fax: 817-720-1039

Contact Person: Tammie Miskimins or Clarence Green

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday 8:00 am 12:00 pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: B202102121428922

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Basil Blake

Responsible Person of Complete Care Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Basil Blake
Print Name of Authorized Person

05/13/2021
Date

Managing Pharmacist

Pharmacist Name: Janice Rose License #: 13727

Pharmacy Name: Complete Care Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

designate Quarantine area

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 5-14-21

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Complete Care Pharmacy & Medical Supplies Incorp.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/12/2021, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/20/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105201686151
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number:	W2021021201283 - 1127338
Filing Number:	20211234800
Filing Type:	Articles of Incorporation-For-Profit
Filing Date/Time:	02/12/2021 17:02:29 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy & Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent
Basil Blake
7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/12/2021

Work Order Item Number:	W2021021201283 - 1127339
Filing Number:	20211234802
Filing Type:	Initial List
Filing Date/Time:	02/12/2021 17:02:29 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E12348012021-5

Entity Name: Complete Care Pharmacy & Medical Supplies Incorp.

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent
Basil Blake
7728 Lots Hill Drive , Las Vegas, NV 89179, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Complete Care Pharmacy

Officer:
Basil Blake
[redacted] South Eastern Avenue [redacted]
Henderson, NV 89052

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Complete Care Pharmacy

Physical Address: 1090 E. Desert Inn Rd., Suite 204

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): 1620 W. Northwest Hwy., Suite 100

City: Grapevine State: TX Zip: 76051

Telephone: 702.983.2243 Website:

Licensing Company Email: licensure@receptrx.com

Section 2: Personal Information

First: Basil Middle: Shawn Last: Blake

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] South Eastern Avenue, [redacted]

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	YES	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		NO
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		NO

Date of Service: From: 1) 12-1978 2) 05-1984 to: 01-1983 07-1992

Military Occupation/Specialty: 1) INfantry Mortarman 2) FIELD ARTillery Surveyor

Branch: ☒ Army/Reserves (2) ☐ Navy/Reserves ☐ Airforce/Reserves ☒ Marine Corps/Reserves (1) ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		NO
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BSB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
EDGEWOOD HIGH SCHOOL		08/1974-06/1978	
Address	**City**	**State**	**Zip**
10 COOPERS FOLLY ROAD	TANSBORO	NJ	08004
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2014-PRESENT	[redacted] LOTS HILLS DRIVE #2312	LAS VEGAS	NV	89179
08/2010-04/2014	2951 SIENA HEIGHTS DR	HENDERSON	NV	89052
07/2008-08/2010	1800 GREEN VALLEY PKWY #926	HENDERSON	NV	89074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
BLAKE SECURITY LLC., NV PILB # 2162		07/2016 - PRESENT
Business Address	**City** / **State** / **Zip**	
7728 LOTS HILLS DR	LAS VEGAS / NV / 89179	
Phone	**Title**	
702 306 6579	OWNER - Qualifying AGENT	
Description of Duties	OVER ALL OPERATIONS OF SECURITY COMPANY. Qualifing AGENT WITH STATE OF NEVADA	

Business Name		From - To (MM/YY – MM/YY)
THE Cosmopolitan OF LAS VEGAS		09/2010 - 02/2018
Business Address	**City** / **State** / **Zip**	
3708 LAS VEGAS BLVD SOUTH	LAS VEGAS / NV / 89109	
Phone	**Title**	
702-698-7000	SECURITY BIKE OFFICER (LEAD)	
Description of Duties	ASSIST Management IN DAY TO DAY SHIFT OPERATIONS, ESCORT OFFICER FOR VIPs, and High Profile GUESTS. Patrol All properties AS DIRECTED.	

Business Name		From - To (MM/YY – MM/YY)
THE BROOKLYN BOWL OF LAS VEGAS		10/2014 - 07/2015
Business Address	**City** / **State** / **Zip**	
3545 LAS VEGAS BLVD SOUTH	LAS VEGAS / NV / 89109	
Phone	**Title**	
702-694-3734	VENUE SECURITY	
Description of Duties	STAGE AND GREEN ROOM SECURITY. Protect the Privacy of Performers, their families and property	

Business Name		From - To (MM/YY – MM/YY)
THE SMITH CENTER FOR THE PERFORMING ARTS		03/2012 - 04/2013
Business Address	**City** / **State** / **Zip**	
361 SYMPHONY PARK AVE	LAS VEGAS / NV / 89102	
Phone	**Title**	
702-749-2234	BIKE Patrol OFFICER	
Description of Duties	SAfety of STAFF, PERFORMERS, VIPS AND PATRONS. SECURITY OF campos DURING THE Graves Shift.	

Business Name		From - To (MM/YY – MM/YY)
MGM, CIRCUS CIRCUS		07/2007 - 12/2010
Business Address	**City** / **State** / **Zip**	
2880 LAS VEGAS BLVD SOUTH	LAS VEGAS / NV / 89109	
Phone	**Title**	
702-734-0410	RELIEF MANAGER, FIELD TRAING OFFICER	
Description of Duties	COVER MgT FOR Days OFF. TRAINING OFFICER FOR BIKE PATROL, 1ST AID/CPR. MAINTAIN TRAINING RECORDS, BASIC FIREARMS INSTRUCTION)	

Continue on next page if additional space is needed.

Applicant's initials PS

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		BS
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		BS
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		BS
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	BS	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		BS
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	BS	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		BS
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		BS
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		BS
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		BS

Applicant's initials BS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
15 JAN 2013		NV	LAS VEGAS	CLARK
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-13-675007-C		EIGHT JUDICAL DISTRICT COURT		
Reason/Charge				
CLASS ACTION				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
BLAKE AND JAMES SETTLEMENT Class				
Name of Business/Industry/Entity				
NEVADA PROPERTY 1 LLC				

Provide explanation below: COMPANY FAILED TO PAY HOURLY EMPLOYEES FOR ALL TIME WORKED.

Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials

JONES LAW FIRM
9585 Prototype Ct. Suite B
Reno, NV 89521
Phone (775) 853-6440
Fax (775) 853-6445
www.cjoneslawfirm.com

CHARLES A. JONES
CA Bar No. 224915
NV Bar No. 6698
CO Bar No. 36463
NY Bar No. 4415691

KELLY MCINERNEY
CA Bar No. 200017
NV Bar No. 7443

August 30, 2013

BASIL S BLAKE
[redacted]SIENA HEIGHTS DR[redacted]
HENDERSON NV, 89052

RE: Cosmopolitan Security Officer Unpaid Wages Class Action

Dear BASIL S BLAKE,

You are receiving this letter because the Cosmopolitan of Las Vegas' records indicate that you may be a potential class member in a class action lawsuit pending against the Cosmopolitan on behalf of **all hourly Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013**. The name of the case is **Basil Blake and Aaron James v. Nevada Property 1, LLC** (Case No. A-13-675007). This case was filed in Nevada state court – the Eighth Judicial District Court of Nevada In and For Clark County – on January 15, 2013. This case only involves hourly Security Officers employed by the Cosmopolitan during the dates listed above.

The case alleges that the Cosmopolitan failed to pay its hourly Security Officers for all time worked. Specifically, the case alleges that the Cosmopolitan failed to pay its hourly Security Officers for "off the clock work" associated with the time it took Security Officers to wait in line to and actually check in/out the tools and equipment necessary to perform their job (radio, keys, Itouch, safecracking tools) and to travel to and from the garment district both before the security officers formally clocked in and after the security officers clocked out. The case also alleges that the Cosmopolitan failed to pay its security officers for time spent attending pre-shift briefings before their scheduled shift start time. The case seeks unpaid wages for all hourly Security Officers employed by the Cosmopolitan during the time frame noted above. Cosmopolitan changed its pay practices after this lawsuit was filed.

We are pleased to inform you that the parties have reached a tentative settlement in this case which, subject to court approval, will provide substantial monetary compensation for all hourly

(cont'd on back...)

Security Officers employed by the Cosmopolitan between December 15, 2010 and May 19, 2013. The parties will be filing a motion for approval of this settlement with the Court shortly. If the settlement is preliminarily approved by the Court, you will be receiving a formal notice approved by the Court explaining the terms of the settlement and your legal rights to make a claim for money, object to the settlement and/or exclude yourself from the settlement.

If you have any questions about this case, please don't hesitate to contact us at 775-853-6440. You can also submit any questions about this case to us through our web site www.cjoneslawfirm.com. I look forward to hearing from you.

Sincerely,

JONES LAW FIRM

Charles A. Jones, Esq.
Attorneys for Basil Blake and Aaron James

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 7. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
March 2, 2016		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		NV. PRIVATE INVESTIGATORS LICENSING BOARD		
Reason/Charge				
APPLICATION PROCESS FOR BLAKE SECURITY LLC #2162				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below: VIDEO BOARD CONFERENCE AND LIVE QUESTIONING FROM BOARD OF DIRECTORS.

[signature]
Original Signature (electronic, copies or stamps not accepted)

07/06/2021
Date

Applicant's initials [initials]

State of Nevada

Private Investigator's Licensing Board

Board Members

Mark Zane, Chairman
Jim Colbert
Raymond Flynn
Peter Maheu
Jim Nadeau

Kevin Ingram, Executive Director

3110 S. Durango Drive, Suite 203
Las Vegas, Nevada 89117
Telephone: (702) 486-3003
Fax: (702) 486-3009
pilbinfo@ag.nv.gov
www.nevadapiboard.org

PRIVATE INVESTIGATOR'S LICENSING BOARD

The Private Investigator's Licensing Board of the State of Nevada is scheduled to hold its regularly scheduled meeting:

DATE: **Wednesday, March 2, 2016**

Board meetings are held at the following locations and connected through videoconferencing (Board Members and Staff are present in both locations):

Northern Nevada:

Office of the Attorney General
100 North Carson Street
Mock Court Room
Carson City, Nevada 89701

Southern Nevada:

Grant Sawyer State Office Building
555 E. Washington Ave
Attorney General Conference Room, Suite 4500
Las Vegas, Nevada 89101

TIME: **9:00 a.m.**

1. Roll call of Board Members

2. **Public Comment**
   Members of the general public may comment on matters appearing on the agenda and may bring matters not appearing on the agenda to the attention of the Board. The Board may discuss the matters not appearing on the agenda, but may not act on the matters at this meeting. If the Board desires, the matters may be placed on a future agenda for action. Public comments may be limited to 5 minutes per person at the discretion of the Chairman but will not be restricted according to viewpoint.

   Note: In addition to Public Comment taken at the beginning and end of the meeting, Public Comment may be accepted after each agenda item prior to the Board taking action.

3. Review current financial report

4. Review and approve minutes from December Board meeting *"for possible action"*

5. All applicants, witnesses and attendees that will be providing testimony to be sworn in

ITEMS CARRIED OVER FROM DECEMBER BOARD MEETING

6. Omni & Associates Global, Inc. is applying for a new corporate Private Patrolman license. Adrien M. Muya is applying for a new individual Private Patrolman license. If approved, he is requesting that his individual license be placed into abeyance so that he may become the qualifying agent. Corporate Officer to be approved is Adrien M. Muya. This is subject to all statutory and regulatory requirements. "for possible action"

CORPORATE OFFICER

7. Examination Management Services, Inc., dba, ICS Merrill, license number 751, is seeking Corporate Officer approval for James D. Calver, Gregory A. Moerschel, and Matthew T. Phillips. This is subject to all statutory and regulatory requirements. "for possible action"

8. Sedgwick Factual Photo, Inc., license number 1658, is seeking Corporate Officer approval for Henry C. Lyons and Stephen R. Hurley. This is subject to all statutory and regulatory requirements. "for possible action"

CHANGE OF LICENSING STATUS – QUALIFYING AGENT, EXISTING CORP

9. Steven C. Thompson is requesting a change in licensing status. Mr. Thompson is requesting to transfer his qualifying agent status from Thompson Security Corp. License Number 1310 to Vander Protective Services, LLC, license number 1847B. This is subject to all statutory and regulatory requirements. "for possible action"

10. Randall M. Powers is requesting a change in licensing status. Mr. Powers is requesting that his individual license, license number 1372 be kept in abeyance so that he may become the qualifying agent for Total Security Solutions, Inc., license number 1650. This is subject to all statutory and regulatory requirements. "for possible action"

11. Carl H. Thomas is requesting a change in licensing status. Mr. Thomas is requesting that his individual license, license number 1877B be kept in abeyance so that he may become the qualifying agent for Thomas Protective service, Inc., license number 1309. This is subject to all statutory and regulatory requirements. "for possible action"

12. Douglas L. Florence is requesting a change in licensing status. Mr. Florence is requesting that his individual license, license number 1672, be kept in abeyance so that he may become the qualifying agent for BestMark, Inc., license number 1095. This is subject to all statutory and regulatory requirements. "for possible action"

Private Investigators Licensing Board

State of Nevada

This is to Certify that after the applicant named herein has properly submitted the required application, passed the State of Nevada written examination and has come before this professional licensing board in person for proper review of professional experience in the area of interests. Let it be known that

Blake Security, LLC

BASIL BLAKE/Qualifying Agent

is hereby permitted, granted and entitled the privilege of conducting the business of

Private Patrolman

License # 2162B

This certificate is issued pusuant to Chapter 648, Statutes of Nevada as amended. This certificate / professional license is valid from

June 30, 2017 - June 30, 2018

Chairman

Executive Director

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BASIL BLAKE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/20/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Basil Shawn Blake., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/20/2021

Date

Subscribed and Sworn to before me this 20 day of July 2021.

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Ethel Amaya
My Appointment Expires
April 21, 2025
No. 21-8709-01

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1090 E. Desert Inn Rd., Suite 204

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) 1620 W. Northwest Hwy., suite 100

City Grapevine State TX Zip 76051

Telephone 817-572-0009 Website

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Janice Middle Last Rose

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ambermill Ct.

City Henderson State NV Zip 89052

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Univ. of Colorado – HSC		09/94 – 05/97	
Address	**City**	**State**	**Zip**
13001 E 17th Pl.	Aurora	CO	80045
Diploma/Degree obtained, if any	B.S. Pharmacy		

School Name		From - To (MM/YY – MM/YY)	
HP Baldwin High		09/79 – 06/83	
Address	**City**	**State**	**Zip**
1650 Kaahumanu Ave	Wailuku	HI	96793
Diploma/Degree obtained, if any	H.S. grad. Diploma		

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/13 – 07/21	[redacted] Ambermill Ct.	Henderson	NV	89052
10/06 – 05/13	4087 Syracuse Dr	Las Vegas	NV	89119

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Empire Pharmacy Consultants			From - To (MM/YY – MM/YY): 05/21 – Present	
Business Address: 936 SW 1st Ave	City: Miami		State: FL	Zip: 33130
Phone: 855-374-1029	Title: Pharmacist			
Description of Duties: on-call RPh				

Business Name: All City Pharmacy			From - To (MM/YY – MM/YY): 09/20 – 11/20	
Business Address: 821 N Lamb Blvd Ste 5	City: Las Vegas		State: NV	Zip: 89110
Phone: 702-834-7704	Title: PIC			
Description of Duties: pharmacist in charge, manage pharmacy, fill RX's Counsel pts.				

Business Name: Pima Medical Institute			From - To (MM/YY – MM/YY): 04/19 – 09/20	
Business Address: 3333 E Flamingo Rd	City: Las Vegas		State: NV	Zip: 89119
Phone: 702-458-9650	Title: Instructor			
Description of Duties: Teach CPhT students				

Business Name: Omnicare LTC			From - To (MM/YY – MM/YY): 11/16 – 06/18	
Business Address: 1525 E Sunset Rd Ste #15	City: Las Vegas		State: NV	Zip: 89119
Phone: 702-407-0124	Title: Pharmacist			
Description of Duties: closed, LTC pharmacy duties, ABX dosing, TPN dosing IV admixtures, fill RX's, and assist RN's w/ DUR's				

Business Name: Evergreen Pharmacy			From - To (MM/YY – MM/YY): 11/[illegible] to 09/18	
Business Address: 10001 S Eastern Ave Ste 105	City: Henderson		State: NV	Zip: 89052
Phone: 702-269-1374	Title: on Call RPh			
Description of Duties: Retail RPh duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Pharmerica LTC			11/14 – 07/15	
Business Address 15 Cactus Garden Dr	City Henderson		State NV	Zip 89014
Phone 702-871-4203	Title Pharmacist			
Description of Duties IV ABX dosing, TPN dosing, fill RXs, manage weekend staff.				

Business Name			From - To (MM/YY – MM/YY)	
Medco / Express scripts			02/03 – 07/13	
Business Address 6225 Annie Oakley Dr	City Las Vegas		State NV	Zip 89120
Phone 702.436 8350	Title Pharmacist - Quality assurance			
Description of Duties report on quality issues, utilize med watch forms, customer service correct errors and obtain RXs.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature (electronic, copies or stamps not accepted)

6-7-2021
Date

Applicant's initials _____ 6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Janice Rose

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-7-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janice Rose, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-8-21

Date

Subscribed and Sworn to before me this 8 day of June 2021

Notary Public Signature

STEPHANIE MORGAN
Notary Public, State of Nevada
No. 10-2456-1
My Appt. Exp. Feb. 18, 2024

(Seal)

Applicant's initials

Nevada State Board of Pharmacy

This is to Certify That

Janice Rose

is a

Pharmacist

duly registered in the State of Nevada pursuant to the provisions of "An Act to regulate the practice of Pharmacy and the use and sale of poisons and drugs in the State of Nevada; providing for a state board of pharmacy, and defining its powers and duties, and fixing penalties for the violation thereof," approved April 1, 1913, as amended

and is entitled to practice Pharmacy in the State of Nevada.

No. 13727 **In Witness Whereof** *are hereunto affixed the seal and the signatures of the officers of the State Board of Pharmacy.*

Done this 28 *day of* July *One Thousand Nine Hundred* Ninety-seven

Fay T. Lusin
President

Geo W. Wally
Board Member

Sandra M Schwabe
Board Member

Clifford M Gyzmay
Board Member

Bill Farr
Board Member

Ernest Zgurev
Board Member

Board Member

Kirk A. Macdonald
Executive Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 -- 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Complete Care Pharmacy

Physical Address 1090 E. Desert Inn Rd., Suite 204

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) 1620 W. Northwest Hwy., Suite 100

City Grapevine State TX Zip 76051

Telephone 817.572.0009 Website

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Janice Middle Last Rose

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ambermill Ct.

City Henderson State NV Zip 89052

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Applicant's Initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Univ. of Colorado-HSC			09/94	– 05/97
Address	City	State	Zip	
13001 E 17th Pl.	Aurora	CO	80045	
Diploma/Degree obtained, if any				
B.S. Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
HP Baldwin High			9/79	– 6/83
Address	City	State	Zip	
1650 Kaahumanu Ave	Wailuku	HI	96793	
Diploma/Degree obtained, if any				
HS Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14 to present	[redacted] Amberwill Ct	Henderson	NV	89052
10/08 to 05/14	4087 Syracuse Dr	Las Vegas	NV	89119
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: ALL City Pharmacy			From - To (MM/YY – MM/YY): 09/20 to 11/20
Business Address: 821 N. Lamb Blvd.	City: Las Vegas	State: NV	Zip: 89110
Phone: 702-834-7704	Title: PIC.		Number of Employed Hours: ~320 hrs.
Description of Duties: Pharmacist in charge, manage pharmacy, fill RX's, DUE's, counsel pts			

Business Name: Omnicare LTC			From - To (MM/YY – MM/YY): 11/16 – 6/18
Business Address: 1525 E Sunset Rd Ste # 15	City: Las Vegas	State: NV	Zip: 89119
Phone: 702 407-0124	Title: Pharmacist		Number of Employed Hours: 3200 (3200)
Description of Duties: graveyard Pharmacist IV dosing, TPN dosing, ~~DRug~~ renew, compounding IV admixture, fill/dispense/check RX's			

Business Name: Evergreen Pharmacy			From - To (MM/YY – MM/YY): 11/14 – 7/18
Business Address: 10001 S Eastern Ave ste 105	City: Henderson	State: NV	Zip: 89052
Phone: 702 – 269-1354	Title: Pharmacist - on call		Number of Employed Hours: 480
Description of Duties: Retail duties, counsel patients.			

Business Name: Pharmerica LTC			From - To (MM/YY – MM/YY): 11/14 – 07/15
Business Address: 15 Cactus Garden Dr	City: Henderson	State: NV	Zip: 89014
Phone: 702-871-4203	Title: Pharmacist – weekend FT		Number of Employed Hours: 1000
Description of Duties: IV ABX dosing, TPN dosing, DUE, fill/dispense/check RX's, manage weekend staff and order entry			

Business Name: Medco/Express Scripts			From - To (MM/YY – MM/YY): 02/03 – 07/13
Business Address: 6225 Annie Oakley Dr	City: Las Vegas	State: NV	Zip: 89120
Phone: 702- 436-8300	Title: Pharmacist – Quality assurance		Number of Employed Hours: 19000
Description of Duties: customer service, correct errors, report quality issues.			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Longs Drugs			2001 to 2003
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
		4800	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Vons			1997 to 2001
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
		3000	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Swedish Hospital			1994 – 1997
Business Address	**City**	**State**	**Zip**
609 E Hampton ave	Englewood	CO	
Phone	**Title**	**Number of Employed Hours**	
	Pharmacist	2000	
Description of Duties			
ICU/OR Satelite RPh.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: NOT applicable

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's Initials

I, Janice Rose, **certify that as the designated representative for**

Complete Care Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Janice Rose

Print Name (First, Last)

Janice Rose

Original Signature (electronic, copies or stamps not accepted)

5-13-2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Janice Rose
Print Name (First, Last)

Janice Rose
Original Signature (electronic, copies or stamps not accepted)

5-13-21
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janice Rose, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Janice Rose
Original Signature

5-14-21
Date

Subscribed and Sworn to before me this 14th day of May 2021.

Notary Public Signature

DENISE SAPUTO
Notary Public, State of Nevada
Appointment No. 20-4070-01
My Appt. Expires Aug 21, 2024

(Seal)

Applicant's initials

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E12348012021-5
	Filing Number
	20211234800
Secretary of State	Filed On
State Of Nevada	02/12/2021 17:02:29 PM
	Number of Pages
	2

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Complete Care Pharmacy & Medical Supplies Incorp.

2. Registered Agent for Service of Process: (Check only one box)

☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

Basil Blake
Name of Registered Agent OR Title of Office or Position with Entity

7728 Lots Hill Drive | Las Vegas | Nevada | 89179
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada | Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Basil Blake — 02/12/2021
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes OR ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Basil Blake
Name
7728 Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

2) Basil Blake
Name
7728 Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

3) Basil Blake
Name
7728 Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

4) Basil Blake
Name
7728 Lots Hill Drive | Las Vegas | NV | 89179
Address | City | State | Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation:
(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced:
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

8. Authorized Shares:
(Number of shares corporation is authorized to issue)

Number of common shares with Par value: 0 Par value: $ 0

Number of preferred shares with Par value: 0 Par value: $ 0

Number of shares with no par value: 100

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.
Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Basil Blake			United States
Name			Country
7728 Lots Hill Drive	Las Vegas	NV	89179
Address	City	State	Zip/Postal Code

X Basil Blake (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Complete Care Pharmacy & Medical Supplies Incorp.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number E12348012021-5 Filing Number 20211234802 Filed On 02/12/2021 17:02:29 PM Number of Pages 2

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
7728 Lots Hill Drive	Las Vegas	NV	89179

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
7728 Lots Hill Drive	Las Vegas	NV	89179

CORPORATION, INDICATE THE TREASURER:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
7728 Lots Hill Drive	Las Vegas	NV	89179

CORPORATION, INDICATE THE SECRETARY:

Name	Country
Basil Blake	USA

Address	City	State	Zip/Postal Code
7728 Lots Hill Drive	Las Vegas	NV	89179

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Basil Blake
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
President	02/12/2021

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH***_____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Amazon Pharmacy #005

Physical Address: 20416 72nd Avenue South, Kent, WA 98032

Mailing Address: PO Box 250

City: Kent State: WA Zip Code: 98035

Telephone: 855-745-5725 Fax: 603-935-9108

✓ Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: pse1-licensing@pillpack.com Website: pillpack.com and www.pharmacy.amazon.com

Managing Pharmacist: Daiana T. Huyen License Number: 21064 Temp.

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☐	Mail Service
☑	Community	☐	Long Term Care
☐	Other: _____	☐	Sterile Compounding **
		☐	Non Sterile Compounding
All boxes must be checked		☐	Mail Service Sterile Compounding **
For the application to be complete		☑	Other Services: 30 day home delivery with patient-specific multi-dose packaging.

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Daniel Esrick
Print Name of Authorized Person

11/22/21
Date

Board Use Only Date Processed:_____ Amount: $500 check # 66176669

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: LLC, formed in Delaware

Parent Company if any: Picasso Holdco 1 LLC

Mailing Address: 410 Terry Avenue North

City: Seattle State: WA Zip: 98109

Telephone: 206-266-1000 Fax: N/A

Contact Person: Daniel Esrick

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A LLC
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A LLC

3) What was the price paid per share? N/A LLC

4) What date did the corporation actually receive the cash assets? N/A LLC

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday 9:00 am 5:00 pm

Sunday 9:00 am 5:00 pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Esrick

Responsible Person of PillPack LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Daniel Esrick
Print Name of Authorized Person

11/22/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Washington)
) ss.
King COUNTY)

I, Daiana T. Huyen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC for Amazon Pharmacy #005 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Daiana T. Huyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
11 day of March, 2021.

NOTARY PUBLIC

KARINA GOMEZ
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
12-05-2021

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5282593 8300

SR# 20213628437

Authentication: 204525436

Date: 10-27-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Facility Search

Search

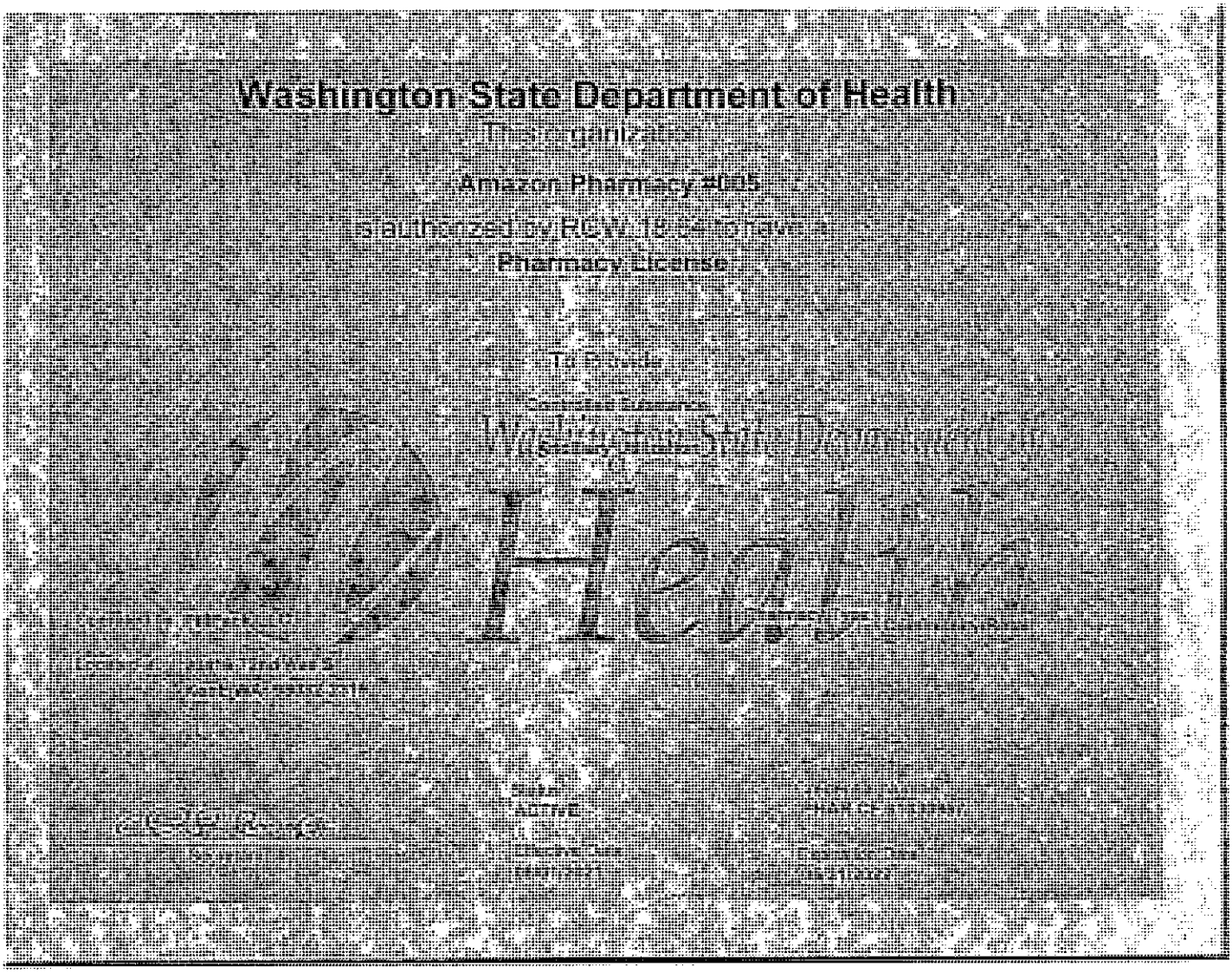
Search

Facility Information

NEW SEARCH RESULTS

Facility Name: Amazon Pharmacy #005
Address: 20416 72nd Ave S, Kent, WA, 98032-2319
Owner's Name: PillPack LLC
License #: PHAR.CF.61030957
Facility Status: ACTIVE
Facility Type: Pharmacy License
License Expires On: 05/31/2022

If you find any errors in this description, please complete the Feedbackform and send it to us.


Washington State Department of Health
Amazon Pharmacy #005
Pharmacy License

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

No Deficiencies Found

August 14, 2020

Makanani Hirayma
Amazon Pharmacy #005
20416 72nd Ave So.
Kent, Wa. 98032
makanani@amazon.com

Subject: Inspection Number: 2020-223
Pharmacy Type: retail pharmacy
License Number: CF.61030957
Inspection Type: initial

Dear pharmacist Makananai Hirayama

This letter contains information regarding the recent inspection of Amazon Pharmacy #005 by the Washington State Department of Health. Your state licensing inspection was completed on August 13, 2020.

During the inspection, no deficient practice was found.

Please contact me if there are questions regarding the inspection process. I may be reached at 360-480-0986. I am also available by email at george.moore@doh.wa.gov

I want to extend another "thank you" to you and to everyone that assisted me during the survey.

Sincerely,

G. Stanley Moore

G. Stanley Moore
Pharmacist Inspector

How was your pharmacy inspection experience?

Please take a few minutes to complete this brief survey. In order to provide you with the best possible service, we need your comments on how we do our job, especially if you can offer suggestions for improvement. Unless you choose to give us your contact information, this is an anonymous survey. The survey is voluntary and will not affect your current or future inspection results. All responses will be used solely to improve our pharmacy inspection service.

http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/Pharmacy/LicenseInspectionCustomerSatisfactionSurvey.aspx#14236

Washington State Pharmacy Quality Assurance Commission
Telephone Contact Numbers

Management and Other Resources		Pharmacist Investigator Supervisor
Lauren Lyles-Stolz, Executive Director	360-236-4853	
Doreen Beebe, Program Manager	360-236-4834	
Facsimile	360-236-4626	

Websites

Washington State Pharmacy Quality Assurance Commission	www.doh.wa.gov/pharmacy
Washington Pharmacy Quality Assurance Commission (email)	WSPQAC@doh.wa.gov
Drug Enforcement Administration (DEA)	www.deadiversion.usdoj.gov
Food & Drug Administration (FDA)	www.fda.gov/cder
Consumer Product Safety Commission	www.cpsc.gov
U.S. Pharmacopeia (USP)	www.usp.org

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP9700700	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	09-11-2020

PILLPACK LLC
AMAZON PHARMACY #005
20416 72ND AVE S
KENT, WA 980322319

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP9700700	03-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	09-11-2020

PILLPACK LLC
AMAZON PHARMACY #005
20416 72ND AVE S
KENT, WA 980322319

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Affirmative Response

Amazon Pharmacy #005 located at 20416 72nd Avenue South, Kent, WA 98032 has no discipline.
The following disciplinary action is associated with PillPack LLC located in Manchester, New Hampshire.

PillPack LLC (fka PillPack, Inc.) - Pharmacy Discipline Summary (Previously disclosed)

Alabama Board of Pharmacy Order

On December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacist licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period.

Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license.

PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a $500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a $500.00 fee and a similar consent form.

SUSAN P. ALVERSON, D.P.A., R.Ph.
Executive Secretary

111 Village Street
Hoover, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

DAN McCONAGHY, R.Ph.
President

TIMOTHY A. MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

May 27, 2015

STEPHANIE CROTEAU
PILL PACK
250 Commercial Street – Suite 2012
Manchester, NH 03101

Dear Ms. Croteau:

According to our records and investigation, you have engaged in the selling, offering for sale, compounding or dispensing drugs during 2015 without first having received your permit in violation of Code of Alabama (1975) §34-23-30. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars ($500.00) which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

It should also be understood that you will not be allowed to continue to operate as a *pharmacy until a Consent Order is signed or in the event you desire an administrative disciplinary hearing, until a Final Order is issued which may allow you to practice.*

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest

Exhibit A

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Alabama State Board of Pharmacy

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(7) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Act and my release of the Board or its agents from any liability in connection with this matter.

ELLIOT COHEN
REPRESENTATIVE
PILL PACK

6/20/2015
(date signed)

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
PILL PACK	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #114193/202198	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against PILL PACK (hereinafter referred to as "PILL") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, PILL pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That PILL is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That PILL shall pay to the Board simultaneously with the

JUL 2 0 REC'D

Source: ~ ALABAMA@NICK

Original document #: 178675 received on 8/10/2015 11:00 AM EDT

execution of this Consent Order a fine in the amount of Five Hundred Dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and PILL shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order PILL hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That PILL expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against PILL. PILL further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That PILL agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

6. That PILL acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. PILL acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 20th day of JUNE, 2015.

ELLIOT COHEN
PILL PACK

DONE this the 16th day of July, 2015.

ALABAMA STATE BOARD OF PHARMACY

BY: _____
Dan McConaghy, R.Ph.
Its President

BY: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

JUL 20 RECD

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Amazon Pharmacy #005

Physical Address 20416 72nd Avenue S

City Kent State WA Zip 98032-2319

Mailing Address (if different from physical address) Same as physical

City _____ State _____ Zip _____

Telephone 855-745-5725 Website www.Pillpack.com and www.pharmacy.amazon.com

Licensing Company Email pse1-licensing@pillpack.com

Section 2: Personal Information

First Daiana Middle Trang Last Huyen

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] 72nd Avenue S

City Kent State Kent Zip 98032-2319

Telephone [redacted] Email daiana.huyen@pillpack.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
See resume attached.				
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] S. 215th Street	Kent	WA	98032
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Amazon Pharmacy #005			2/2021 - Present
Business Address	**City**	**State**	**Zip**
20416 72nd Avenue S	Kent	WA	98032-2319
Phone	**Title**	**Number of Employed Hours**	
855-745-5725	Pharmacist-In-Charge		
Description of Duties			
See resume.			

Business Name			From - To (MM/YY – MM/YY)
Bartell Drugs			1.2015 - 1/31/2021
Business Address	**City**	**State**	**Zip**
4025 Delridge Way SW, Suite 400	Seattle	WA	98106
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			
See resume.			

Business Name			From - To (MM/YY – MM/YY)
Walgreens Company			1995 - 12/31/2014
Business Address	**City**	**State**	**Zip**
2353 130th Ave. NE, Ste. 100	Bellevue	WA	98005
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			
See resume.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's Initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/16/2021
Date

Applicant's initials

I, Daiana Huyen, **certify that as the designated representative for**

Amazon Pharmacy #005,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Daiana Huyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daiana Huyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Washington, ss. County of King

I, Daiana Huyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/16/2021

Date

Subscribed and Sworn to before me this 16 day of November.

Notary Public Signature

Applicant's initials

DAIANA T. HUYEN

[redacted] S. 215th St · Kent, WA 98032 · [redacted]

Cultured Professional: Extensive Background; 25 years of drug store experience in retail community pharmacy operations, marketing, and district management.

Strategic Focus: Decisive leader with national perspective; analyzes industry trends when implementing Drug Stores business governance.

People-oriented: Recognized mentor and preceptor with innovative and situational leadership style. Proven success developing lasting interpersonal relationships and building strong coalitions to achieve business strategies and solutions.

CORE COMPETENCIES

· Leadership/Mentorship	· Strategic Situational Awareness	· Financial/Budget Execution
· Sales Development	· Key Partnership Development	· Regulatory Compliance

PROFESSIONAL EXPERIENCE

Pharmacist in Charge
Amazon Pharmacy-PSE1, Seattle 2/2021-present
Responsible for maintaining the pharmacy's compliance with the statutes and rules related to the practice of pharmacy in all states where the facility mails prescriptions to as well as monitoring all team members' credentials and compliant training/development. PIC is accountable for all the performance and advancement of quality and compliance initiatives.

District Manager/Pharmacy District Manager/Director of Tech in Training Program.
Bartell Drugs, Seattle Metropolitan Area; 1/2015-2/2021
Responsible for providing leadership and oversight of 25 pharmacies in the Seattle area. Lead integration and implementation of all healthcare initiatives including front of store health and wellness initiatives/sales within district. Collaborate with executive team to identify and pursue new business opportunities and increase cost efficiencies. Developed and oversee company Pharmacy Technician in Training Program. QA committee lead.

KEY ACHIEVEMENTS

- Continuing to open drug store to serve the Seattle Metropolitan Communities
- Providing leadership, guidance, and direction to all store and pharmacy Managers and their teams in a variety of situations while improving operational efficiencies and business practices
- Serve as liaison for Washington State Board of Pharmacy and Washington Colleges of Pharmacy
- Collaborating with other healthcare partners and vendors to improve overall health and wellness initiatives/sales, inventory management, and lower healthcare cost

District Pharmacy Supervisor (Seattle-Central). Walgreens, Bellevue, WA;9/2013-12/2014
Responsible for providing leadership and oversight of district-wide pharmacy operations with continued focus on expansion in Alaska. Leads integration and implementation of all healthcare initiatives within district. District monthly sales exceed $17million.

KEY ACHIEVEMENTS

- Continuing to open numerous pharmacy stores in Alaska, most notably in Fairbanks.
- Providing leadership, guidance, and direction to all district Pharmacy Managers and their teams in a variety of situations while improving operational efficiencies and business practices
- Coordinated conversion of BioScrip into Walgreens Community Pharmacy
- Walgreens liaison for Alaska State Board of Pharmacy
- Established Bedside Delivery Program at Alaska Regional Hospital
- Negotiated numerous 340B contracts with several health centers including Anchorage Neighborhood, Jamestown S'Klallam Tribe, Country Doctors, Sea Mar, and University of Washington Hospital

District Pharmacy Supervisor (Seattle-North). Walgreens, Bellevue, WA; 01/2008-08/2013
Responsible for providing leadership and oversight of 49 pharmacy stores within Washington state and Alaska. Leads integration and implementation of all healthcare initiatives within district. Collaborate with Market Pharmacy Director to identify and pursue new business opportunities and cost efficiencies. District monthly sales exceeded $30 million.

KEY ACHIEVEMENTS

- Opened 16 new pharmacies
- Opened first Walgreens On-Site pharmacy in Washington state at Overlake Hospital, Bellevue, WA
- Engendered pharmacy revenue through establishing precedent for the Overlake On-Site pharmacy to provide discharge medications for infusion patients and by implementing

a bedside delivery program.

- In conjunction with Take Care Team, establish and put into operation the Microsoft Campus Worksite, Redmond, WA
- Implemented numerous Retail Specialty Sites, with emphasis on Transplants, Fertility, HIV, and Compounding
- In conjunction with corporate Immunization Team, implemented Walgreens' Immunization Protocol in Washington state and Alaska.
- Established agreement with University of Washington Surgical team for Walgreens to supply Impact Advanced Nutrition supplement for preparing patients for major surgery.

OTHER KEY POSITIONS

- Board Member; University of Washington School of Pharmacy, Seattle, WA
- Director and preceptor for Pharmacy Internship Program; Walgreens, Seattle, WA
- Pharmacy Manager; Walgreens, Chicago, IL
- Staff Pharmacist; Walgreens, Chicago, IL
- In-patient Staff Pharmacist; Christ Hospital, Chicago, IL
- Staff Pharmacist/Pharmacy Grad. Intern; Osco Drugs, Chicago, IL
- Pharmacy Intern; Walgreens, Elk Grove, IL
- Member of Midwestern University (College of Pharmacy) Alumni Council

EDUCATION

- Bachelor of Science Degree (RPh), Pharmacy Sciences,
  Midwestern University, Downers Grove, IL

- Pre-pharmacy Requirements, Pre-pharmacy Course,
  University of Illinois at Chicago, Chicago, IL

CERTIFICATIONS AND LICENSES

- Minor Medical Care Certification, Washington State University
- Preceptor Leadership Development Certification, Midwestern University
- Diabetes Training/Certification, Walgreens
- Immunization, Health Testing, and MTM Certification, Walgreens
- Compounding Training Certification, Walgreens

AWARDS

- WSU nominee for Preceptor of the year 2019-2020
- UW Merit of Preceptor Award 2020

- MWU Preceptor Management Rotation Appreciation, 2019
- Keynote Speaker for NWVSA 2018
- Most Profitable District Award within the company for Health Screening, March 2012
- Keynote Speaker for University of Washington Katterman Lecture, 2012

LICENSES

Licensed/Registered Pharmacist in Washington, Alabama, Arkansas, Alaska, Arizona, Idaho, Iowa, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Nebraska, Neveda, Oklahoma, Oregon, Tennessee, Texas, Virginia, and West Virginia

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Daiana T. Huyen

Date: 08/30/2021
Amount:
License #: 21064

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/01/2022

Daiana T. Huyen

License #
21064
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21064

Expires: 03/01/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Daiana T. Huyen

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Zachary D. Fair

Date: 09/27/2021
Amount:
License #: 21289

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/27/2022

Zachary D. Fair

License #
21289
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21289

Expires: 03/27/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Zachary D. Fair

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

13B

2-1-2021

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

- ☐ *Publicly Traded Corporation – Pages 1,2,3,8*
- ☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
- ☐ *Partnership - Pages 1,2,6,8*
- ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Amazon Pharmacy #006

Physical Address: 3620 Plainfield Road, Indianapolis, IN 46231

Mailing Address: 3620 Plainfield Road

City: Indianapolis State: IN Zip Code: 46231

Telephone: 855-745-5725 Fax: 603-935-9108

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: mark.smosna@pillpack.com Website: www.Pillpack.com and www.pharmacy.amazon.com

Managing Pharmacist: Mark Smosna License Number: 26020008A

Jill Woodward NV # 13710

TYPE OF PHARMACY AND **SERVICES PROVIDED**

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☐	Mail Service
☑	Community	☐	Long Term Care
☐	Other: _____	☐	Sterile Compounding **
		☐	Non Sterile Compounding
		☐	Mail Service Sterile Compounding **
		☑	Other Services: 30 day home delivery with patient-specific multi-dose packaging.

All boxes must be checked

For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ■ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

_____
Original Signature of Person Authorized to Submit Application, no copies or stamps

Daniel Esrick
Print Name of Authorized Person

11/9/21
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: LLC, formed in Delware

Parent Company if any: Picasso Holdco 1 LLC

Mailing Address: 410 Terry Avenue North

City: Seattle State: WA Zip: 98109

Telephone: 206-266-1000 Fax: N/A

Contact Person: Daniel Esrick

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - LLC
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - LLC

3) What was the price paid per share? N/A - LLC

4) What date did the corporation actually receive the cash assets? N/A - LLC

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:00 am 6:00 pm Saturday 7:00 am 6:00 pm

Sunday 7:00 am 6:00 pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Officers List:
Nader Kabbain, Vice President/Treasurer
Daniel Esrick, Secretary/General Counsel
Timothy J Parker, CEO/Manager
Elliot Cohen, Manager

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Esrick

Responsible Person of PillPack LLC dba Amazon Pharmacy #006

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Daniel Esrick
Print Name of Authorized Person

1/9/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Indiana)
) ss.
_____COUNTY)

I, Mark Smosna, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Amazon Pharmacy #006 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Mark Smosna, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Mark Smosna
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
8th day of January, 2021.

NOTARY PUBLIC

Christopher Czapla
Notary Public Seal State of Indiana
Hamilton County
Commission # NP0730489
My Commission Expires 12/13/2028

Managing Pharmacist

Pharmacist Name: Mark Smosna License #: 21020

Pharmacy Name: Amazon Pharmacy #006

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☐
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 10/25/21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5282593 8300

SR# 20213628437

Authentication: 204525436

Date: 10-27-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Amazon Pharmacy #006

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

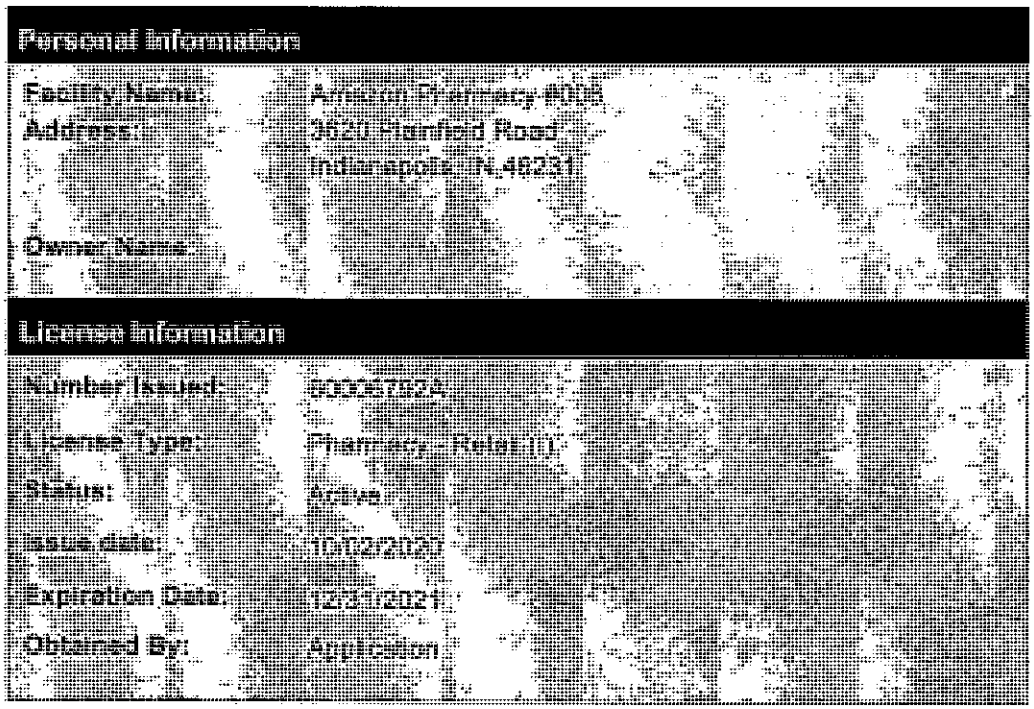
Deborah J. Frye, Executive Director
Sat Jan 23 12:22:59 PM EST 2021

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record



This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Sat Jan 23 12:22:59 PM EST 2021

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006792A	12/31/2021

Amazon Pharmacy #006

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006792A	**12/31/2021**

Amazon Pharmacy #006

Signature _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Amazon Pharmacy #006

Physical Address: 3620 Plainfield Road

City: Indianapolis State: IN Zip: 46231

Mailing Address (if different from physical address): Same as physical

City: State: Zip:

Telephone: 855-745-5725 Website: www.Pillpack.com and www.pharmacy.amazon.com

Licensing Company Email: pin2-licensing@pillpack.com

Section 2: Personal Information

First: Mark Middle: Last: Smosna

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Plainfield Road

City: Indianapolis State: IN Zip: 46231

Telephone: [redacted] Email: mark.smosna@pillpack.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lake Central High School		8/89 - 5/93	
Address: 8410 Wicker Ave	City: St. John	State: IN	Zip: 46373
Diploma/Degree obtained, if any: High School Diploma			
School Name: Purdue University		From - To (MM/YY – MM/YY)	
Address: 610 Purdue Mall	City: West Lafayette	State: IN	Zip: 47907
Diploma/Degree obtained, if any: B.S. in Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/08 - Present	[redacted] Middlebrook Ct Fishers	Fishers	IN	46055
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Amazon Pharmacy #006			
Business Address	**City**	**State**	**Zip**
3620 Plainfield Road	Indianapolis	IN	46231
Phone	**Title**	**Number of Employed Hours**	
855-745-5725	Pharmacist-In-Charge	3800	
Description of Duties			
Supervise team of 3 Lead Pharmacists & 12 staff pharmacists in the fulfillment of prescriptions for PillPack/Amazon Pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			5/99 to 2/2020
Business Address	**City**	**State**	**Zip**
200 Wilmot Rd	Deerfield	IL	60015
Phone	**Title**	**Number of Employed Hours**	
847-315-2500	HealthCare Specialty Supervisor	~41,000	
Description of Duties			
Various roles: staff pharmacist, pharmacy supervisor, pharmacy manager (PIC) & Healthcare Specialty Supervisor			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials MS

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Mark Sw

Original Signature (electronic, copies or stamps not accepted)

10/25/21

Date

Applicant's initials MS

I, Mark Smosna, **certify that as the designated representative for**

Amazon Pharmacy #006,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Mark Smosna

Print Name (First, Last)

Mark Smosna

Original Signature (electronic, copies or stamps not accepted)

10/25/21

Date

Applicant's initials MS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Smosna

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/25/21

Date

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of HAMILTON

I, Mark Smosna, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/25/21

Date

Subscribed and Sworn to before me this 26TH day of OCTOBER.

Notary Public Signature

Christopher Czapla
Notary Public Seal State of Indiana
Hamilton County
Commission # NP0730489
My Commission Expires 12/13/2028

(Seal)

Applicant's initials MS

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Amazon Pharmacy #006
3620 Plainfield Road
Indianapolis IN 46231
Phone: 8557455725

LICENSE
License No: 60006792A
Profession: Pharmacy
License Type: Pharmacy

Inspection Type:	Pharmacy Inspection
Inspection Date:	12/1/2020
Result:	Pass

Remarks: Waiting until after the first of the year to begin dispensing. All prescriptions,manual or automated are checked before dispensing. No drugs in the pharmacy at this time. No sterile compounding. Areas of this inspection are left blank because they do not apply to the business model. Questions? Call or email Timothy Thomas 317-753-4000 tithomas@pla.in.gov

Checklist Results	
Pharmacy General Information	
1.1 Type of Inspection	Routine (RT)
1.5 County	Hendricks
1.7 District	3
1.8 Is permit properly displayed?	Yes
1.9 Controlled Substance Registration (CSR) number	60006792B
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12-31-21
1.12 DEA registration number	FA9850810
1.13 DEA registration status	Active
1.14 DEA expiration date	06-30-23
1.15 Qualifying pharmacist name	Mark Smosna
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.15c - Qualifying Pharmacists's average weekly hours	Over 40
1.16 Name of pharmacist-of-record at the time of inspection	Mark
1.17 Name of district manager	Nick Guhutski
1.19 Size of company/number of pharmacies nationwide	Chain
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	77
Absence of Pharmacist	

[illegible]	[illegible]
3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	40
3.2a - Do all technicians possess a valid certification?	Yes
3.2b - Are any of the certifications on probation?	No
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	No
3.2d - What training does the pharmacy require of technicians?	Employer based
3.2e - Are all technicians wearing a nametag stating their profession?	Yes
3.7 Is the technician ratio proper (6 to 1)?	Yes

Pharmacy Equipment/Security

References

Automated Medication Systems & Automatic Counting

AMS Automated Packaging Systems

Drug storage/labeling/destruction

Dispensing/Records Retention

Fax/e-prescribing/Transfers

Remote Order Entry and Centralized Processing

Generic Substitution

Controlled Substances

13.1 Does the pharmacy maintain a perpetual inventory for controlled substances?	Yes
13.1a - If yes, which controlled substance schedules are inventoried perpetually?	All controlled substances
13.2 Which controlled substances are stored in a locked cabinet?	Other
13.2a - What is the method of storage?	Electronic safe
13.3 Who is your reverse distributor for destruction of controlled substances?	RX RD
13.4 Are controlled substance records maintained separately from all other pharmacy records?	Yes
13.5 Who is your primary Wholesale Drug Distributor for Controlled Substances?	ABC

DEA Forms

Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding
Remote Locations (Type II only)
Emergency Drug Kits/Crash Carts
Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule
Patient Confidentiality (HIPAA)
Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

Signature of Inspector	1/22/2021 12:56:17 PM	Signature of Owner/Representative
	Date/Time	

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Amazon Pharmacy #006
3620 Plainfield Road
Indianapolis IN 46231
Phone: 8557455725
Owner:
Ownership Type:

LICENSE
License No: 60006792A
Profession: Pharmacy
License Type: Pharmacy
3620 Plainfield Road
Indianapolis IN 46231
Phone: 8557455725

Inspection Type:	Pharmacy Inspection
Inspection Date:	12/1/2020
Result:	Pass

Remarks: Waiting until after the first of the year to begin dispensing. All prescriptions,manual or automated are checked before dispensing. No drugs in the pharmacy at this time. No sterile compounding. Areas of this inspection are left blank because they do not apply to the business model. Questions? Call or email Timothy Thomas 317-753-4000 tithomas@pla.in.gov

Checklist Results
Pharmacy General Information
Absence of Pharmacist
Staff/Personnel
Pharmacy Equipment/Security
References
Automated Medication Systems & Automatic Counting
AMS Automated Packaging Systems
Drug storage/labeling/destruction
Dispensing/Records Retention
Fax/e-prescribing/Transfers
Remote Order Entry and Centralized Processing
Generic Substitution
Controlled Substances
DEA Forms
INSPECT
Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding

Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule
Patient Confidentiality (HIPAA)
Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

Signature of Inspector	Date/Time	Signature of Owner/Representative
	1/22/2021 12:56:17 PM	

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9850810	06-30-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	11-20-2020

AMAZON PHARMACY #006
3620 PLAINFIELD ROAD
PLAINFIELD, IN 46168

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9850810	06-30-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	11-20-2020

AMAZON PHARMACY #006
3620 PLAINFIELD ROAD
PLAINFIELD, IN 46168

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Quarles & Brady LLP

Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391
602.229.5200
Fax 602.229.5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Naples
Phoenix
Scottsdale
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602.229.5318
E-Mail: susan.trujillo@quarles.com

January 26, 2021

VIA UPS OVERNIGHT

Mr. Dave Wuest
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

RE: PillPack LLC dba Amazon Pharmacy #006
New Application for a Licensed Pharmacy

Dear Mr. Wuest:

On behalf of PillPack LLC dba Amazon Pharmacy #006, we are submitting a new Application for Out-of-State Pharmacy License. Along with the application, you will find the required application fee.

Please note, the DEA permit for this pharmacy inadvertently contains the wrong city and zip code. Should the Board require a DEA permit with the correct city and state, please let me know and we will provide a copy of the permit once the DEA has processed the correction. The address associated with the home state permit in Indiana is correct.

If you have any questions or if you need additional information, please contact me at 602-229-5318 or susan.trujillo@quarles.com. Thank you for your consideration in this matter.

Sincerely,

Susan Trujillo

Susan Trujillo

Encls.

Affirmative Respons

Amazon Pharmacy #005 located at 20416 72nd Avenue South, Kent, WA 98032 has no discipline.
The following disciplinary action is associated with PillPack LLC located in Manchester, New Hampshire.

PillPack LLC (fka PillPack, Inc.) - Pharmacy Discipline Summary (Previously disclosed)

Alabama Board of Pharmacy Order

On December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacist licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period.

Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license.

PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a $500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a $500.00 fee and a similar consent form.

SUSAN P. ALVERSON, D.P.A., R.Ph.
Executive Secretary

111 Village Street
Hoover, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

DAN McCONAGHY, R.Ph.
President

TIMOTHY A. MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

May 27, 2015

STEPHANIE CROTEAU
PILL PACK
250 Commercial Street – Suite 2012
Manchester, NH 03101

Dear Ms. Croteau:

According to our records and investigation, you have engaged in the selling, offering for sale, compounding or dispensing drugs during 2015 without first having received your permit in violation of Code of Alabama (1975) §34-23-30. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars ($500.00) which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

It should also be understood that you will not be allowed to continue to operate as a *pharmacy until a Consent Order is signed or in the event you desire an administrative disciplinary hearing, until a Final Order is issued which may allow you to practice.*

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest

Exhibit 'A'

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Alabama State Board of Pharmacy

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(7) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Act and my release of the Board or its agents from any liability in connection with this matter.

by

ELLIOT COHEN
REPRESENTATIVE
PILL PACK

6/20/2015
(date signed)

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
PILL PACK	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #114193/202198	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against PILL PACK (hereinafter referred to as "PILL") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, PILL pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That PILL is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That PILL shall pay to the Board simultaneously with the

JUL 2 0 RECD

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

execution of this Consent Order a fine in the amount of Five Hundred Dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and PILL shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order PILL hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That PILL expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against PILL. PILL further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That PILL agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

Source: ~ ALABAMA@NICK

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

6. That PILL acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. PILL acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 20th day of JUNE, 2015.

ELLIOT COHEN
PILL PACK

DONE this the 16th day of July, 2015.

ALABAMA STATE BOARD OF PHARMACY

BY: _____
Dan McConaghy, R.Ph.
Its President

BY: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

JUL 20 RECD

Source: ~ ALABAMA@NICK
Original document #: 176675 received on 8/10/2015 11:00 AM EDT

13C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Amazon Pharmacy #007

Physical Address: 1820 S Silverstone Way, Suites 200 & 300

Mailing Address: 1820 S Silverstone Way, Suite 200

City: Meridian State: ID Zip Code: 83642

Telephone: 855-745-5725 Fax: 608-935-9108

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: pip14licensing@pillpack.com Website: www.pillpack.com and www.pharmacy.amazon.com TEMP

Managing Pharmacist: Amanda Davis License Number: P8944 20937 ✓ 8/12/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☐	Mail Service
☐	Community	☐	Long Term Care
☑	Other: Limited Service - Non-Dispensing	☐	Sterile Compounding **
		☐	Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding **
	For the application to be complete	☐	Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Daniel Esrick
Print Name of Authorized Person

3/29/21
Date

Board Use Only	Date Processed:	Amount: 500 -

Check# 661 76660

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: LLC formed in Delaware

Parent Company if any: Picasso Holdco 1 LLC

Mailing Address: 410 Terry Avenue North

City: Seatle State: WA Zip: 98109

Telephone: 206-266-1000 Fax: N/A

Contact Person: Daniel Esrick

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - LLC
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - LLC

3) What was the price paid per share? N/A - LLC

4) What date did the corporation actually receive the cash assets? N/A - LLC

5) Provide a copy of the corporation's stock register evidencing the above information N/A - LLC

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:00 am 3:30 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours N/A

*Toll-free number 24/7/365

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Esrick

Responsible Person of Amazon Pharmacy #007

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Daniel Esrick
Print Name of Authorized Person

3/29/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Idaho)
) ss.
Ada COUNTY)

I, Amanda Davis, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Amazon Pharmacy #007 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Amanda Davis, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Amanda Davis
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
25 day of March, 2021.

Elizabeth Aresti
NOTARY PUBLIC

Comm. Exp. 12/04/2026

ELIZABETH ARESTI
NOTARY PUBLIC
STATE OF IDAHO
COMM. NO. 20204744

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PILLPACK LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PILLPACK LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5282593 8300

SR# 20213628437

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204525436

Date: 10-27-21

Licensee Details

This is a primary source verification website offered by the Idaho State Board of Pharmacy.

Demographic Information

Facility Name:	PillPack LLC dba Amazon Pharmacy #007
Ownership Type:	Limited Liability

Physical Address

Street Address:	1820 S Silverstone Way Stes 200 & 300	**Fax:**	6039359108	**Phone:**	8557455725
City:	Meridian	**Zip:**	83642	**State:**	ID
County:	Ada	**Country:**	United States		

License Information

DBA:	Amazon Pharmacy #007						
Lic #:	59968LS	**Type:**	Limited Service Drug Outlet				
Status:	Active	**Orig. Issued Date:**	12/18/2020	**Expiry:**	12/31/2021	**Effective:**	12/18/2020
Status Reason:	License Issuance	**Status Date:**	12/18/2020	**Renewed:**			
Method:	Application						

Disciplinary Action

Disciplinary Action is indicated above in red, if the section is BLANK no action exists for this record.

Board Orders

IDAHO STATE BOARD OF PHARMACY
P.O. Box 83720 Boise, Idaho 83720-0067
Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

PillPack LLC dba Amazon Pharmacy #007 dba Amazon Pharmacy #007

Limited Service Drug Outlet Registration
Registration No: 59968LS

ISSUED: 12/18/2020 EXPIRES: 12/31/2021
The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.
http://bop.idaho.gov

Physical Address:
1820 S Silverstone Way Stes 200 & 300
Meridian, ID 83642

0
Printed: 2/2/2021

NICKI CHOPSKI PHARMD
EXECUTIVE DIRECTOR

IDAHO

IDAHO STATE BOARD OF PHARMACY
1199 SHORELINE LN, SUITE 303
BOISE, ID 83702
PHONE: 208-334-2356
FAX: 208-334-3536

FACILITY
PillPack LLC dba Amazon Pharmacy #007
1820 S Silverstone Way
Amanda Davis
Meridian, ID 83642
8557455725

LICENSE
License No: 59968LS
License Type: Limited Service Drug Outlet

Inspection Type:	Initial	Inspection Date:	12/16/2020
Result:	Pass		

Notes:
Remarks: No drugs on site. Facility is operating as a front end pharmacy - data entry, DUR, billing..

Checklist Results	
24.36.01.103 BOARD INSPECTIONS AND INVESTIGATIONS	
Question	**Answer**
24.36.01.103.02. Inspections. Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction. (7-1-18)	True
24.36.01.230.01. New Drug Outlet Inspections. Prior to approving the issuance of a new license or registration,	True
24.36.01.300 DRUG OUTLETS, MINIMUM FACILITY STAND	
Question	**Answer**
24.36.01.300.01. Security and Privacy. A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA. (7-1-18)	Compliant
24.36.01.300.02. Controlled Substance Storage. Drug outlets that dispense prescription drugs must store controlled substances in accordance with federal law. (7-1-18)	Not Applicable
24.36.01.300.03. Authorized Access to the Restricted Drug Storage Area. Access to the restricted drug storage area must be limited to authorized personnel. (7-1-18)	Not Applicable
24.36.01.300.05. Electronic Recordkeeping System. A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes. (7-1-18)	Compliant
24.36.01.406 LABELING STANDARDS	
Question	**Answer**
24.36.01.406. LABELING STANDARDS. All prescription drugs must be in an appropriate container and bear information that identifies the drug product, any additional components as appropriate, and the individual responsible for its final preparation. (7-1-18) 01. Standard Prescription Drug. A prescription drug for outpatient dispensing must be labeled in accordance with federal law. (7-1-18)	Compliant
24.36.01.500 RECORDKEEPING, MAINTENANCE AND INVEN	
Question	**Answer**
24.36.01.500.01. Records Maintenance and Retention Requirement. Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction. (7-1-18)	Compliant
24.36.01.500.07. Electronic Records Storage. Records may be electronically stored and maintained if they remain legible and are in a readily retrievable format, and if federal law does not require them to be kept in a hard copy format. (7-1-18)	Compliant
24.36.01.700 COMPOUNDING DRUG PREPARATIONS	
Question	**Answer**
24.36.01.700.02.c. Equipment. Equipment and utensils must be of suitable design and composition and cleaned, sanitized, or sterilized as appropriate prior to use. (7-1-18)	Not Applicable
24.36.01.700.05. Drug Compounding Controls. a. Policies and Procedures. In consideration of the applicable provisions of USP Chapter 795 concerning pharmacy compounding of non-sterile preparations, USP Chapter 797 concerning sterile preparations, Chapter 1075 of the USP-NF concerning good compounding practices, and Chapter 1160 of the USP-NF concerning pharmaceutical	Not

calculations. Policies and procedures for the compounding or sterile prepackaging of drug products must ensure the safety, identity, strength, quality, and purity of the finished product, and must include any of the following that are applicable to the scope of compounding practice being performed: (7-1-18)	Applicable

24.36.01.70 STERILE PREPARATION.

Question	Answer
24.36.01.230.0 Sterile Preparation Endorsement. A drug outlet engaged in sterile preparation must obtain a single endorsement for one (1) or more hood or aseptic environmental control devices. (7-1-18)	Not Answered
24.36.01.701.04 Environmental Controls. Except when prepared for immediate administration, the environment for the preparation of sterile preparations in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. (7-1-18)	Not Applicable
24.36.01.701.05. Sterile Preparation Equipment. A drug outlet in which sterile preparations are prepared must be equipped with at least the following: (7-1-18)	Not Applicable
24.36.01.701.05.a. Protective apparel including gowns, masks, and sterile (or the ability to sterilize) non-vinyl gloves, unless written documentation can be provided from the aseptic isolator manufacturer that any component of garbing is not necessary. (7-1-18)	Not Applicable
24.36.01.701.05.b. A sink. (4-11-19)	Not Applicable
24.36.01.701.05.c. A refrigerator for proper storage of additives and finished sterile preparations prior to delivery when necessary; and (7-1-18)	Not Applicable
24.36.01.701.05.d. An appropriate laminar airflow hood or other aseptic environmental control device such as a laminar flow biological safety cabinet, or a comparable compounding area when authorized by USP Chapter 797. (4-11-19)	Not Applicable
24.36.01.701.07. Policies and Procedures. Policies and procedures appropriate to the practice setting must be adopted by a drug outlet preparing sterile pharmaceutical preparations and must include a continuous quality improvement program for monitoring personnel qualifications and training in sterile technique, including: (7-1-18)	Not Applicable

24.36.01.702. HAZARDOUS DRUGS PREPARATION.

Question	Answer
24.36.01.702.01. Ventilation. Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove any airborne contaminants. (7-1-18)	Not Applicable
24.36.01.702.02. Ventilated Cabinet. Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. (7-1-18)	Not Applicable
24.36.01.702.05. Protective Equipment and Supplies. Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills and disposal. (7-1-18)	Not Applicable
24.36.01.702.06. Contamination Prevention. Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging. (7-1-18)	Not Applicable
24.36.01.702.09. Policy and Procedures Manual. Maintain a policy and procedures manual to ensure compliance with this rule. (7-1-18)	Not Applicable

24.36.01.103.03. Inspection Deficiencies

Question	Answer
24.36.01.103.03. Inspection Deficiencies. Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow-up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection. (7-1-18)	n/a
24.36.01.103.04. Inspection Reports. Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. (7-1-18)	Amanda Davis

THE UNDERSIGNED LICENSEE OR REPRESENTATIVE AT THE TIME OF INSPECTION ACKNOWLEDGES RECEIPT OF THIS INSPECTION REPORT.

Amy Hickerson

12/16/2020

Compliance Officer	Date/Time	Signature of Owner/Representative

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0051451	03-31-2024	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	03-11-2021

PILLPACK LLC
AMAZON PHARMACY #007
1820 S SILVERSTONE WAY STES 200 & 300
MERIDIAN, ID 83642

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0051451	03-31-2024	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	03-11-2021

PILLPACK LLC
AMAZON PHARMACY #007
1820 S SILVERSTONE WAY STES 200 & 300
MERIDIAN, ID 83642

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Affirmative Response

Amazon Pharmacy #007 located at 1820 S Silverstone Way, Suites 200 & 300, Meridian, ID 83642 has no discipline. The following disciplinary action is associated with PillPack LLC located in Manchester, New Hampshire.

PillPack LLC (fka PillPack, Inc.) - Pharmacy Discipline Summary (Previously disclosed)

Alabama Board of Pharmacy Order

On December 2014 PillPack, Inc.'s renewal for the out of state pharmacy license for Alabama was denied as there was a change of rule that required that PillPack, Inc. have an Alabama licensed pharmacist named on the permit. PillPack, Inc. immediately contacted the Alabama board and informed them they would have two pharmacist licensed as soon as possible. The Board indicated that the facility would still be able to ship during the interim period.

Two pharmacists were scheduled to appear before the board at their February meeting. Unfortunately the February meeting was canceled due to inclement weather in Alabama. The pharmacists attended the March meeting and both were granted an Alabama pharmacist license.

PillPack, Inc. assumed that the denied application would then be approved. This was not the case and upon checking with the board PillPack, Inc. was told they would have to resubmit the renewal license application, which was done. When PillPack, Inc. received their new license they were cited for shipping medication to Alabama without an active license and asked to sign a consent form with a $500.00 penalty. PillPack, Inc. signed off on that order and paid the administrative fee. The PIC for Alabama was also assessed a $500.00 fee and a similar consent form.

SUSAN P. ALVERSON, D.P.A., R.Ph.
Executive Secretary

111 Village Street
Hoover, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA
BOARD OF PHARMACY

MEMBERS 2015

DAN McCONAGHY, R.Ph.
President

TIMOTHY A. MARTIN, PharmD.
Vice-President

BUDDY BUNCH, R.Ph.
Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

May 27, 2015

STEPHANIE CROTEAU
PILL PACK
250 Commercial Street – Suite 2012
Manchester, NH 03101

Dear Ms. Croteau:

According to our records and investigation, you have engaged in the selling, offering for sale, compounding or dispensing drugs during 2015 without first having received your permit in violation of Code of Alabama (1975) §34-23-30. Based on this conduct, you are subject to discipline pursuant to Code of Alabama (1975) §34-23-33(7).

As a result, this letter is to inform you of two (2) options. First you can waive various rights to which you are entitled, including but not limited to, a notice of charges, hearing, counsel presentation of evidence against you, cross-examination, etc., admit your guilt and sign a Consent Order. This sanction will be a fine in the amount of Five Hundred Dollars ($500.00) which must be submitted at the same time as the signed Consent Order.

Your second option is to contest the allegations set forth in this letter and in that case the Board will schedule an administrative disciplinary hearing and serve you with a notice of charges.

It should also be understood that you will not be allowed to continue to operate as a *pharmacy until a* Consent Order is signed or in the event you desire an administrative *disciplinary hearing, until a Final* Order is issued which may allow you to practice.

If you desire to accept the first option set forth above, please sign where indicated below. By accepting this option, you understand and acknowledge that you are freely and voluntarily waiving certain rights to which you are entitled as set forth in the Alabama Pharmacy Practice Act and the Alabama Administrative Procedure Act, including but not limited to those rights set forth in this letter. If your acceptance of this option is not received within ten (10) days from the date of this letter, the Board will assume you contest

Exhibit A

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

the referenced allegations and will schedule a hearing.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY

Susan P. Alverson

Susan P. Alverson, D.P.A., RPh
Alabama State Board of Pharmacy

I hereby agree to plead guilty to a violation of Code of Alabama (1975) Section 34-23-33(7) and accept the sanctions set forth in this letter. I understand that I will be required to sign a Consent Order which will incorporate my plea of guilt, punishment and other standard provisions, such as a provision acknowledging my waiver of rights and procedures pursuant to the Alabama Pharmacy Practice Act and the Alabama Administrative Act and my release of the Board or its agents from any liability in connection with this matter.

by

ELLIOT COHEN
REPRESENTATIVE
PILL PACK

6/20/2015
(date signed)

Original document #: 176675 received on 8/10/2015 11:00 AM EDT

IN THE MATTER OF:

PILL PACK
Non- Resident Pharmacy
Permit #114193/202198

) BEFORE THE ALABAMA STATE
)
)
) BOARD OF PHARMACY
)

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against PILL PACK (hereinafter referred to as "PILL") relating to engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first receiving your permit from the Board required by Code of Alabama (1975) §34-23-30 in violation of Code of Alabama (1975), §34-23-33(7) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, PILL pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That PILL is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That PILL shall pay to the Board simultaneously with the

JUL 2 0 RECD

Original document #: 178875 received on 8/19/2015 11:00 AM EDT

execution of this Consent Order a fine in the amount of Five Hundred Dollars ($500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and PILL shall not attempt to discharge the same in any bankruptcy proceeding.

3. By execution of this Consent Order PILL hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That PILL expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against PILL. PILL further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975) §41-22-18.

5. That PILL agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

Source: --ALABAMA@NICK Original document # 179875 received on 8/10/2015 11:00 AM EDT

6. That PILL acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. PILL acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 20th day of JUNE, 2015.

ELLIOT COHEN
PILL PACK

DONE this the 16th day of July, 2015.

ALABAMA STATE BOARD OF PHARMACY

BY: _____
Dan McConaghy, R.Ph.
Its President

BY: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 660
Birmingham, Alabama 35209
(205)871-5404

JUL 20 RECD

Original document # 179875 received on 8/10/2015 11:00 AM EDT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Amazon Pharmacy #007

Physical Address: 1820 S Silverstone Way, Suites 200 & 300

City: Meridian State: ID Zip: 83642

Mailing Address (if different from physical address): 1820 S Silverstone Way, Suite 200

City: Meridian State: ID Zip: 83642-7976

Telephone: 855-745-5725 Website: www.Pillpack.com and www.pharmacy.amazon.com

Licensing Company Email: pip14-licensing@pillpack.com

Section 2: Personal Information

First: Amanda Middle: Colby Last: Davis

Alias(es, nicknames, name changes, etc.): Zale (maiden)

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]S Silverstone Way, Suite[redacted]

City: Meridian State: ID Zip: 83642-7976

Telephone: [redacted] Email: amanda.davis@pillpack.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Arizona		08|2008-05|15	
Address	**City**	**State**	**Zip**
1295 N Martin	Tucson	AZ	85721
Diploma/Degree obtained, if any			
PharmD (Doctor of Pharmacy)			
School Name		**From - To (MM/YY – MM/YY)**	
Desert Mountain High School		08|2004|05|08	
Address	**City**	**State**	**Zip**
12575 E Via Linda	Scottsdale	AZ	85259
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01|21- 11|21	[redacted] N Girasolo Ave	Meridian	ID	83646
11|20 -01|21	9363 W Edna St	Boise	ID	83704
10|20 - 11|20	1015 E State St	Boise	ID	83712
02|19 - 10|20	16818 N 65th Pl	Scottsdale	AZ	85254
08|18 - 02|19	3111 N Valencia Ln	Phoenix	AZ	85018
08|16 - 08|18	1000 W Calle Concordia	Oro Valley	AZ	85704
06|13 08|16	5344 N Mesquite Bosque Wy	Tucson	AZ	85704
08|11 - 06|13	3300 N Paseo De Los Rios	Tucson	AZ	85712
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name See resume attached.			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/7/2009	1/21/2011	AZ	Scottsdale	Maricopa
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
JC2009154634		Phoenix, AZ		
Reason/Charge				
See attached.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

In August of 2009, at the age of 19, I used false identification to enter a bar and ingested alcohol while under the age of 21 (the legal age to drink in the state of Arizona). On 10/7/2009 I was charged with two misdemeanors. The first misdemeanor, Count A, for using a false ID to enter, was dismissed by the court. I pleaded guilty to the second misdemeanor, Count B, under 21 with alcohol in body. I completed the Wake Up! diversion program on 12/8/2009, which is an 8-hour alcohol and drug education prevention program for youth aged 12 to 22 years old that have been cited or arrested for alcohol and/or drug related offenses as mandated by the court. A year after the infraction occurred, I submitted for a motion to set aside the charge. The state of Arizona does not offer expungement of records; however, if a motion to set aside is granted, this indicates that the court has vacated judgment and dismissed the charges. The motion to set aside was granted on 1/21/2011. On 4/21/2106 the records of these misdemeanor charges were destroyed by the McDowell Mountain Justice Court, which is located at 18380 N 40th St UNIT 130, Phoenix, AZ 85032. This court can be contacted by phone at (602) 372-7000. Please see the attached copy of documentation provided by the court. Since this occurrence, I have acted with integrity and sound judgment. Becoming a pharmacist had been my dream since high school, and having the ability to practice as one for the past five years has been one of the greatest joys of my life.

Amanda Davis

Original Signature (electronic, copies or stamps not accepted)

11/16/2021

Date

Applicant's initials AD

Maricopa County Justice Courts, Arizona

McDowell Mountain Justice Court 18380 N. 40th St., #130, Phoenix, AZ 85032 602-372-7000

CASE NUMBER: JC2009154634

STATE OF ARIZONA

State of Arizona OR Plaintiff(s) Name / Address / Email / Phone

AMANDA COLBY ZALE

Defendant(s) Name / Address / Email / Phone

Attorney for Plaintiff(s) Name / Address / Email / Phone

Attorney for Defendant(s) Name / Address / Email / Phone

CERTIFICATE OF CASE STATUS

The retention period in this matter has expired.

The file has been destroyed pursuant to legal authority; Supreme Court of Arizona, Administrative Order 2017-73.

No record for this matter exists.

Disclaimer:

Civil, Small Claims, Eviction Actions, Protective Orders:
A Judgment may be filed and/or recorded with any Superior Court within the State of Arizona, or a court in another State.

Criminal Traffic, Civil Traffic, Criminal Misdemeanor or Petty Offense:

The information provided by the Maricopa County Justice Courts for the case listed on this document pertains to this court only. A record of this matter may exist with any of our external partners including the Department of Transportation, Motor Vehicle Division or the Department of Public Safety.

In no event shall the Maricopa County Justice Courts be liable for any damages, of any nature whatsoever, arising from the use of, or the inability to use this document.

I certify that the foregoing is a true statement to the best of my knowledge.

Date: 12/21/2020 SC
Clerk

JUSTICE OF THE PEACE JUSTICE COURT SEAL MCDOWELL MOUNTAIN MARICOPA COUNTY, ARIZONA

Michele Reagan

I hereby certify that this document is a true and correct copy of the original, entered and filed in the McDowell Mountain Justice Court
Date: 12·21·2020 Michele Reagan
Justice of the Peace

SC
Clerk

ADMIN-031 R: 7/7/17

I, Amanda Davis, **certify that as the designated representative for**

Amazon Pharmacy #007,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Amanda Davis

Print Name (First, Last)

Amanda Davis

Original Signature (electronic, copies or stamps not accepted)

11/16/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Davis

Print Name (First, Last)

Amanda Davis — 11/16/2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Amanda Davis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Davis — 11/16/2021

Original Signature — **Date**

Subscribed and Sworn to before me this 16 day of November, 2021

Nicole Dill

Notary Public Signature

Nicole Dill
Commission Number: 20215021
Notary Public
State of Idaho
My Commission Expires: 10/15/2027

(Seal)

Applicant's initials

Amanda Davis

amanda.davis@pillpack.com
[redacted]
[redacted] N Girasolo Ave, Meridian, ID

WORK EXPERIENCE

Sr Manager, Pharmacist in Charge (PIC)

Amazon Pharmacy

December 2020– Present — *Meridian, ID*

Achievements/Tasks

- Maintain compliance with statutes and rules related to the practice of pharmacy in resident and non-resident states
- Ensure staff adherence to company policies and procedures
- Created wiki resource to support rollout of a policy change regarding PIC license redundancy
- Partnered with Quality Team to streamline error reporting for Front End errors identified by Fulfillment to improve data analytics, increase network visibility, and identify opportunities for improvement
- Facilitated Failure Modes and Effects Analysis exercise on all Front End pharmacy teams to identify high risk processes and drive technological advancements

Senior Lead Pharmacist

PillPack by Amazon Pharmacy

July 2020 – December 2020 — *Phoenix, AZ*

Achievements/Tasks

- First Senior Lead Pharmacist in the entire PillPack network
- Mentor site's Lead Pharmacists, providing assistance and feedback on their shift initiatives
- Responsible for creating all pharmacist-related processes and procedures for the new PPX2 site
- Ensuring compliance is met for all processes and procedures created for PPX2, through partnership with the PIC, in regards to inventory receiving/stowing, controlled substance handling, fulfilling prescription orders, and shipping of orders to our future customers

Lead Pharmacist

PillPack by Amazon Pharmacy

October 2019 – July 2020 — *Phoenix, AZ*

Achievements/Tasks

- Oversaw a team of up to 14 Staff Pharmacists, 2 Per Diem Pharmacists, and 5 Pharmacy Interns
- Responsible for creating schedules and rotations to ensure successful shift execution, while maintaining the highest level of quality and safety
- Conducted over 50 phone screens and interviews for Staff Pharmacists, Lead Pharmacists, and Area Managers, consistently raising the bar of the entire Phoenix Team, as well as helping to build teams for future sites
- Developed team members through monthly one-on-one meetings that served to identify their personal goals and create opportunities to improve upon their skills and increase operational knowledge
- Created agendas for and led bi-weekly pharmacist meetings to engage the team, ensure adherence to and understanding of any quality or process-related changes
- Initiated and ran a weekly site-level and network-level meeting for Lead Pharmacists
- Served as the clinical liaison to the Operational Team, answering drug or procedural related questions, as well as ensuring any operational changes were compliant with applicable Pharmacy Laws

- Championed fulfillment-related quality by deep diving all near miss and quality related events, creating action items, improving processes, and speaking on all weekly network-level calls regarding quality for the Phoenix Fulfillment Site
- Partnered with the site Quality Manager to improve documentation for Near Miss Events that has increased submissions by 30%
- Partnered with the site Pharmacist-In-Charge to create a PillPack Operating Procedure (POP) for label auditing
- Launched a PV2 Pharmacist Work-From-Home Program, partnering with IT and various Program Managers to ensure success

Staff Pharmacist

PillPack

March 2019 – October 2019 *Phoenix, AZ*

Achievements/Tasks

- Performed at mastery level rate for pharmacist metrics in both packet and bulk check stations while maintaining the highest level of quality and safety
- Coordinated daily operational planning with leadership to ensure proper workflow and minimize bottlenecks
- Trained fulfillment pharmacists in day-to-day tasks (eleven in a six-month period)
- Created training materials that were used to standardize pharmacist training network wide
- Tested functionality of new pouch analyzer software before implementation into production
- Communicated with third-party vendors to troubleshoot technological problems
- Designated fulfillment quality point of contact for quality related events
- Launched a quality newsletter for our facility providing weekly process change announcements, quality tips, and network level updates

Staff Pharmacist

Walgreens, Store 5890

August 2018 – March 2019 *Phoenix, AZ*

Achievements/Tasks

- Placed at a high profile Walgreens location to aide the current pharmacy manager in organizing recordkeeping, reducing inventory, complying with company policies and procedures, and training pharmacy staff in deficient areas
- Helped to increase metrics including readying medications by their promised time, outreach to patients regarding new/late-to-refill medications, and customer satisfaction scores

Staff Pharmacist

Department of Veteran Affairs Consolidated Mail Outpatient Pharmacy

March 2018 – August 2018 *Tucson, AZ*

Achievements/Tasks

- Served our nation's veterans by providing final drug verification services for the Southwest region's Department of Veterans Affairs mail order pharmacy
- Verified final product accuracy for over 4000 prescriptions per 8 hour shift with zero quality-related errors

Pharmacy Manager

Walgreens, Store 4266

December 2017 – February 2018 *Tucson, AZ*

Achievements/Tasks

- Managed a team of six pharmacy technicians and a staff pharmacist who produced approximately 350 prescriptions daily
- Increased percentages of company measured pharmacy outcomes, such as verifying prescriptions by their promised time, prescriptions converted to 90 day supplies, and customer service scores
- Maintained accurate and organized pharmacy recordkeeping and documentation to comply with all State and

Federal Pharmacy Laws
- Made new therapy and late refill phone calls to increase medication understanding and adherence

Pharmacy Manager

Walgreens, Store 9952
September 2016 – December 2017 *Tucson, AZ*

Achievements/Tasks
- Managed a team of three pharmacy technicians and a staff pharmacist who produced approximately 200 daily prescriptions
- Exceeded all company mandated metrics for FY 2017, included customer service scores, prescriptions verified on time, 90- day fill conversions, and immunization goals
- Received a satisfactory inspection from the Arizona State Board of Pharmacy, with commentary on how clean, organized, and easy to access my pharmacy and recordkeeping was

Staff Pharmacist

Walgreens, Floating Locations and Store 9952
June 2015 – September 2016 *Tucson, AZ*

Achievements/Tasks
- Filled and verified new and refill prescription medications
- Counseled patients on new therapy regimens and over-the-counter products
- Provided immunization services

Certified Pharmacy Intern

Walgreens, Stores 5209 & 3463
August 2011 – June 2015 *Tucson, AZ*

Achievements/Tasks
- Practiced all functions of a licensed pharmacist, such as filling and verifying prescriptions, providing medication consultation, giving recommendations, and administering immunizations

Certified Pharmacy Technician

Walgreens, Centralized Pharmacy Operation
May 2011 –August 2011 *Tempe, AZ*

Achievements/Tasks
- Performed data entry, typing over 800 prescriptions per day with a less than 3% error rate

EDUCATION

Doctor of Pharmacy

University of Arizona *Tucson, AZ*
August 2011 - May 2015

LICENSES

Alabama License: 21821 Expiration: 12/31/22	Arkansas License: PD15594 Expiration: 12/31/23	Arizona License: S021275 Expiration: 10/31/23	Delaware License: A1-0015656 Expiration: 9/30/22	Idaho License: P8944 Expiration: 4/30/22
Illinois License: 051.304471 Expiration: 3/31/22	Kansas License: 1-113658 Expiration: 6/30/22	Kentucky License: 021924 Expiration: 2/28/22	Louisiana License: PST.023849 Expiration: 12/31/22	Maryland License: 27860 Expiration: 4/30/22
Massachusetts License: PH240208 Expiration: 12/31/22	Michigan License: 5302413206 Expiration: 3/3/23	Mississippi License: T-100116 Expiration: 12/31/22	Nebraska License: 17038 Expiration: 1/1/24	Nevada License: 20937 Expiration: 10/31/23
Oklahoma License: 19209 Expiration: 4/30/22	Oregon License: RPH-0018325 Expiration: 6/30/23	South Carolina License: 42899 Expiration: 4/30/22	Tennessee License: 44919 Expiration: 2/28/23	Texas License: 68445 Expiration: 4/30/23
Virginia License: 202219420 Expiration: 12/31/22	West Virginia License: RP0012526 Expiration: 6/30/22			

SKILLS

Bias for Action — Expert

Customer Obsession — Expert

Dive Deep — Expert

Insist on the Highest Standards — Expert

Invent and Simplify — Expert

Learn and Be Curious — Expert

Ownership — Expert

Are Right, A Lot — Advanced

Deliver Results — Advanced

Earn Trust — Advanced

Have Backbone; Disagree and Commit — Advanced

Hire and Develop the Best — Advanced

Think Big — Advanced

Frugality — Intermediate

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Amanda C. Davis

Date: 08/12/2021
Amount:
License #: 20937

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:02/12/2022

Amanda C. Davis

License #
20937
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist:

License Type: Pharmacist
License #: 20937

Expires: 02/12/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Amanda C. Davis

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

13D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** PH02786

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Direct Pharmacy Source, Inc dba DiRx

Physical Address: 4574 N. Hiatus Rd, Sunrise FL 33351

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 877-997-4276 Fax: 888-819-7488

Toll Free Number: 877-997-4276 (Required per NAC 639.708)

E-mail: dpsrx.dvy@gmail.com Website: https://directpharmacysource.com/HOME.ASPX

Managing Pharmacist: Briana Moe License Number: 21793 ✓ MS 11/4/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑ ☐	Retail	☐ ☑	Off-site Cognitive Services
☐ ☑	Hospital (# beds____)	☐ ☑	Parenteral **
☐ ☑	Internet	☐ ☑	Parenteral (outpatient)
☐ ☑	Nuclear	☐ ☑	Outpatient/Discharge
☐ ☑	Ambulatory Surgery Center	☑ ☐	Mail Service
☐ ☑	Community	☐ ☑	Long Term Care
☐ ☑	Other: _____	☐ ☑	Sterile Compounding **
		☐ ☑	Non Sterile Compounding
	All boxes must be checked	☐ ☑	Mail Service Sterile Compounding **
	For the application to be complete	☐ ☑	Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** PH02786

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Direct Pharmacy Source, Inc dba DiRx

Physical Address: 4574 N. Hiatus Rd, Sunrise FL 33351

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 877-997-4276 Fax: 888-819-7488

Toll Free Number: 877-997-4276 (Required per NAC 639.708)

E-mail: dpsrx.dvy@gmail.com Website: https://directpharmacysource.com/HOME.ASPX

Managing Pharmacist: Alan Levine License Number: PS16041

Briana, MoE NV#21793

TYPE OF PHARMACY

Yes/No

☑ ☐ Retail
☐ ☑ Hospital (# beds____)
☐ ☑ Internet
☐ ☑ Nuclear
☐ ☑ Ambulatory Surgery Center
☐ ☑ Community
☐ ☑ Other: _____

All boxes must be checked
For the application to be complete

SERVICES PROVIDED

Yes/No

☐ ☑ Off-site Cognitive Services
☐ ☑ Parenteral **
☐ ☑ Parenteral (outpatient)
☐ ☑ Outpatient/Discharge
☑ ☐ Mail Service
☐ ☑ Long Term Care
☐ ☑ Sterile Compounding **
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding **
☐ ☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Satish Srinivasan

Original Signature of Person Authorized to Submit Application, no copies or stamps

Satish Srinivasan — Print Name of Authorized Person

07/21/2021 — Date

Board Use Only Date Processed:_____ Amount: _____

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Broward COUNTY)

I, Briana Moe, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Direct Pharmacy Source, Inc. dba Dirx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Briana Moe, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michele Romano
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
28 day of October, 2021.

NOTARY PUBLIC

MICHELE ROMANO
Notary Public-State of Florida
Commission # GG 356284
My Commission Expires
August 05, 2023

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Broward COUNTY)

I, Briana Moe, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Direct Pharmacy Source, Inc. dba Dirx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Briana Moe, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michele Romano
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
28 day of October, 2021.

NOTARY PUBLIC

MICHELE ROMANO
Notary Public-State of Florida
Commission # GG 356284
My Commission Expires
August 05, 2023

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 2 Town Center Blvd #12

City: East Brunswick State: NJ Zip: 08816

Telephone: 609-271-6876 Fax: 888-819-7488

Contact Person: Satish Srinivasan

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) n/a
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? 07/29/2021

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours n/a

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: PH02786

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Name: Ravishanker Kovi
Title: Chairman of the Board
Address: 43 Keswick Circle, Monroe, NJ 08831

Name: Satish Srinivasan
Title: CEO
Address: 3 Preakness Dr., Monroe TWP, NJ 08831

Name: Nagaraj Shagrithaya
Title: Chief Business Officer
Address: 6 Dixon Lane, Belle Mead, NJ 08502

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

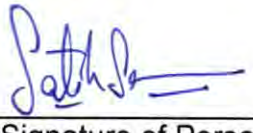
I, Satish Srinivasan

Responsible Person of Direct Pharmacy Source, Inc dba DiRx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Satish Srinivasan
Print Name of Authorized Person

07/21/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Broward COUNTY)

I, Alan Levine, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Direct Pharmacy Source, Inc dba DiRx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Alan Levine, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Michele Romano
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21 day of July, 2021.

NOTARY PUBLIC

MICHELE ROMANO
Notary Public-State of Florida
Commission # GG 356284
My Commission Expires
August 05, 2023

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Briana G. Moe

Date: 10/27/2021
Amount:
License #: 21793

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Briana G. Moe

License #
21793
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21793

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Briana G. Moe

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

A

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIRX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIRX, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3523460 8300

SR# 20212664883

Authentication: 203636198

Date: 07-09-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Florida
Department of State

I certify from the records of this office that DIRECT PHARMACY SOURCE, INC. is a corporation organized under the laws of the State of Florida, filed on July 6, 2010.

The document number of this corporation is P10000055950.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 6, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Tenth day of July, 2021

Secretary of State

Tracking Number: 9980816135CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

C# 10021323

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/26/2021	PH 25544	122812

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy
3:1 Pharmacy Technician Ratio Approved

Expiration Date: **FEBRUARY 28, 2023**
DIRECT PHARMACY SOURCE, INC.
4574 N. HIATUS RD
SUNRISE, FL - 33351

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2023

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 18231
Insp # 171778

NAME DIRECT PHARMACY SOURCE	PERMIT NUMBER PH 25544	DATE OF INSPECTION 05/22/21
DOING BUSINESS AS		
STREET ADDRESS 4574 N HIATUS ROAD	TELEPHONE #	EXT
CITY SUNRISE	COUNTY BROWARD	STATE/ZIP FL 33351

Additional Information

Business Operation Hours

Monday	Monday Hours 9AM-5PM
Tuesday	Tuesday Hours
Wednesday	Wednesday Hours
Thursday	Thursday Hours
Friday	Friday Hours
Saturday	Saturday Hours

Registered Pharmacist / Intern / Tech

License # PS 16041	Licensee Name ALAN M. LEVINE
License Type REG PHARMACIST	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FD3087536	

License Relations

Pharmacy Affiliate

STEVE KRAUS	License # OWNER
	License #

Pharmacy Corporate Entity/Affil/Pharm

	License #

RX DPT MGR/COR/POR

ALAN M LEVINE	License # PS 16041

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	NO
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109 F.A.C.]	YES
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	NO

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	NO MEDICATIONS N/A AT THE PHARMACY

INV359 - Community Requirements

Insp # 171778 File # 1823,

Rx Department is open for a minimum of 20 hours per week. [64B16-28.1061 (1) F.A.C.]	NO
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(c) & F.A.C]	YES
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	YES
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.] NO TECHNICIANS EMPLOYED AT THE TIME OF INSPECTION	N/A
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.] NO INVENTORY AT TIME OF INSPECTION	N/A
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	YES

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	NO
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	YES
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.	YES
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (e), F.A.C.]	N/A
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	N/A
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	N/A
Pharmacy licenses are current. [465.015(1)(a) F.S.]	YES
Private consultation area available [64B16-28.1035 F.A.C.]	YES
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	YES
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(a) F.S.] [21CFR1306.24]; [21CFR1306.14] LABEL ONLY [illegible]	YES
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(i) F.S.] 03/26/21	YES
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	N/A
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.] ABACUS	YES
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1306.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	YES
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	YES
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	YES
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	YES
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B15-27.700(3)(g)]	N/A

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C] YES

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	NO
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	NO

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.] N/A

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	✓

Internet Pharmacy

INV359 - Community Requirements

Insp # 171778

File # 18231

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	V

PHARMACY => ABACUS

WHOLESALER => MCKESSON, AUBURN

Remarks: NO CONTROLLED SUBSTANCES DISPENSED.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights

Inspector Signature:

Date: 05/28/21

Representative:

Alan Levine

Date: 05/28/21

Disciplinary Action Details

Board: Texas State Board of Pharmacy (Texas #K-17-006)
Date: 1 August 2017
Type of Discipline: Pharmacy was not under the supervision of a Pharmacist-in-Charge licensed as a pharmacist in Texas.
Comments: State changed its guidelines to require that the PIC in Florida also test and get a license in Texas. We were not notified and unaware of this change.
Fine: $1,000.00 penalty

Board: South Carolina Board of Pharmacy (OIE#2014-104)
Date: 15 November 2017
Type of Discipline: In the year 2014, Pharmacy faxed a prescription request to a Nurse Practitioner for a patient the NP was not the primary care physician for. NP states she called pharmacy to explain this, but the pharmacy continued to fax her prescription requests.
Fine: $3,000 penalty and one year's probation

Board: Texas State Board of Pharmacy (Texas #L-18-006)
Date: 12 September 2018
Type of Discipline: Pharmacy submitted a Non-Resident License application after PIC received his licensure in Texas as required. However, they did not list a disciplinary action they received from the state of South Carolina on the application as required.
Comments: Pharmacy was unaware they were required to disclose "other" state disciplinary actions on their enrollment applications.
Fine: $1,000.00 penalty and reprimand

Board: Alabama State Board of Pharmacy (18-L-0109)
Date: 6 June 2019
Type of Discipline: Failed to report disciplinary actions received by Texas and South Carolina Board of Pharmacy(s) within the timeline required (re: violations reported above).
Comments: Pharmacy was unaware they were required to disclose all state disciplinary actions to each and every state they hold an active license with.
Fine: $1,000 penalty and reprimand

Board: Hawaii State Board of Pharmacy (PHA 2019-82-L)
Date: 23 January 2020
Type of Discipline: In November 2017, September 2018, and May 2019, Pharmacy reported Texas and South Carolina violations to Hawaii as required, but not within the timeline set forth by the state of Hawaii.
Comments: Upon discovering the requirement, the Pharmacy reported all violations received to each state they held an active license with, even if the timeline permitted to report it had expired.
Fine: $1,500 penalty

Board: Maine State Board of Pharmacy (2019-PHA-16193)
Date: 21 April 2020
Type of Discipline: In November of 2018 and in June 2019, Pharmacy reported Texas and Alabama violations to Maine as required, but not within the timeline set forth by the state of Maine.
Comments: Upon discovering the requirement, the Pharmacy reported all violations received to each state they held an active license with, even if the timeline permitted to report it had expired.
Fine: $250.00 penalty and reprimand

D

AGREED BOARD ORDER #K-17-006

RE: IN THE MATTER OF
DIRECT PHARMACY SOURCE, INC.
(PHARMACY LICENSE #27738)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 27738 issued to Direct Pharmacy Source, Inc. (Respondent), 4574 North Hiatus Road, Sunrise, Florida 33351.

By letter dated June 19, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNT

On or about September 1, 2016, through on or about June 19, 2017, Direct Pharmacy Source, Inc., 4574 Hiatus Road, Sunrise, Florida, 33351, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

By letter dated June 19, 2017, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Stephen M. Krause, Corporate President, on behalf of Respondent, and Stephen Azia, Esq., Legal Counsel for Respondent, neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

Suzette Ojeniya R.P.h
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Stephen M. Krause, Corporate President
For and on behalf of Direct Pharmacy Source, Inc.

Stephen Azia, Esq., Legal Counsel for Direct Pharmacy Source, Inc.
Baker, Donelson, Beaman, Caldwel & Berkowitz, PC
901 K Street, Northwest, 9th Floor
Washington, D.C. 20001

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

AGREED BOARD ORDER #L-18-006

RE: IN THE MATTER OF DIRECT PHARMACY SOURCE, INC. (PHARMACY LICENSE #27738)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 27738 issued to Direct Pharmacy Source, Inc. (Respondent), 4574 North Hiatus Road, Sunrise, Florida 33351.

By letter dated September 12, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), as alleged in the Count(s) below.

The conduct described in the Consent Agreement of the South Carolina State Board of Pharmacy is substantially similar to conduct described in:

Sections 562.112(a); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Sections 291.29(a) and (b); and 291.104(b)(1)(E) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014).

PREVIOUS HISTORY

On or about August 1, 2017, the Texas State Board of Pharmacy entered Agreed Board Order #K-17-006 in the matter of Direct Pharmacy Source, Inc. The Order was based on allegations that the pharmacy was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas. The Order imposed a $1,000 penalty.

COUNTS

(1) On or about November 15, 2017, the South Carolina State Board of Pharmacy entered a Consent Agreement against the South Carolina non-resident pharmacy permit number PY.13583 held by Direct Pharmacy Source, Inc. (licensed in South Carolina as Direct Pharmacy Source Inc.). The Agreement was based on allegations that on or about October 15, 2014, the pharmacy faxed a prescription to a registered nurse without prescriptive

authority which listed the nurse as the purported prescribing physician, even after the nurse and members of her staff called the pharmacy requesting that it stop faxing prescriptions to her office. The Agreement imposed a $3,000 penalty and suspended the pharmacy's license for one year, with the suspension stayed and the license placed on probation for one year with conditions.

(2) On or about November 27, 2017, Direct Pharmacy Source, Inc. submitted an application for license renewal as a non-resident pharmacy to the Texas State Board of Pharmacy. On the application, the pharmacy indicated that it was subject to disciplinary action by the Texas State Board of Pharmacy, but it failed to disclose the disciplinary action by the South Carolina State Board of Pharmacy described above in Count (1).

By letter dated September 12, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Stephen M. Krause, Managing Officer, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Stephen M. Krause, Managing Officer
On behalf of Direct Pharmacy Source, Inc.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY

IN THE MATTER OF:

DIRECT PHARMACY SOURCE INC.
Permit No. PY.13583

STEVE KRAUSE
Permit Holder

OIE #2014-104

Respondent.

CONSENT AGREEMENT

By agreement of the State Board of Pharmacy ("the Board") and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(F) (1976, as amended), in lieu of, inter alia, a hearing before the Board, a hearing officer or panel appointed by the Board.

FINDINGS OF FACT

1. Respondent admits that it was permitted as a Non-Resident Pharmacy in the State of South Carolina at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.

2. Respondent admits the following:

   a. On or about October 15, 2014, Respondent faxed Complainant, a registered nurse without prescriptive authority, a purported prescription. The purported prescription listed Complainant as the prescribing physician. The purported patient identified on the prescription was unknown to Complainant. Complainant alleged that she had received several similar prescriptions from Respondent., even after Complainant and members of her staff called Respondent requesting that Respondent stop faxing prescriptions to her office.

3. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-86(F) and 40-43-140(A)(1)(a) (1976, as amended).

9-8-17

2. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-1-120 and 40-43-140 (1976, as amended). Respondent hereby waives any further conclusions of law with respect to this matter.

3. Respondent has full knowledge that Respondent has the right to a hearing and to be represented by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the Disciplinary Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent's permit is hereby suspended for a period of one year; however, Respondent's suspension shall be stayed immediately and Respondent permit will continue uninterrupted in a probationary status, contingent upon Respondent's compliance with the terms of this Agreement, which shall remain in effect for a period of one (1) year and until further order of the Board.

2. Respondent shall pay a fine of Three Thousand Dollars ($3000.00). The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate administrative suspension of Respondent's permit in this State until such amount is paid in full.

3. Respondent shall promptly advise this Board in writing of any changes in address, practice, professional status, or any other factors affecting compliance with this Consent Agreement. Correspondence and copies of reports and notices mentioned herein shall be directed to:

LLR-Board of Pharmacy
P.O. Box 11927
Columbia, SC 29211-1927

9-8-17

4. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint, or compulsion.

5. It is understood and agreed that if Respondent fails to meet the conditions agreed to in this Consent Agreement, Respondent's permit may be immediately administratively suspended pending compliance. Non-compliance may result in further discipline. Any license law violations by Respondent constitute a failure to meet the conditions of this Consent Agreement.

6. Respondent agrees to comply with all state and federal statutes and regulations governing the operation of its Non-Resident Pharmacy.

7. Respondent shall cooperate with the Board, its attorneys, investigators, and other representatives in the investigation of Respondent's practice and compliance with the provisions of this Consent Agreement. Respondent may be required to furnish the Board with additional information as may be deemed necessary by the Board or its representatives. In addition to such requests, the Board in its discretion may require Respondent to submit further documentation regarding Respondent's practice, and it is Respondent's responsibility to comply with all reasonable requests in a timely fashion. Failure to comply with such requests is a violation of this Consent Agreement, and may result in the immediate administrative suspension of Respondent's permit, pending a hearing and until further Order of the Board.

8. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-650 and 42 U.S.C. § 11101.

9. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or Respondent's counsel.

AND IT IS SO AGREED.

11/15/17
DATE

STATE BOARD OF PHARMACY

PERRY A. BLACKMON, R.Ph.
Chairman of the Board

1/18/2017
Date

STEVE KRAUSE
Permit Holder for Respondent

9-8-17

11/15/17
Date

PATRICK D. HANKS
Chief Disciplinary Counsel
South Carolina Department of Labor,
Licensing & Regulation

9-8-17

DocuSign Envelope ID: 313A46D4-6A62-4A81-81EF-326AB587496F

D

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
DIRECT PHARMACY SOURCE, INC.	)	
	)	
Non-Resident Pharmacy Permit Number: 113825	)	**CASE NO: 18-L-0109**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Direct Pharmacy Source, Inc. which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Direct Pharmacy Source, Inc. through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Direct Pharmacy Source, Inc. has violated the provisions of law based upon the conduct set out in Counts One and Two of the Statement. Counts Three, Four and Five are hereby dismissed.

2. Direct Pharmacy Source, Inc. shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Direct Pharmacy Source, Inc. expressly waive its rights pursuant to the

DocuSign Envelope ID: 313A46D4-6A62-4A81-81EF-326AB587496F

Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Direct Pharmacy Source, Inc. further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Direct Pharmacy Source, Inc. hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Direct Pharmacy Source, Inc. acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Direct Pharmacy Source, Inc.'s permit, including, but not limited to revocation. This paragraph shall not apply to the Agreed Order entered by the Texas State Board of Pharmacy in Case Number L-18-006.

6. Direct Pharmacy Source, Inc. acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Direct Pharmacy Source, Inc. acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing

DocuSign Envelope ID: 313A46D4-6A62-4A81-81EF-326AB587496F

this Consent Order on the advice of its attorney.

DONE this the 3rd of June, 2019.

DIRECT PHARMACY SOURCE, INC.

BY: _____

ITS: President

_____

Brian Kahan, attorney for Direct Pharmacy Source, Inc.

DONE this the 6th of June, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: _____

Kenny Sanders, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

DocuSign Envelope ID: 313A46D4-6A62-4A81-81EF-326AB587496F

D

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
DIRECT PHARMACY SOURCE, INC.	)	
	)	
Non-Resident Pharmacy Permit Number: 113825	)	**CASE NO: 18-L-0109**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Direct Pharmacy Source, Inc.
4574 N. Hiatus Road
Sunrise, Florida 33351

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on July 15, 2019 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Direct Pharmacy Source, Inc. should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Direct Pharmacy Source, Inc. has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of an Agreed Board Order by the Texas State Board of Pharmacy on August 1, 2017 attached hereto as Exhibit "A" and/or engaging in the operation of a non-resident pharmacy from on or about September 1, 2016 through on or about June 19, 2017 while not under the

DocuSign Envelope ID: 313A46D4-6A62-4A81-81EF-326AB587496F

D

supervision of a PIC licensed as a pharmacist in Texas as more fully set out in the above referenced Order.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Consent Agreement by the South Carolina Board of Pharmacy on November 15, 2017 attached hereto as Exhibit "B" and/or faxing a registered nurse without prescriptive authority prescriptions identifying the nurse as a prescribing physician involving patients unknown to the nurse all as more fully set out in the above referenced Agreement.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

DocuSign Envelope ID: 313A46D4-6A62-4A81-81EF-326AB587496F

D

COUNT FIVE

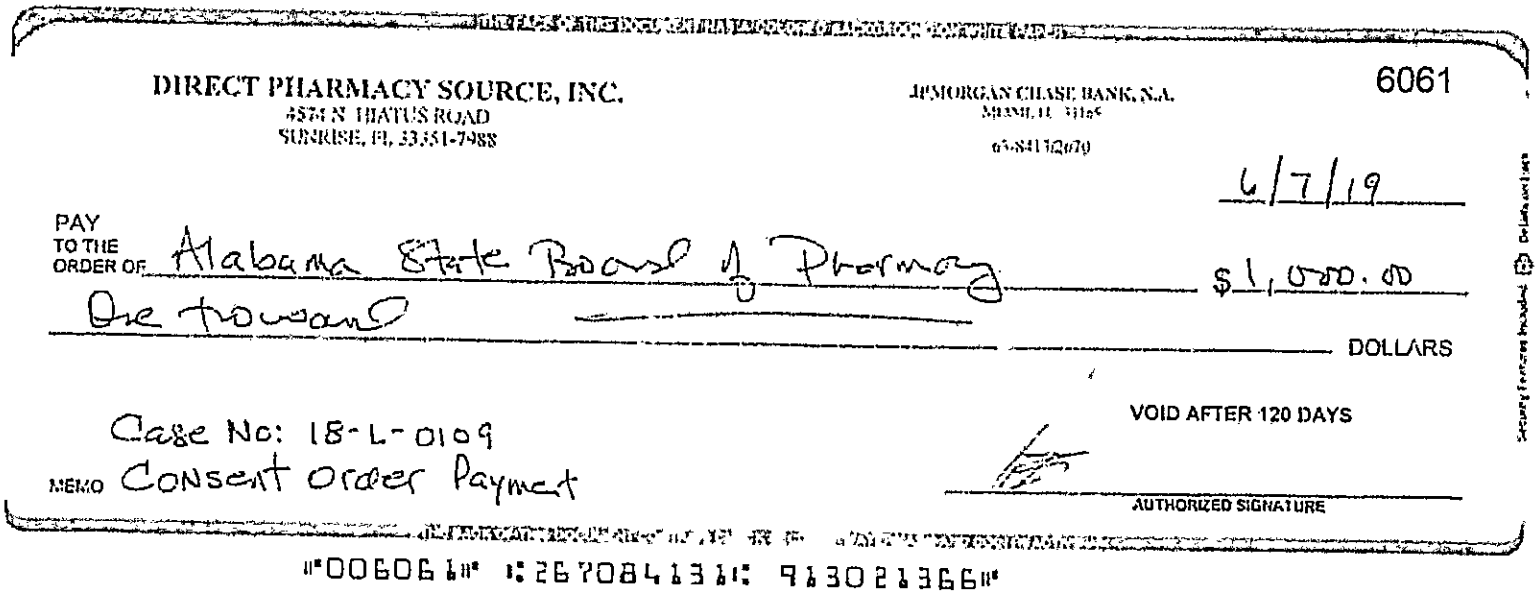
Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of February, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary



DIRECT PHARMACY SOURCE, INC.
4571 N. HIATUS ROAD
SUNRISE, FL 33351-7988

JPMORGAN CHASE BANK, N.A.
MIAMI, FL
63-8413/2670

6061

6/7/19

PAY TO THE ORDER OF Alabama State Board of Pharmacy $1,080.00

One thousand DOLLARS

VOID AFTER 120 DAYS

Case No: 18-L-0109

MEMO Consent Order Payment

AUTHORIZED SIGNATURE

⑈006061⑈ ⑆267084131⑆ 91302136⑈

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LIEUTENANT GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

ESTHER BROWN
COMPLAINTS AND ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-2660
FAX: (808) 586-2670
cca.hawaii.gov/rico

HILO OFFICE
120 PAUAHI STREET, SUITE 212
HILO, HAWAII 96720

KONA OFFICE
HUALALAI CENTER
75-170 HUALALAI ROAD, SUITE C-309
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
2145 WELLS STREET, SUITE 104
MAILING ADDRESS
P.O. BOX 1049
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, SUITE 204
LIHUE, HAWAII 96766

February 18, 2020

Direct Pharmacy Source, Inc.
4574 North Hiatus Road
Sunrise, Florida 33351

RE: Direct Pharmacy Source, Inc.
RICO Case No. PHA 2019-82-L

To Whom It May Concern:

As you know, on January 23, 2020, the Board of Pharmacy approved the Settlement Agreement in PHA 2019-82-L. Please find enclosed for your records a copy of our fiscal cover sheet and receipt dated January 28, 2020 for your $1,500.00 administrative fine payment. My office will now close this case.

Thank you for your cooperation. If you have any questions regarding this letter, please call me at (808) 586-2660.

Very truly yours,

STACIA M. SILVA
Staff Attorney

SMS:mdj

Enclosure

STATE OF HAWAII
DEPT OF COMMERCE & CONSUMER AFFAIRS

OFFICIAL RECEIPT

Reference Number: 000084114

DATE: 1/28/2020

ACCOUNT:DIRECT PHARMACY SOURCE INC

TRANSACTION LINES:

Cashier Code	Name	Amount
C23	C23 FINES	$1500.00

DESCRIPTION: (SMS) PHA 2019-82-L; CHECK NO. 1165424841 IN THE AMOUNT OF $1,500.00 IN FULL SATISFACTION OF THE FINE IMPOSED IN THE BOARD'S FINAL ORDER APPROVED ON 01/23/20.
TOTAL FINE $1,500.00
BALANCE $1,500.00
LESS PAYMENT $1,500.00
BALANCE DUE --00--

cc: Carolyne Valbuena – PVL

AMOUNT: $1,500.00

PAYMENT TYPE: Cashier's Check

MEMO: PAYOR: CHASE **CHECK NUMBER:** 1165424841

PAYMENT COVER SHEET

ACCOUNT: DIRECT PHARMACY SOURCE INC

TRANSACTION REF#: 000084114

TRANSACTION DATE: 1/28/2020

WORKITEM ID:

TRANSACTION LINES:

JAN 28 2020

Cashier Code	Cashier Code Name	Amount
C23	C23 FINES	$1,500.00

AMOUNT: $1,500.00

DESCRIPTION: (SMS) PHA 2019-82-L; CHECK NO. 1165424841 IN THE AMOUNT OF $1,500.00 IN FULL SATISFACTION OF THE FINE IMPOSED IN THE BOARD'S FINAL ORDER APPROVED ON 01/23/20.
TOTAL FINE $1,500.00
BALANCE $1,500.00
LESS PAYMENT $1,500.00
BALANCE DUE --00--

cc: Carolyne Valbuena – PVL

CHASE

CASHIER'S CHECK

1165424841

Remitter: DIRECT PHARMACY SOURCE INC

Pay To The Order Of: DCCA COMPLIANCE RESOLUTION FUND

Pay: ONE THOUSAND FIVE HUNDRED DOLLARS AND 00 CENTS $** 1,500.00 **

Do not write outside this box

Memo:
Note: For information only. Comment has no effect on bank's payment.

Drawer: JPMORGAN CHASE BANK, N.A.

Reginald Chambers, Chief Administrative Officer
JPMorgan Chase Bank, N.A.
Columbus, OH

⑈1165424841⑈ ⑆044000037⑆ 7586613261⑈

RECEIVED
NOV 15 2019
DCCA - PVL

STACIA M. SILVA 6760
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 903
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT OF COMMERCE
AND CONSUMER AFFAIRS
2019 JUL 23 P 2:32
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of)	PHA 2019-82-L
DIRECT PHARMACY SOURCE, INC., Respondent.	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1" – "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent DIRECT PHARMACY SOURCE, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 749. The permit was issued on or about February 15, 2012. The permit is set to expire or forfeit on or about December 31, 2019.

2. Respondent's mailing address for purposes of this action is 4574 N. Hiatus Road, Sunrise, FL 33351.

3. On or about November 13, 2017, Respondent reported it was disciplined by the Texas State Board of Pharmacy.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

4. An Agreed Board Order was executed on or about August 1, 2017 by the Texas State Board of Pharmacy in #K-17-006 (hereinafter the "2017 Texas Order") (Exhibit "1"). The 2017 Texas Order was based on allegations that Respondent's non-resident pharmacy's pharmacist-in-charge was not licensed in Texas. Pursuant to the terms of the 2017 Texas Order, Respondent was ordered to pay an administrative penalty of $1,000.00.

5. On or about September 26, 2018, Respondent reported it was disciplined by the South Carolina State Board of Pharmacy.

6. A Consent Agreement was executed on or about November 15, 2017 by the South Carolina State Board of Pharmacy in OIE #2014-104 (hereinafter the "South Carolina Agreement") (Exhibit "2"). The South Carolina Agreement was based on allegations that Respondent was faxing prescriptions to a registered nurse without prescriptive authority despite the nurse's repeated requests to Respondent to stop doing so. Pursuant to the terms of the South Carolina Agreement, Respondent's permit was placed on probation, and Respondent was ordered to pay a fine of $3,000.00.

7. On or about May 9, 2019, Respondent reported it was disciplined by the Texas State Board of Pharmacy.

8. An Agreed Board Order was executed on or about November 6, 2018 by the Texas State Board of Pharmacy in #L-18-006 (hereinafter the "2018 Texas Order") (Exhibit "3"). The 2018 Texas Order was based on Respondent's misrepresentation on a license renewal application before the Texas State Board of Pharmacy regarding prior disciplinary action made against Respondent. Pursuant to the terms of the 2018 Texas Order, Respondent was ordered to pay an administrative penalty of $1,000.00.

9. RICO alleges Respondent was disciplined by the States of Texas and South Carolina and that Respondent failed to timely report the actions.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency) and § 436B-19(15) (failure to timely report disciplinary action).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the 2017 Texas Order.

7. Respondent represents Exhibit "2" is a true and correct copy of the South Carolina Agreement.

8. Respondent represents Exhibit "3" is a true and correct copy of the 2018 Texas Order.

9. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

10. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

11. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

12. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2019-82-L.

13. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($1,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Stacia M. Silva, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraphs C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4 Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Pinellas, FL, 11/13/19
(City) (State) (Date)

DIRECT PHARMACY SOURCE, INC.
Respondent
By: _____
(Signature)
Steve Krouse
(Print Name)
Its President

DATED: Honolulu, Hawaii, NOV 15 2019

STACIA M. SILVA
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF DIRECT PHARMACY SOURCE, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1" – "3"; RICO CASE NO. PHA 2019-82-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

~~KERRI OKAMURA~~ ALANNA ISOBE
Chairperson

January 23, 2020
DATE

JULIE YURIE TAKISHIMA-LACASA
Vice Chair

MARY JO KEEFE

~~CAROLYN S. J. MA~~ SHERI TOKUMARU

~~ALANNA ISOBE~~

~~RONALD WEINBERG~~ CATALINA CROSS

KENNETH VANDENBUSSCHE

PVL 08/2018

STATE OF FL)
) SS.
COUNTY OF BROWARD)

On this 13TH day of NOVEMBER, 2019, before me personally appeared STEPHEN KRAUSE, to me known to be the person described, and who executed the foregoing instrument on behalf of DIRECT PHARMACY SOURCE, INC. as its PRESIDENT, and acknowledged that he/she executed the same as his/her free act and deed.

This 5TH-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated 11/13 (DATE DOCUMENT SIGNED BY RESPONDENT), 2019 was acknowledged before me by STEPHEN KRAUSE (NAME OF PERSON SIGNING THIS DOCUMENT) this 13TH day of NOVEMBER, 2019, in the City of TAMARAC, in the County of BROWARD, in the N/A Circuit, in the State of FLORIDA.

MARTIN CASTRO SILVA
Notary Public - State of Florida
Commission # GG 019152
My Comm Expires Aug 7, 2020

Notary Signature: [signature]
Print Notary Name: MARTIN CASTRO
Notary Public, State of FL
My Commission expires: 08/07/2020

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
Direct Pharmacy Source, Inc.	)	CONSENT AGREEMENT
	)	
Complaint No. 2019-PHA-16193	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Direct Pharmacy Services , for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Direct Pharmacy Source, Inc. ("Direct"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since July 2, 2012, Direct has been licensed in Maine as a mail order prescription pharmacy with a registered location of 4574 N Hiatus Road, Sunrise, Florida (license number **MO40001225**).

2. On August 1, 2017, the Texas State Board of Pharmacy and Direct entered into Agreed Board Order, #K-17-006, that imposed discipline against Direct's Texas pharmacy license (#27738).

3. On November 6, 2018, the Texas State Board of Pharmacy and Direct entered into Agreed Board Order, #L-18-006, that imposed discipline against Direct's Texas pharmacy license (#27738).

4. On both occasions Direct failed to report the Texas disciplinary actions to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

5. On November 27, 2018, Direct submitted a renewal application and reported to the Board for the first time that it had been disciplined by the Texas State Board of Pharmacy

6. On June 6, 2019, the Alabama State Board of Pharmacy and Direct entered into a Consent Order in Case No. 18-L-0109 that imposed discipline against Direct's Alabama pharmacy permit (number 113825).

7. Direct then failed to report the Alabama disciplinary actions to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

8. On June 19, 2019, Direct notified the Board for the first time that it had been disciplined by the Alabama State Board of Pharmacy.

9. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

10. At its meeting on November 7, 2019, the Board reviewed the above information and voted to preliminarily deny Direct's application for renewal of its license to be a mail order prescription pharmacy. In lieu of the denial, the Board also voted to offer Direct this Consent Agreement. Unless Direct either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Complaint Division, 35 State House Station, Augusta, ME 04333, by **April 30, 2020,** the preliminary denial of Direct's application for licensure as a mail order prescription pharmacy will become final.

COVENANTS

11. Direct admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(11), and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken.

12. As discipline for the violation admitted to in paragraph 11 above, Direct agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of two hundred fifty dollars ($250.00), payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Jessica Gowell, Licensing Supervisor, Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation,35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement;

13. Violation of any of the terms or conditions of this Consent Agreement by Direct shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

14. The Board and Direct agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Direct fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Direct, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Direct. The Board may also consider the fact that discipline was

imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Direct.

15. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

16. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

17. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew Direct's license contingent upon it meeting all other eligibility criteria.

18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

20. Direct acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 04/02/20

DIRECT PHARMACY SOURCE, INC..

By: _____

Print Name: Steve Krause

Title: President/Owner

DATED: 4 20 2020

JOSEPH BRUNO, R.Ph., President
Maine Board of Pharmacy

DATED: 4/21/2020

ANDREW L. BLACK
Assistant Attorney General

CHASE

Terms and Conditions:

* Please keep this copy for your record of the transaction
* Money Orders are not valid for more than $1000
* The sender/drawer agrees to enter the name of the payee and to sign the instrument immediately upon purchase
  - Failure to do so will result in the sender/drawer bearing the risk of any loss or theft of this instrument
* The laws of a specific state will consider these funds to be "abandoned" if this Money Order is not cashed by a certain time
* Placing a Stop Payment on a Money Order
  - Sender/Drawer can place a stop payment on an unpaid Money Order
  - Please visit a Chase Branch to place a stop and have the item re-issued
* Please visit a Chase branch to report a lost, stolen, or destroyed Money Order or for any other information about this item

FOR YOUR PROTECTION SAVE THIS COPY **Customer Copy**

MONEY ORDER

9850406100

07/29/2021

Pay To The Order Of: NEVADA STATE BOARD OF PHARMACY $** 500.00 **

Pay: FIVE HUNDRED DOLLARS AND 00 CENTS

NOT VALID FOR MORE THAN $1000.00

Memo: Change of ownership application

Note: For information only. Comment has no effect on bank's payment.

NON NEGOTIABLE

SENDER/DRAWER:

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03896

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dynamic Rx Labs LLC

Physical Address: 923 Powell Ave., SW STE 150

Mailing Address: 923 Powell Ave., SW STE 150

City: Renton State: WA Zip Code: 98057-2958

Telephone: 425.255.9000 Fax: 425.228.6412

Toll Free Number: 844.686.5300 (Required per NAC 639.708)

E-mail: Pharmacy@DynamicRxLabs.com Website: http://dynamicrxlabs.com

Managing Pharmacist: Angelique Williams License Number: 21354

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☑	Mail Service
☐	Community	☐	Long Term Care
☑	Other: Closed Door	☑	Sterile Compounding **
		☑	Non Sterile Compounding
	All boxes must be checked	☑	Mail Service Sterile Compounding **
	For the application to be complete	☐	Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Robert T Blair
Print Name of Authorized Person

3/30/2021
Date

Board Use Only Date Processed:_____ Amount: 500 Check # 66176627

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

Limited Liability Company

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: LLC formed in Washington

Parent Company if any: N/A

Mailing Address: 923 Powell Ave., SW STE 150

City: Renton State: WA Zip: 98057-2958

Telephone: 425.255.9000 Fax: 425.228.6412

Contact Person: Rizalynne Rose Phal, PIC

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - LLC no shares.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - LLC no shares.

3) What was the price paid per share? N/A - LLC no shares.

4) What date did the corporation actually receive the cash assets? N/A LLC

5) Provide a copy of the corporation's stock register evidencing the above information
N/A - LLC no shares.

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Anh T. Nguyen

Date: 09/20/2021
Amount:
License #: 21202

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/20/2022

Anh T. Nguyen

License #
21202
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21202

Expires: 03/20/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Anh T. Nguyen

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Angelique B. Williams

Date: 09/29/2021
Amount:
License #: 21354

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Angelique B. Williams

License #
21354
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21354

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Angelique B. Williams

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Name: Robert T Blair
Title: LLC Manager

See attached member list.

Dynamic Rx Labs LLC Post Member List:

Dynamic Rx LLC - April 12, 2021		
Name	Title	Percentage Ownership
KCB UMC Co-invest LP	Member	32.4%
KCB Private Equity Fund II LP	Member	31.6%
James T Axtell	Member	17.0%
Patricia Scheller	Member	7.0%
Quan Pho	Member	7.0%
Deerpath Partners, LLC	Member	1.7%
Deerpath Partners Holding Corp., LLC	Member	1.7%
Deerpath Funding Advantage IV, LP	Member	1.6%

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Robert T Blair

Responsible Person of Dynamic Rx Labs LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Robert T Blair
Print Name of Authorized Person

3/30/2021
Date

Nevada - Out-of-State Mail Pharmacy

Affirmative Answer response to:

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Mr. James T Axtell will be a 17% owner of Dynamic Rx Labs, LLC after April 12, 2021. Mr. Axtell is also the sole owner of Axtell Rite-Value Pharmacy, Inc. located at 304 1/2 Charlie Drive, Whitesboro, Texas 76273 ("Axtell Rite-Value Pharmacy"). Axtell Rite-Value Pharmacy is not affiliated with nor does it share any operations with Dynamic Rx Labs, LLC.

Mr. Axtell has the attached Agreed Board Order #C-17-032-A from the Texas State Board of Pharmacy, signed and entered into on June 11, 2018.

Facility Search

Search

Search

Facility Information

NEW SEARCH RESULTS

Facility Name: Dynamic RX Labs LLC
Address: 923 Powell Ave SW Ste 150, Renton, WA, 98057-2941
Owner's Name: Dynamic RX Labs LLC
License #: PHAR.CF.60580500
Facility Status: ACTIVE
Facility Type: Pharmacy License
License Expires On: 05/31/2022

If you find any errors in this description, please complete the Feedbackform and send it to us.

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DYNAMIC RX LABS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/17/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/15/2021
UBI Number: 603 488 330

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 11/15/2021

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DYNAMIC RX LABS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/17/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/15/2021
UBI Number: 603 488 330

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 11/15/2021

Dynamic Rx LABS

4/22/21

VIA E-MAIL
Inspector Suzy Patell, R Ph.
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Response to Discussion Item #6

Dear Ms. Patell:

Please accept this letter as Dynamic Rx Labs response to Discussion Item #5. Again, we appreciate your grant of an extension to supply this response.

Discussion Item #6 from our inspection requests:

6. Plan of compliance with BUD restriction within 16 CCR 1751.8 and 16 CCR 1735.2(i)(3)(C), on official letterhead, signed by PIC Phal, current owner – James Axtell and new prospective owners, within 96 hours. (extension granted to 4/22/2021)

Response:

Our plan of compliance related to BUD dating for sterile products compounded for patients located in California shall be to use default BUD dating as described in the current, compendial USP General Chapter <797> which requires the following:

Risk Level	Controlled Room Temp	Cold Temperature	Frozen
Immediate Use	1 hour from start of compounding	NA	NA
Low – Segregated Compounding Area	12 hours or less from compounding	NA	NA
Low	48 hours	14 days	45 days
Medium	30 hours	9 days	45 days
High	24 hours	3 days	45 days

When extending BUD dating beyond the default dating described in the chart above, we will comply with the USP <797> and California rules (specifically 16 CCR 1751.8 and 16 CCR 1735.2(i)(3)(C)). California allows a pharmacy to extend BUD dating if there is a valid stability test performed by the pharmacy using a scientifically valid stability-indicating method, a third-party laboratory using a stability indicating method, or a published third-party study such as the studies included in this response.[1]

For example, attached are two Peer Reviewed studies on the stability of "Trimix" compounds that provide stability data for refrigerated compounded "Trimix" for 30-60 days

[1] USP 797 recommends but does not require testing to include a stability-indicating method.

Dynamic Rx LABS

and frozen compounded "Trimix" for 6 months. *See* Appendix A. The results of this 2004 stability study were revalidated in 2021 by a bracketing study. *See* Appendix B.

As you know, a bracketing study is performed to test the extremes of API concentration in a formulation. A bracketing study is particularly valuable when compounding formulations that often involve patient-specific prescriptions that use varying concentrations of APIs. The bracketing study establishes the stability of high concentration strengths and low concentration strengths to see if concentration of API in a compound has any effect on stability.

We call your attention to the bracketing study published in 2021 that reviewed the stability of bracketed Trimix and a single strength preparation of Trimix that concluded BUDs of 60 days and 64 days at refrigerated temperature. We believe these studies, combined with our previously completed potency over time and USP <71> sterility studies, comply with the stability study requirement required by California in 16 CCR 1735.2(i)(3)(c) and supports our BUD of up to 60 days at refrigerated temperature.

We appreciate this opportunity to review and analyze this matter. Please let us know if you have any questions.

Sincerely,

Angelique Williams PIC

James Axtell

Robert T. Blair on behalf of the Prospective Owners

Appendix A

PEER REVIEWED

Long-Term Stability of Trimix: A Three-Drug Injection Used to Treat Erectile Dysfunction

Abstract

A three-drug injection mixture of alprostadil 12.5 µg/mL, papaverine hydrochloride 4.5 mg/mL and phentolamine mesylate 0.125 mg/mL in bacteriostatic 0.9% sodium chloride injection was evaluated for stability at 23°C, 4°C, –20°C and –70°C. The injection remained clear and colorless in all samples throughout the study. Chemical stability testing was performed using stability-indicating high-performance liquid chromatographic analysis. Alprostadil was the least stable of the drug components at room temperature and under refrigeration. About 8% alprostadil loss occurred in five days at room temperature; under refrigeration losses of about 6% and 11% occurred after 1 and 2 months, respectively. Frozen at –20°C and –70°C, less than 5% loss of any of the drug components occurred in 6 months.

A beyond-use date of 6 months when stored frozen at –20°C and 1 month when stored refrigerated at 4°C is appropriate for batches of the injection that have passed sterility testing. Room temperature exposure should be limited, and the vial should be returned to refrigeration as soon as possible.

Lawrence A. Trissel, BS, RPh, FASHP

Yanping Zhang, BS

Division of Pharmacy
The University of Texas
M. D. Anderson Cancer Center
Houston, Texas

Introduction

Erectile dysfunction is a distressing complication that occurs during the treatment of prostate cancer as well as being common in the general male population. Although the commercial availability of sildenafil citrate has been useful in many men, prostate cancer patients often require alternative treatment. A commonly used alternative consists of an extemporaneously compounded three-drug injection containing alprostadil, papaverine hydrochloride and phentolamine mesylate. Though it is commonly referred to as the "Knoxville formula," apparently for the city of its original introduction, a number of slightly varying formulas have been in use around the country. The three-drug preparation is administered by intracavernosal injection to induce penile erection.[1]

In this institution, the three-drug preparation is nicknamed Trimix and is composed of alprostadil (the naturally occurring form of prostaglandin E1) 12.5 µg/mL, papaverine hydrochloride 4.5 mg/mL and phentolamine mesylate 0.125 mg/mL in bacteriostatic 0.9% sodium chloride injection as a standard formula. Although this formula and similar formulas have been in use for some time, no long-term stability information has been available to support extended beyond-use periods. Many of our patients who require Trimix treatment live at a distance from our institution and some live outside the country. It would help these patients if the Trimix injection were determined to be sufficiently stable so that a larger supply could be provided, thus reducing the frequency of repeat visits to the hospital or outside pharmacies for refills.

The purpose of this study was to evaluate the stability of our Trimix injection formulation at four storage temperatures, 23°C, 4°C, –20°C and –70°C, for varying periods up to six months.

Methods

Materials

The Trimix injection was prepared by extemporaneously compounding the three-drug mixture from the appropriate amounts of each of the drugs using commercial injections of alprostadil 0.5 mg/mL (Lot 00E212, GensiaSicor, Irvine, California), papaverine hydrochloride 30 mg/mL (Lot 200638, Bedford Laboratories, Bedford, Ohio), reconstituted phentolamine mesylate 5 mg/mL (Lot 236134, Bedford) and bacteriostatic 0.9% sodium chloride injection containing benzyl alcohol (Lot 71-024-DK, Abbott Laboratories, North Chicago, Illinois) to yield the necessary final concentrations of each of the agents, and was packaged in commercial empty sterile vials (Lot 312507, American Pharmaceutical Partners, Los Angeles, California). Reference standards of prostaglandin E1 (Lot 129H3857, Sigma Chemical, St. Louis, Missouri), papaverine hydrochloride (Lot H, United States Pharmacopeia [USP], Rockville, Maryland) and phentolamine mesylate (Lot I, USP) were purchased from commercial sources and used without further purification. The mobile phase components were all of a grade suitable for high-performance liquid chromatographic (HPLC) analysis. The water used was also HPLC grade and was prepared immediately before use.

Table 1. Trimix Formulation Tested for Stability.

Component	*Amount*
Alprostadil injection 0.5 mg/mL	4.5 mL
Papaverine hydrochloride injection 30 mg/mL	27 mL
Phentolamine mesylate injection 5 mg/mL[a]	4.5 mL
Bacteriostatic 0.9% sodium chloride injection qs	180 mL

[a]Reconstituted with sterile water for injection.
mg = milligram
mL = milliliter
qs = as needed

Preparation and Sampling

The Trimix injection was compounded using the formula in Table 1. A total of 180 mL of the preparation was compounded as a pooled bulk solution in a sterile polycarbonate 500-mL flask (Lot 3290004, Corning Corporation, Corning, New York). Aliquots of 2 mL were filtered through 0.22-µm bacterial retentive filters (Millex-GS, Millipore Corporation, Bedford, Massachusetts) into the 5-mL sterile empty vials. Five vials were analyzed initially, and the balance were divided into groups stored at room temperature near 23°C, refrigerated at 4°C, frozen at both –20°C and –70°C and also subjected to four freeze-thaw (–20°C/23°C) cycles after 30 days of frozen storage. Evaluations were performed after storage for the varying time periods under each of the storage conditions.

Evaluation and HPLC Analysis

The physical stability of the samples was assessed by visual examination of the solution in the finished vials. Visual examinations were performed in normal diffuse fluorescent room light with the unaided eye and also using a Tyndall beam, a high-intensity monodirectional light beam, to facilitate visualization of haze or particulates.

The alprostadil, papaverine hydrochloride and phentolamine mesylate concentrations were determined using two stability-indicating HPLC assay methods adapted from the methods of Sbulman and Fyfe[2] for the alprostadil and the method of Tu et al[3] for the papaverine hydrochloride and phentolamine mesylate. The details of the analytical methods used in this study are cited in Table 2. A high-performance liquid

Table 2. High-Performance Liquid Chromatographic Analytical Methods Used in This Study.

	Alprostadil[a]	*Papaverine*[b] *and Phentolamine*[c]
HPLC:	Waters Alliance 2690	Waters LC Module 1 Plus
Column:	Xterra MS C_{18}, 250 × 4.6 mm, 5 µm	Xterra MS C_8, 150 × 4.6 mm, 5 µm
Mobile Phase:	65% 0.05 M KH_2PO_4 (pH 3.0)	78% 0.05 M KH_2PO_4 (pH 3.0)
	35% Acetonitrile	22% Acetonitrile
Flow Rate:	1.25 mL/minute	1.0 mL/minute
Detection:	193 nm	225 nm
Injection Volume:	30 µL	10 µL
Retention Times:		
Alprostadil	10.8 minutes	-
Papaverine	< 4 minutes	7.6 minutes
Phentolamine	< 4 minutes	10.6 minutes
Decomposition products	7.3, 9, 10 minutes	4.5, 5.2, 11.4 minutes

[a] Precision: Mean ± SD (n = 10) 12.6 ± 0.2 µg/mL; percent RSD was 1.6%. Standard curve range was 5 to 20 µg/mL. Correlation coefficient >0.999. Intraday and interday coefficients of variation were 5.1% and 2.9%, respectively.
[b] Diluted 10-fold with water for analysis. Precision: Mean ± SD (n = 10) 437.1 ± 7.9 µg/mL; percent RSD was 1.8%. Standard curve range was 300 to 550 µg/mL. Correlation coefficient >0.999. Intraday and interday coefficients of variation were 1.7% and 2.4%, respectively.
[c] Diluted 10-fold with water for analysis. Precision: Mean ± SD (n = 10) 12.2 ± 0.4 µg/mL; percent RSD was 0.3%. Standard curve range was 5 to 20 µg/mL. Correlation coefficient >0.999. Intraday and interday coefficients of variation were 1.8% and 2.5%, respectively.
HPLC = high-performance liquid chromatographic
mL = milliliter
mm = millimeter
nm = nanometer
RSD = relative standard deviation
SD = standard deviation
µg = microgram
µL = microliter
µm = micrometer

chromatograph (LC Module 1 Plus, Waters Corporation, Milford, Massachusetts) was used for analysis of the papaverine hydrochloride and phentolamine mesylate. The chromatograph consisted of a multisolvent delivery pump, an autosampler and an ultraviolet light detector in one unit. Separation was performed using a C_8 column (Xterra MS C_8, 5 µm, 150 × 4.6 mm, Waters Corporation). A second high-performance liquid chromatograph (Alliance 2960, Waters Corporation) with a photodiode array detector (Model 996, Waters Corporation) was used for the analysis of alprostadil. Separation was performed using a C_{18} column (Xterra MS C_{18}, 5 µm, 250 × 4.6 mm, Waters Corporation). The systems were controlled and integrated by a personal computer with chromatography management software (Millennium^{32} Chromatography Manager, Waters Corporation). Duplicate HPLC determinations on each of the triplicate samples were performed at each test interval to determine drug concentration.

The analytical methods for each of the drugs were demonstrated to be stability-indicating by accelerated degradation. The sample solutions were mixed with 0.1 N sodium hydroxide, 0.1 N hydrochloric acid and 3% hydrogen peroxide and were subjected to heating. Loss of the intact drugs was observed with each of these treatments. Using the alprostadil method, the intact prostaglandin E1 had a retention time of 10.8 minutes, while the other two drugs both eluted before 4 minutes. Degradation product peaks that formed eluted at 7.3, 9 and 10 minutes and did not interfere with the peak of the intact prostaglandin E1. Using the method for determination of papaverine hydrochloride and phentolamine mesylate, retention times for papaverine and phentolamine were 7.6 and 10.6 minutes, respectively. Degradation product peaks that formed eluted at 4.5, 5.2 and 11.4 minutes and did not interfere with the peaks of the intact papaverine and phentolamine. No alprostadil peak was observed using this method. Stability of the drug preparation was defined as not less than 90% of each of the initial drug content remaining in the solution.

Results and Discussion

The Trimix injection was a clear, colorless solution when viewed in normal room light, as well as when viewed using a Tyndall beam. The injection at all storage temperatures remained clear and colorless throughout the study with no appearance of precipitation even in the frozen samples when thawed.

The results of the HPLC analysis for each of the test drugs in the Trimix mixture are shown in Tables 3, 4 and 5. The alprostadil proved to be the least stable of the three drugs at room temperature and under refrigeration and was the limiting factor in the utility period of the Trimix at these temperatures. At room temperature near 23°C, alprostadil losses of about 8% and 13% occurred in five and seven days, respectively. Refrigerated at 4°C, alprostadil losses were about 6% in one month and 11% in two months. When frozen at –20°C and –70°C, losses were similar among the three drugs, with no loss exceeding 5% in six months. Storage of samples at –20°C for one month and then subjecting the vials to four freeze/thaw cycles, warming the vials to room temperature each time, resulted in no loss of any of the drugs.

Table 3. Stability of Alprostadil in the Trimix Injection.

	Percent of Initial Concentration Remaining[a]				
Time	*23°C*	*4°C*	*–20°C*	*–70°C*	*–20°C/23°C*[b]
1 day	98.5 ± 0.6	–[c]	–[c]	–[c]	–[c]
3 days	96.3 ± 0.2	–[c]	–[c]	–[c]	–[c]
5 days	91.9 ± 0.2	–[c]	–[c]	–[c]	–[c]
7 days	87.4 ± 1.4	98.2 ± 0.8	–[c]	–[c]	–[c]
14 days	76.4 ± 1.3	94.2 ± 3.8	–[c]	–[c]	–[c]
21 days	67.5 ± 1.1	95.5 ± 0.5	–[c]	–[c]	–[c]
1 month	56.8 ± 3.1	94.4 ± 0.3	99.7 ± 0.7	101.4 ± 0.8	100.5 ± 0.7
2 months	–[c]	88.6 ± 1.4	100.5 ± 0.2	101.5 ± 0.8	–[c]
3 months	–[c]	–[c]	97.7 ± 1.3	100.2 ± 0.8	–[c]
4 months	–[c]	–[c]	96.7 ± 0.4	–[c]	–[c]
8 months	–[c]	–[c]	97.3 ± 1.2	99.1 ± 4.7	–[c]

[a]Actual initial amount of alprostadil was 12.0 ± 0.1 µg/mL (mean ± SD $n = 6$).
[b]Stored frozen for one month, then subjected to four freeze/thaw cycles at –20°C and 23°C.
[c]Not tested at this interval.
mL = milliliter
SD = standard deviation
µg = microgram

PEER REVIEWED

Table 4. Stability of Papaverine Hydrochloride in the Trimix Injection.

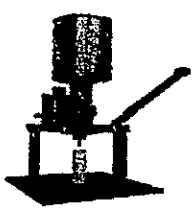
	Percent of Initial Concentration Remaining[a]				
Time	*23°C*	*4°C*	*−20°C*	*−70°C*	*−20°C/23°C*[b]
1 day	–[c]	–[c]	–[c]	–[c]	–[c]
3 days	–[c]	–[c]	–[c]	–[c]	–[c]
5 days	–[c]	–[c]	–[c]	–[c]	–[c]
7 days	101.0 ± 0.9	101.9 ± 0.4	–[c]	–[c]	–[c]
14 days	98.0 ± 1.2	98.8 ± 0.9	–[c]	–[c]	–[c]
21 days	97.9 ± 0.8	97.4 ± 0.5	–[c]	–[c]	–[c]
1 month	101.5 ± 0.9	101.6 ± 1.0	101.3 ± 0.5	100.8 ± 0.5	100.1 ± 0.8
2 months	–[c]	96.1 ± 2.7	96.5 ± 0.6	96.2 ± 1.3	–[c]
3 months	–[c]	–[c]	97.5 ± 0.9	97.6 ± 2.4	–[c]
4 months	–[c]	–[c]	95.1 ± 0.9	–[c]	–[c]
6 months	–[c]	–[c]	95.5 ± 1.9	96.4 ± 1.7	–[c]

[a]Actual initial amount of papaverine hydrochloride was 4.69 ± 0.06 mg/mL (mean ± SD $n = 6$).
[b]Stored frozen for one month, then subjected to four freeze/thaw cycles at −20°C and 23°C.
[c]Not tested at this interval.
mg = milligram
mL = milliliter
SD = standard deviation

Cropharm

NEW ***Fast Lock Feton capsule filling machines***

Locking device through one cam
FDA approved Stainless steel plates (type 316)
100 or 200 caps per batch
Capacity up to 3000 capsules/hour



Also available:
Empty capsules - Blister Pack Machine -Counting Machines

Liquid,Cream filling -Tube closing-Coding-Capping

Cropharm,Inc. 132 Pepe's Farm Rd.Milford,CT 06460 tel:203 877-3859 fax:203 877-2752
web site: www.cropharm.com e-mail sales@cropharm.com

From these data, we propose a beyond-use dating for the Trimix product of six months frozen at –20°C. Storage at the lower temperature of –70°C appears to be unnecessary. For patients receiving multiple vials of Trimix for use over extended periods, the vials should be stored in the freezer and only one at a time should be thawed for expected use. The thawed vial should be stored in the refrigerator and should be discarded 30 days after thawing. If the patient is to receive a limited supply of Trimix, then refrigerated storage for no more than 30 days is recommended. After a vial is warmed to room temperature for use, it should be returned to the refrigerator as soon as possible. If left at room temperature, vials should be discarded after five days.

Compounding of this three-drug formulation using commercial injections pooled into an open sterile container in an aseptic environment and intended for use by multiple patients and/or for multiple occasions qualifies the Trimix preparation as a medium risk level product. Batches of the preparation must pass a USP sterility test in order to utilize this extended beyond-use period. In the absence of passing a sterility test, the Trimix formulation is limited to beyond-use periods of 45 days at –20°C and 7 days at 4°C. If the Trimix injection were to be compounded using nonsterile raw ingredients, it would be at high risk of contamination and subject to more restrictive beyond-use periods in the absence of a sterility test.[4]

Conclusion

The three-drug extemporaneously compounded erectile dysfunction medication nicknamed Trimix is sufficiently stable

Table 5. Stability of Phentolamine Mesylate in the Trimix Injection.

	Percent of Initial Concentration Remaining[a]				
Time	*23°C*	*4°C*	*−20°C*	*−70°C*	*−20°C/23°C[b]*
1 day	–[c]	–[c]	–[c]	–[c]	–[c]
3 days	–[c]	–[c]	–[c]	–[c]	–[c]
5 days	–[c]	–[c]	–[c]	–[c]	–[c]
7 days	101.1 ± 0.7	102.0 ± 0.6	–[c]	–[c]	–[c]
14 days	97.8 ± 1.2	98.6 ± 0.6	–[c]	–[c]	–[c]
21 days	97.2 ± 0.8	97.0 ± 0.3	–[c]	–[c]	–[c]
1 month	101.0 ± 0.6	101.1 ± 1.1	100.3 ± 0.2	100.3 ± 0.4	100.7 ± 1.0
2 months	–[c]	97.5 ± 1.4	99.2 ± 0.8	98.6 ± 1.3	–[c]
3 months	–[c]	–[c]	97.8 ± 2.8	98.7 ± 3.7	–[c]
4 months	–[c]	–[c]	96.7 ± 0.9	–[c]	–[c]
6 months	–[c]	–[c]	95.3 ± 1.5	96.0 ± 1.5	–[c]

[a]Actual initial amount of phentolamine mesylate was 122.2 ± 0.2 µg/mL (mean ± SD $n = 6$).
[b]Stored frozen for one month, then subjected to four freeze/thaw cycles at −20°C and 23°C.
[c]Not tested at this interval.
mL = milliliter
SD = standard deviation
µg = microgram

that reasonable beyond-use periods are six months when frozen at −20°C and one month when refrigerated at 4°C, if the preparation has passed a sterility test. Room temperature exposure should be limited to occasions of use with the vial returned to the refrigerator as soon as possible.

Acknowledgement: The authors would like to acknowledge the advice provided by Mr. Ken Hughes, RPh, Greenpark Pharmacy, Houston, Texas.

References

1. McEvoy GK. *AHFS Drug Information–2003.* Bethesda, MD: American Society of Health-System Pharmacists; 2003: 1697-1703.
2. Shulman NH, Fyfe RK. Shelf-life determination of prostaglandin E1 injections. *J Clin Pharm Ther* 1995; 20(1): 41-44.
3. Tu YH, Allen LV Jr, Wang DP. Stability of papaverine hydrochloride and phentolamine mesylate in injectable mixtures. *Am J Hosp Pharm* 1987; 44(11): 2524-2527.
4. United States Pharmacopeial Convention, Inc. *Pharmacopeial Forum* 2003; 29: 750-809.

Address correspondence to: Lawrence A. Trissel, BS, RPh, FASHP, Division of Pharmacy, Box 90, The University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Boulevard, Houston, TX 77030. ■

Is your compounding base free?

...free of dyes, perfume, fragrance and masking fragrance, lanolin, parabens and formaldehyde

- non-irritating
- non-greasy
- non-comedogenic
- quickly absorbed
- easy to apply
- widely compatible
- recommended by dermatologists
- stable
- oil-in-water emulsion
- produces elegant products
- easy equipment cleanup
- cosmetically acceptable
- competitively priced

To receive a free lb. jar or for more information, call 1-800-325-8232

PHARMACEUTICAL SPECIALTIES, INC
ROCHESTER, NY

Appendix B

Beyond-use Date of Trimix: A Reproducible Stability Study Using Bracketing Design

S STABILITY P PENETRATION F FORMULATIVE C CLINICAL STUDY O OTHER

Gopesh Patel, RPh[1]
Courtaney Davis, CPhT[2]
Yi Liu, PharmD, PhD, RPh[2]
Kendice Ip, MS[2]
Krystal E. Debideen, CPhT[1]
Stephanie Anderson, MBA[3]
Robert Byrne, PhD[3]
Dylan Herr[3]
Melissa Merrell Rhoads, PharmD, RPh[2]
Ross Caputo, PhD[3]
Daniel Banov, MS, RPh[2]
August S. Bassani, PharmD, RPh[2]

Abstract

Trimix is a widely prescribed penile injection for patients with erectile dysfunction and is only available as a compounded medication. The instability of alprostadil, one of the major ingredients of Trimix, has been a limiting factor in its utilization. There are published stability data for Trimix formulations that have been used to establish a beyond-use-date. However, a robust bracketed study that is shown to be reproducible is highly desirable and meaningful. The purpose of this study was to test the reproducibility of a bracketed stability study when the preparations were made by two different entities to provide beyond-use date information of Trimix preparations that cover a wide range of strengths. A validated stability-indicating method was used to compare the stability of a bracketed Trimix - alprostadil 5 µg/mL to 45 µg/mL, papaverine 15 mg/mL to 30 mg/mL, and phentolamine 0.4 mg/mL to 5 mg/mL, and a single-strength preparation containing alprostadil 30 µg/mL, papaverine 30 mg/mL, and phentolamine 2 mg/mL that were compounded and stored following the same methods and conditions, but at two different practice settings. Beyond-use dates of 60 days and 64 days at cold temperature were obtained for the two preparations from two different settings. The consistent results confirmed the reproducibility of the bracketing designs used to determine the beyond-use dates of Trimix. The clinical value of these results stems from the availability of accurate and widely applicable stability data that can be referenced to establish beyond-use dates of a number of Trimix preparations with various strength combinations.

Introduction

Intracavernosal self-injection of Trimix, a three-drug mixture of alprostadil, papaverine, and phentolamine, has gained popularity in patients with erectile dysfunction. The advantages of Trimix over conventional oral phosphodiesterase-5 (PDE5) inhibitors are its fast onset, satisfied efficacy, friendly cost, flexibility to fine-tune the dose, as well as fewer drug-drug interactions or contraindications.[1,2]

Alprostadil, a prostaglandin E_1, is the only U.S. Food and Drug Administration (FDA)-approved drug for penile injection in addition to its indication for patent ductus arteriosus in neonates.[3] Clinical trials have showed higher than an 80% satisfaction rate in both patients and their partners with tolerable side effects when using alprostadil injection.[4] Papaverine relaxes smooth muscle by increasing cyclic adenosine monophosphate and is also used to treat vasospasm. The alpha-adrenergic antagonist phentolamine exerts its function by blocking the vasoconstriction effect of catecholamines.[5] Combination of the three vasodilators is potent in increasing blood flow to the corpora cavernosum and maintaining erection. However, the presence of papaverine and phentolamine accelerates the degradation of alprostadil, which alone is unstable in a physiological solution.[6] Understanding the stability and establishing the appropriate beyond-use-date (BUD) of a Trimix injection is important to ensure its therapeutic effect.

Trimix is only available through extemporaneous compounding, and it can be supplied in various dose combinations.[7] *United States Pharmacopeia (USP)* Chapter <797> is generally utilized to determine the BUD of a Trimix preparation if a validated sta-

The authors' affiliations are: [1]VLS Pharmacy & New Drug Lab, Brooklyn, New York; [2]Professional Compounding Centers of America, Houston, Texas; [3]Eagle Analytical Services, Houston, Texas. Authors Gopesh Patel and Courtaney Davis contributed equally to this work.

bility study for the specific concentration, container, and storage condition is not available. Only a limited number of stability studies can be found to extend the BUD of Trimix.[8-11] A Trimix preparation containing 12.5 µg/mL of alprostadil, 4.5 mg/mL of papaverine, and 0.125 mg/mL of phentolamine in bacteriostatic 0.9% sodium chloride injection has been shown stable for one month when refrigerated,[8] whereas another composition involving 20 µg/mL of alprostadil, 30 mg/mL of papaverine, and 2 mg/mL of phentolamine was only stable for less than 10 days stored at the same condition.[9] The short BUD leads to frequent office visits for patients and frequent refills for compounding pharmacies. Therefore, a validated long-term stability study that covers a broad range of strengths is desired to support extended BUDs of commonly prescribed Trimix formulations.

To assign an accurate BUD, stability studies performed with stability-indicating methods rather than a potency test is required. The traditional time-point potency test simply determines strength of a product at different time points, which often underestimates the degradation of active pharmaceutical ingredients (APIs) over time.[12] A stability-indicating method utilizes forced degradation to validate and to preclude the interference from degradants.[13]

Bracketing is an efficient stability-study design, in which samples on the extremes of strength are tested at predetermined time points and assumes the stability of any intermediate strength is represented by the stability of the extremes.[14] The BUD generated from a stability study incorporating bracketing can be applied to a broader range of formulations. However, the reliability of a bracketed stability study for compounded formulations, determined through the reproducibility of results when prepared at a different site, has not been examined before this study.

In this study, two Trimix formulations representing low and high strengths of a bracket were compounded by Professional Compounding Centers of America (PCCA, Houston, Texas), while a separate Trimix formulation with an intermediate strength was prepared by VLS Pharmacy (New York, New York) (TABLE 1). Both preparations used the materials from the same manufacturers and followed the same protocol for compounding and for storage. The purpose of this study was to test the reproducibility of the BUD generated from a bracketed stability study using preparations compounded independently in different settings, and to provide BUD information that will be applicable to future Trimix preparations that are compounded, stored, and distributed following the same methods and conditions.

TABLE 1.

TRIMIX FORMULATIONS PREPARED AT PROFESSIONAL COMPOUNDING CENTERS OF AMERICA AND VLS PHARMACY.

	BRACKETED TRIMIX PREPARED AT PCCA (PER ML)		SINGLE-STRENGTH TRIMIX PREPARED AT VLS PHARMACY (PER ML)
	Low-end	High-end	
Alprostadil	5 µg	45 µg	30 µg
Papaverine hydrochloride	15 mg	30 mg	30 mg
Phentolamine mesylate	0.4 mg	5 mg	2 mg
Bacteriostatic water for injection	qs		qs

Materials and Methods

CHEMICALS

All APIs, including Alprostadil USP (Lot C184568), Papaverine Hydrochloride (HCl) USP (Lot C190091), and Phentolamine Mesylate USP Powder (Lot C190282) were purchased from PCCA. Non-API bacteriostatic water for injection (Lot 89226DK) and water for injection (Lot 690104P) were purchased from Hospira (Lake Forest, Illinois), and mannitol (Lot C187436) and ethyl alcohol (Lot C189214) were obtained from PCCA. The 20-mm sterile amber glass serum vials (Lot #35-2753) were also from PCCA.

FORMULATION PREPARATION

Two strengths of Trimix formulation (alprostadil 5 µg/mL/papaverine 15 mg/mL/phentolamine 0.4 mg/mL, and alprostadil 45 µg/mL/papaverine 30 mg/mL/phentolamine 5 mg/mL) were prepared by PCCA. Another single-strength Trimix (alprostadil 30 µg/mL/papaverine 30 mg/mL/phentolamine 2 mg/mL) was compounded at VLS Pharmacy. For all three preparations, the same compounding and storage protocol was followed. Papaverine was triturated using a glass mortar and pestle to reduce particle size, then dissolved in a beaker containing bacteriostatic water for injection equal to approximately 45% of the final volume. Alprostadil was first dissolved in ethyl alcohol to make a 500-µg/mL stock solution, and then was diluted in water to 100 µg/mL. Alprostadil solution and phentolamine 5-mg/35-mg mannitol trituration were then added to the beaker and mixed until dissolved. The beaker was covered with aluminum foil to protect from light during this process. In the final step, the preparation was filtered through a 0.22-micron filter in an International Conference on Harmonisation (ICH) Class 5 hood using aseptic techniques and was stored in 5-mL amber glass vials at cold temperature (2°C to 8°C) throughout the duration of the stability study.

STABILITY STUDIES

Stability assays on the Trimix preparations from two settings were performed independently following ICH guidelines.[14] The parameters measured in the stability studies included:

- physical properties such as appearance, pH, and particle counts according to *USP* chapters <1163>, <791>, and <788>, respectively;
- chemical properties, which are represented by strength testing;
- microbial properties,

using the methods in *USP* chapters <51> and <71> for sterility or antimicrobial effectiveness;

- assessment of the presence of bacterial endotoxin and container closure integrity (CCI), following the methods in *USP* chapters <85> and <1207>, respectively; and
- quantification of the concentration of phentolamine, papaverine, and alprostadil in the formulations over time by ultra-high-performance liquid chromatography (UPLC) at pre-determined time points using stability-indicating methods that were validated per ICH guidelines.

Standard and Sample Preparation for UPLC

Similar standard and sample preparation procedures were followed in both stability studies. Alprostadil standard stock solution was prepared by dissolving 5 mg of alprostadil in 10 mL of methanol. The stock solution was then diluted to 5 µg/mL in purified water and used as the standard solution. The standard solution for papaverine HCl and phentolamine mesylate had 15 mg of papaverine HCl and 5 mg of phentolamine mesylate combined and dissolved in 100 mL of purified water or methanol. Samples were diluted to target concentrations of 5 µg/mL of alprostadil in water, 150 µg/mL of papaverine HCl, and 50 µg/mL of phentolamine mesylate in water or methanol.

TABLE 2.

ULTRA-PERFORMANCE LIQUID CHROMATOGRAPHIC ANALYTICAL METHODS.

CHROMATOGRAPHIC SYSTEM	Waters ACQUITY UPLC H-Class System (Water Corporation, Milford Massachusetts)		
COLUMN	Waters ACQUITY UPLC CSH Phenyl-Hexyl 1.7 µm 2.1 × 100 mm		
SAMPLE MANAGER TEMPERATURE	10°C		
ACTIVE INGREDIENT	**Alprostadil**		
COLUMN TEMPERATURE	40°C		
FLOW RATE	0.45 mL/min		
INJECTION VOLUME	5 µL		
DETECTION WAVELENGTH	200 nm		
RUN TIME	12 minutes		
SOLVENT	Water		
GRADIENT (MIN)	Water	Acetonitrile	0.1% TFA in Acetonitrile
0.00	85%	10%	5%
9.50	20%	75%	5%
9.51	85%	10%	5%
12.00	85%	10%	5%
ACTIVE INGREDIENT	**Papaverine and Phentolamine**		
COLUMN TEMPERATURE	75°C		
FLOW RATE	0.8 mL/min		
INJECTION VOLUME	1 µL		
DETECTION WAVELENGTH	Papaverine @251 nm Phentolamine @278 nm		

BRACKETED TRIMIX FORMULATION			SINGLE-STRENGTH TRIMIX FORMULATION		
SOLVENT	Water		SOLVENT	Methanol	
RUN TIME	6 minutes		RUN TIME	10 minutes	
DELAY TIME	1 minute		DELAY TIME	0 minute	
GRADIENT (MIN)	0.1% TFA in Water	0.1% TFA in Acetonitrile	GRADIENT (MIN)	0.1% TFA in Water	0.1% TFA in Acetonitrile
0.00	94%	6%	0.00	98%	2%
5.50	82%	18%	8.00	85%	15%
5.60	94%	6%	8.01	98%	2%
6.00	94%	6%	10.00	98%	2%

TFA = trifluoroacetic acid

Ultra-high-performance Liquid Chromatography Assay Method

Two different UPLC methods were employed in the bracketed stability study (PCCA) and the single strength stability study (VLS). The methods are presented in **TABLE 2.** The same method was employed to analyze alprostadil, whereas papaverine and phentolamine were analyzed using slightly different conditions (**TABLE 2**).

Validation

The stability-indicating nature of the UPLC methods were demonstrated through forced-degradation studies. The degradation pathways were assessed by subjecting samples to four stress conditions, which included 1) acidic, 2) basic, 3) oxidative, and 4) thermal conditions. In the bracketed study, a Trimix sample at high strength was subjected to a degradation study. The stress conditions for alprostadil degradation included: 1N HCl at room temperature for 1 day; 1N NaOH at room temperature for 1 day; 6% H_2O_2 at room temperature for 1 day; and heated at 40°C for 2 days. The stress conditions for papaverine and phentolamine degradation

included: 1N HCl at 60°C for 1 day (40°C for phentolamine); 1N NaOH at room temperature for 1 day; 6% H_2O_2 at 40°C for 1 day; and heated at 60°C for 1 day. Alprostadil degraded in acid-stressed, base-stressed, and heat-stressed samples. Papaverine and phentolamine both degraded in base-stressed, oxidized, and heat-stressed samples. In the single-strength study, samples were also subjected to acidic, basic, oxidative, and thermal conditions similarly as above. All degradant peaks were resolved from the API peaks. There was no interference from excipients, impurities, or degradants to the API peaks. No purity flag was indicated in all stressed samples. UPLC chromatograms of alprostadil, papaverine, and phentolamine in Trimix are shown in FIGURE 1 and FIGURE 2.

To confirm the methods' abilities to analyze the APIs accurately, precisely, and unequivocally, validations were done by assessing the characteristics of both methods, including their:

- specificity,
- linearity,
- accuracy,
- precision,
- solution stability,
- robustness, and
- system suitability.

The degradation studies described were performed as part of the specificity assessments. The methods were verified to have a linear relationship between the concentration and peak response of the APIs. The measurable ranges of concentration were 2.5 µg/mL to 15 µg/mL, 75 µg/mL to 225 µg/mL, and 25 µg/mL to 75 µg/mL for alprostadil, papaverine, and phentolamine, respectively. Accuracy of the methods was assessed by measuring the recovery of spiked matrices at 50% to 200% of alprostadil target concentration, and at 50% to 150% of papaverine and phentolamine target concentrations. The methods were determined to be precise and repeatable by repeating the analyses on different UPLC systems, on different days, and by different analysts. Solution stability evaluated the stability of standard solutions and sample solutions stored at room temperature for 1 day and concluded that all APIs remained stable. Robustness was a measure to determine the methods' capabilities to remain unaffected by small variations in method parameters. Variations included 3% change in flow rate, 2% change in column temperature, and 2% change in organic mobile-phase content. The robustness results concluded the methods were not susceptible to those variations. System suitability evaluated the integrity of the chromatographic system in performing the analysis. Results from system suitability confirmed the system being adequate for the analyses. Completion of the validations established the accuracy and precision of the methods and demonstrated the methods to be stability indicating.

STATISTICAL ANALYSIS

For each time-point, two (2) x 1-mL aliquots were removed from the container and each sample diluted appropriately as required in either methanol (papaverine and phentolamine) or deionized water (alprostadil) prior to analyses. Each diluted sample was run in duplicate for a total of four replicates. Concentrations of samples for each API were determined by comparison to the corresponding reference standard. All dilution replicates were averaged, and the results reported. The % potency values were determined by comparison of the measured concentrations to the submitted concentration reported on the container label. Changes in % potency vs. time (days) for each Trimix component were evaluated by JMP software version 15.1.0 bivariate linear least-squares regression analysis to obtain the best-fit line of the data points and for determination of the calculated 95% confidence curves. The predicted % potency and 95% mean % potency values for evaluation of the time, in which the 95% confidence curves crossed either the lower or upper specification limits, were also calculated by the JMP software for determination of the predicted BUD endpoints.

Results

STABILITY OF THE BRACKETED TRIMIX FORMULATION

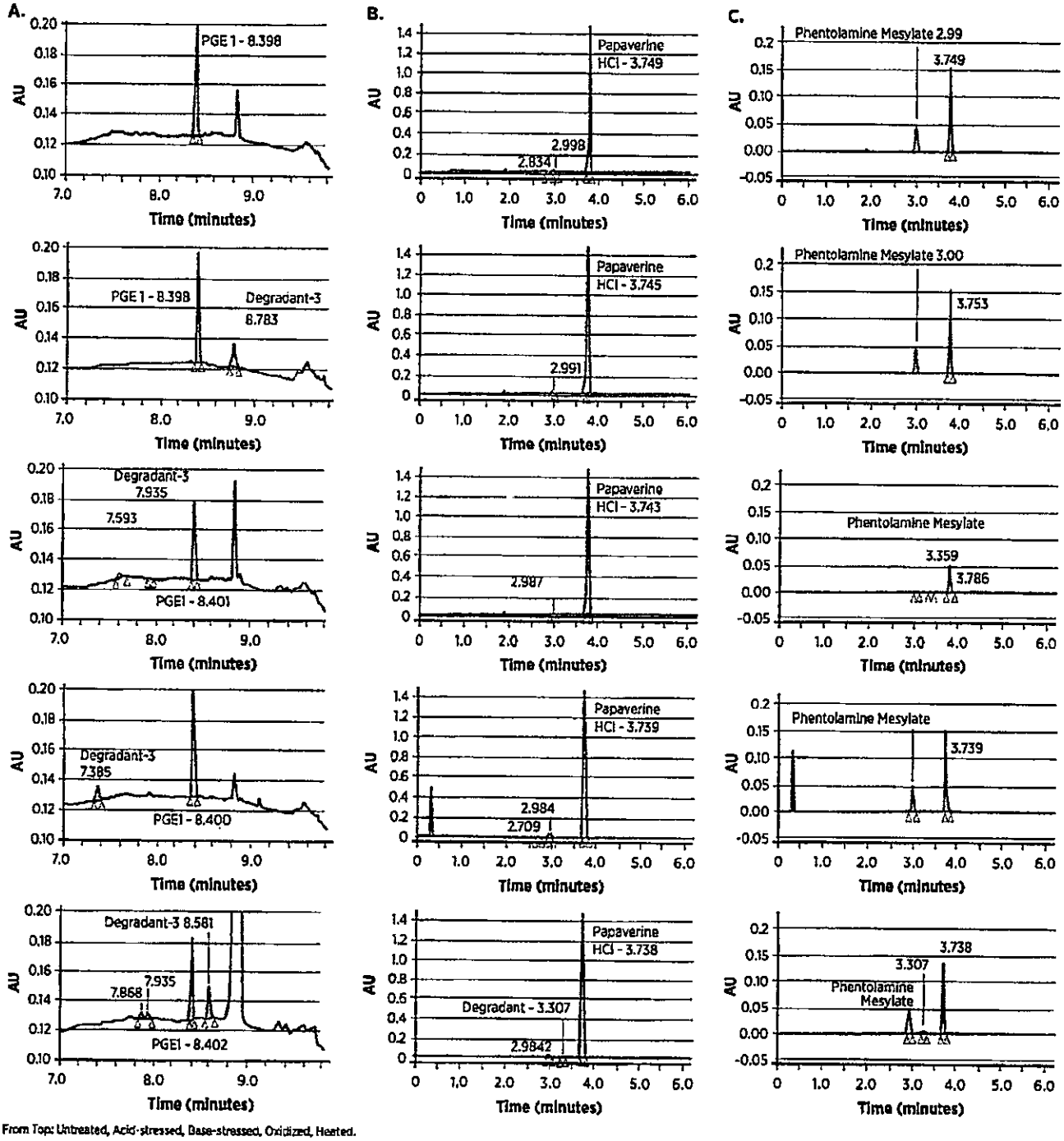
The concentration of alprostadil, papaverine, and phentolamine in the bracketed formulation, stored at cold temperatures of 2°C to 8°C in the 5-mL amber glass serum bottle and protected from light, remained within the recommended specification range of 90% to 110% of label for 60 days, as shown in TABLE 3. At 90 days after preparation, the concentration of papaverine and phentolamine remained above 90%, whereas alprostadil content dropped to 86.8% and 86.4% at the low and high end of bracketing, respectively. The formulations maintained a clear and colorless appearance through the studied period. In addition, *USP* Chapter <51> Antimicrobial Effectiveness Testing was passed on day 90 demonstrating the sustained effectiveness of the preservative. Therefore, day 60 was the last time point at which the formulation met the criteria of strength, appearance, antimicrobial effectiveness, and CCI. According to *USP* guidelines, a BUD of 60 days at cold temperature was assigned to this bracketed Trimix formulation. Trimix of any concentrations at or between the two studied strengths may be assigned the same BUD if it is prepared and stored using the same method and materials.

STABILITY OF THE SINGLE-STRENGTH TRIMIX FORMULATION

A separate Trimix formulation containing alprostadil 30 µg/mL, papaverine 30 mg/mL, and phentolamine 2 mg/mL, which is within the bracketed range, was prepared by VLS Pharmacy following the same procedure as the bracketed study. The concentration of papaverine and phentolamine was maintained around 100% of label without significant changes throughout the study period. Although the alprostadil concentration started to exhibit a trend of decreasing at day 64 but was measured to be higher at Day 77 (100%), it was still above the 90% threshold (TABLE 4). At the 95% confidence level, the predicted potency was 89.58%. By Day 77, no change of appearance was observed. The measured pH of the formulation remained within 3.0 to 4.0.

FIGURE 1.

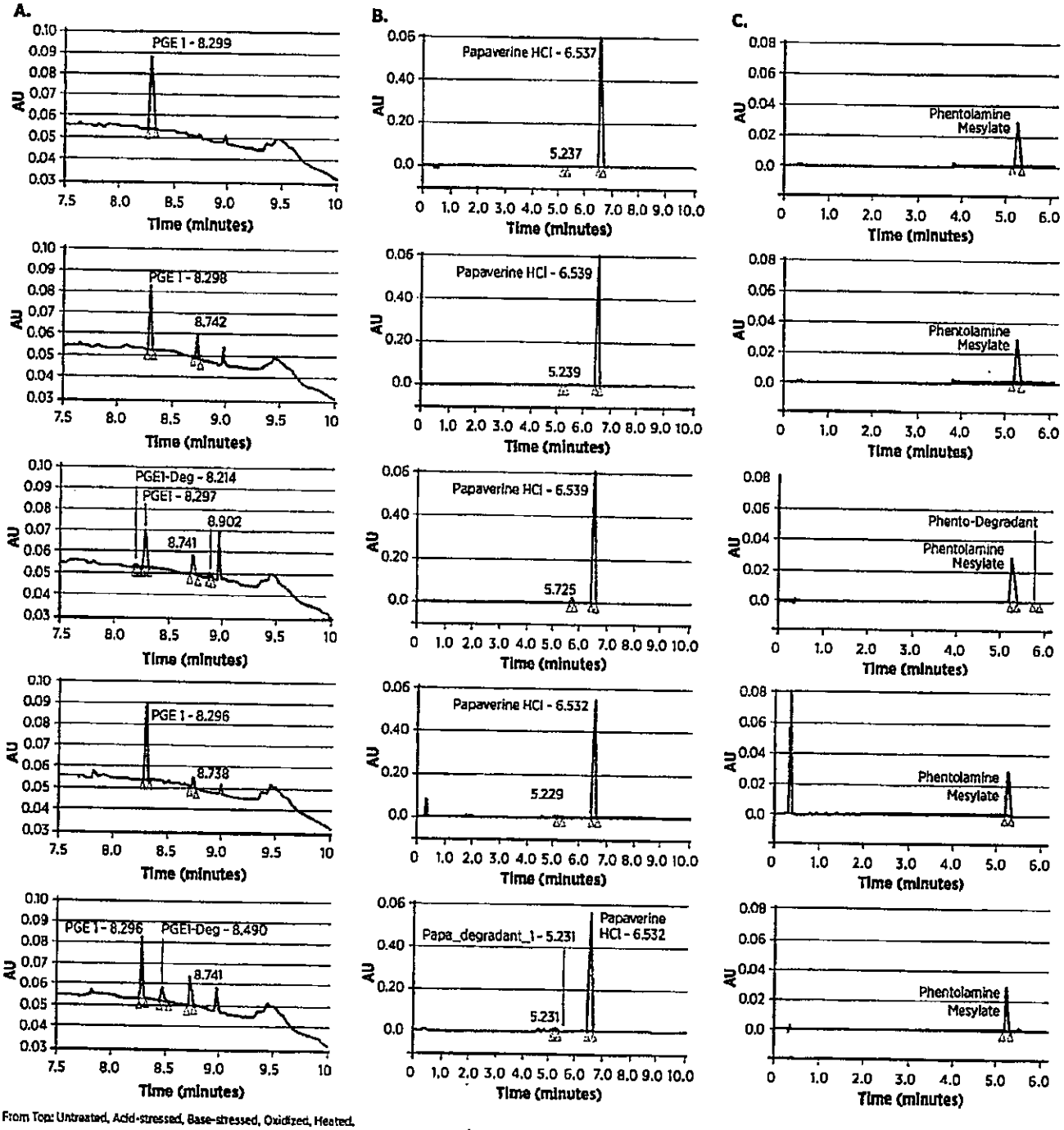
CHROMATOGRAMS OF ALPROSTADIL (A), PAPAVERINE (B), AND PHENTOLAMINE (C) IN THE BRACKETED TRIMIX FORMULATION SUBJECTED TO STRESSED CONDITIONS.



From Top: Untreated, Acid-stressed, Base-stressed, Oxidized, Heated.

FIGURE 2.

CHROMATOGRAMS OF ALPROSTADIL (A), PAPAVERINE (B), AND PHENTOLAMINE (C) IN THE SINGLE-STRENGTH TRIMIX FORMULATION SUBJECTED TO STRESSED CONDITIONS.



From Top: Untreated, Acid-stressed, Base-stressed, Oxidized, Heated.

The preparation maintained sterility, was endotoxin-free, and maintained acceptable CCI during the 64-day period. Additionally, the particulate matter in the injection was determined from Day 0 until Day 77, showing that both the count and size of particles were in the acceptable range throughout the study period (TABLE 5). Taken together, the BUD of the single-strength Trimix was determined to be 64 days based on all physical, chemical, and microbiological testing passing at 64 days. The conclusion is supported by the linear regression analysis showing the predicted stability endpoint is the 95% mean confidence curve endpoint of 75 days for single-strength Trimix formulation and is the minimum time of the three API components to remain within the acceptance range limits of 90.0% to 110.0% (TABLE 6). The 64-day BUD of the single-strength formulation is consistent with the 60-day BUD generated from the bracketed study.

Discussion

The stability of Trimix is limited by the presence of alprostadil. The effective dose of alprostadil ranges from 2.5 µg to 60 µg, depending upon individual titration, whereas in aqueous solution, the lower

TABLE 3.

STABILITY ANALYSIS OF THE BRACKETED TRIMIX FORMULATION.

ANALYSIS	MEASURED POTENCY			ANTIMICROBIAL EFFECTIVENESS TEST	CONTAINER-CLOSURE INTEGRITY
METHODOLOGY	VALIDATED UPLC			*USP* <51>	*USP* <1207>
CONDITION	ALPROSTADIL (5 µG/ML)	PAPAVERINE (15 MG/ML)	PHENTOLAMINE (0.4 MG/ML)	PASS/FAIL	PASS/FAIL
DAY 0	99.8%	99.3%	102%	Pass	Pass
DAY 15	101%	100%	99.8%	*	*
DAY 30	98.2%	101%	97.8%	*	*
DAY 60	93.6%	101%	97.8%	*	*
DAY 90	86.8%	102%	96.5%	Pass	Pass
CONDITION	ALPROSTADIL (45 µG/ML)	PAPAVERINE (30 MG/ML)	PHENTOLAMINE (5 MG/ML)	PASS/FAIL	PASS/FAIL
DAY 0	94.4%	102%	97.2%	Pass	Pass
DAY 15	93.1%	101%	97.4%	*	*
DAY 30	92.2%	102%	96.6%	*	*
DAY 60	92.4%	101%	98.2%	*	*
DAY 90	86.4%	101%	96.4%	Pass	Pass

UPLC = ultra-performance liquid chromatography; *USP* = *United States Pharmacopeia*
* = testing not performed at this specific time point

TABLE 4.

STABILITY ANALYSIS OF THE SINGLE-STRENGTH TRIMIX FORMULATION.

ANALYSIS	MEASURED POTENCY			PH	APPEARANCE	STERILITY	ENDOTOXIN	CONTAINER-CLOSURE INTEGRITY
METHODOLOGY	VALIDATED UPLC			*USP* <791>	*USP* <1163>	*USP* <71>	*USP* <85>	*USP* <1207>
CONDITION	ALPROSTADIL (30 µG/ML)	PAPAVERINE (30 MG/ML)	PHENTOLAMINE (2 MG/ML)					
DAY 0	*	*	*	*	Clear, colorless solution	Pass	Pass (<1.00 EU/mL)	Pass
DAY 28	99.3%	102%	101%	3.36	Conform	*	*	*
DAY 35	105%	101%	100%	3.83	Conform	*	*	*
DAY 49	99.3%	101%	101%	3.52	Conform	*	*	*
DAY 64	96.0%	100%	103%	3.90	Conform	Pass	Pass (<1.00 EU/mL)	Pass
DAY 77	100%	103%	103%	3.69	Conform	Pass	*	*

UPLC = ultra-performance liquid chromatography; *USP* = *United States Pharmacopeia*
* = testing not performed at this specific time point

concentration is associated with faster degradation into prostaglandin A_1 and prostaglandin B_1.[15] Previous studies have shown that 40 µg/mL of alprostadil in saline packaged and single-dose insulin syringes can be stable in cold temperature for 24 weeks, in contrast with another alprostadil saline solution at 11 µg/mL stored in polyvinyl chloride containers that was only stable for 10 days.[8,16] Commercially available alprostadil products (Caverject and Edex) are dispensed in powder that requires reconstitution immediately before use to avoid instability. Although no degradation has been found for papaverine and phentolamine, presence of the two ingredients significantly accelerates alprostadil deterioration.[8] Despite the negative impact on stability, the combination of all three ingredients is still preferred by many clinicians due to the extended duration of action.[7] This study has provided clinicians more flexibility when prescribing the combination of various strengths by introducing the bracketed formulation with a 60-day BUD, which is the longest reported BUD of Trimix at cold temperature in current literature.

Reliable and reproducible stability studies are necessary to extend the BUDs of a compounded formulation safely beyond the default date established by the *USP*. Appropriately, extended BUDs reduce the cost for both patients and the healthcare system without compromising the therapeutic effectiveness. Current resources that are available to establish the BUD of Trimix are very limited. Each published study is only justified to determine the BUD of its identical formulation. Any discrepancy on strength, excipients, essential compounding steps, or container-closure system could prevent compounders to adapt the BUD from published data. Testing individual formulations using stability-indicating methods is time-consuming, costly, and not feasible for many practice settings. To overcome the issue, the bracketing design has been incorporated into more stability studies to examine only the extremes of strengths over time. The results can represent the stability of any intermediate strengths as long as all other confounding factors are identical, which is also a strategy recommended by the FDA for new drug products in order to reduce costs on stability testing.[14,17]

TABLE 5.

PARTICULATE ANALYSIS OF THE SINGLE-STRENGTH TRIMIX FORMULATION.

DAYS	PARTICULATE SIZE	PARTICLES/ CONTAINER	*USP* <788>
0	≥10 µm[a]	1023.0	Pass
	≥25 µm[b]	7.7	Pass
15	≥10 µm	574.3	Pass
	≥25 µm	9.3	Pass
30	≥10 µm	4790.7	Pass
	≥25 µm	40.0	Pass
45	≥10 µm	391.7	Pass
	≥25 µm	8.3	Pass
77	≥10 µm	641.0	Pass
	≥25 µm	39.0	Pass

[a]Acceptance criteria for particulate size ≥10 µm is ≤6,000 particles/container.
[b]Acceptance criteria for particulate size ≥25 µm is ≤600 particles/container.

It is desirable to examine the reproducibility of a bracketed study before safely extrapolating data to assign a BUD to another compounded formulation. Here, we reported that the stability data from a bracketed study of Trimix using validated stability-indicating methods is reproducible at different settings. A single-strength Trimix formulation with an intermediate concentration prepared and stored using identical methods but in an independent setting at a different location was chosen for stability testing. The stability of the single-strength formulation, which was consistent with the bracketed formulation,

TABLE 6.

SUMMARY OF LINEAR REGRESSION PARAMETERS AND PREDICTED 95% MEAN CONFIDENCE CURVE ENDPOINTS FOR THE BRACKETED AND SINGLE-STRENGTH TRIMIX FORMULATIONS.

ACTIVE INGREDIENT	TRIMIX PREPARATION	CONCENTRATION	LINEAR REGRESSION INTERCEPT AT DAY 0 % POTENCY	SLOPE (% POTENCY CHANGE/DAY)	PREDICTED TIME FOR 95% MEAN CONFIDENCE CURVE TO INTERSECT EITHER LSL OR USL
Alprostadil	Low-end Bracket	5 µg/mL	101.8	-0.1557	57 days, LSL
	Single Strength	30 µg/mL	103.4	-0.0684	75 days, LSL
	High-end Bracket	45 µg/mL	94.5	-0.0782	27 days, LSL
Papaverine HCl	Low-end Bracket	15 mg/mL	99.6	+0.0269	242 days, USL
	Single Strength	30 mg/mL	101.0	+0.0073	131 days, USL
	High-end Bracket	30 mg/mL	101.7	-0.0092	390 days, LSL
Phentolamine Mesylate	Low-end Bracket	0.4 mg/mL	100.8	-0.0528	119 days, LSL
	Single Strength	2 mg/mL	98.7	+0.0583	122 days, USL
	High-end Bracket	5 mg/mL	97.3	-0.0038	212 days, LSL

HCl = hydrochloride; LSL = lower specification limit; USL = upper specification limit

validated the BUD data from the bracketing design. Theoretically, bracketing generates the most conservative BUD across the range, whereas any covered formulation is presumed to have equal or superior stability. Therefore, the bracketing data can be safely applied with no further justification. The results of this study showed consistent BUDs from the two independently prepared formulations; hence the reproducibility of bracketing was confirmed.

One limitation of the study is that there was an unavoidable delay in testing the potency of the single-strength formulation at Day 0. Upon receiving the samples, samples were subjected to method development and validation, hence the determination of an initial time point was delayed. Between the receiving of samples and the initial analysis of the strength, unopened samples were kept under cold temperature to minimize the potential degradation in concentration.

The stability of a compounded formulation can also be affected by the quality of the raw materials. Compounding pharmacists have become more aware of this reality, and the starting materials should be carefully evaluated before compounding.[12] Preparations that contain materials other than those described in "Materials and Methods" have not yet been evaluated and may not perform in the same manner, which is also stated in the *USP* and *National Formulary* General Notice 4.10 and *USP* Chapter <1059>.[18,19]

Conclusion

This study proved the reproducibility of the bracketing design used to determine the BUD of Trimix. The clinical value of the results is to provide accurate and widely applicable stability data that can be referenced to safely establish a BUD of a number of Trimix formulations with various strength combinations. A 60-day BUD can be assigned if Trimix is prepared following the recommended methods and stored at a cold temperature between 4°C to 8°C. These data, if applied, will save a significant amount of time and cost for healthcare providers and patients without affecting therapy.

Disclosure

Courtaney Davis, Yi Liu, Kendice Ip, Melissa Merrell Rhoads, Daniel Banov, and August S Bassani are employees of PCCA, which is the supplier of APIs used in the study. Gopesh Patel, Krystal E. Debideen, Stephanie Anderson, Robert Byrne, Dylan Herr, and Ross Caputo have no conflict of interest.

References

1. Israilov S, Niv E, Livne PM et al. Intracavernous injections for erectile dysfunction in patients with cardiovascular diseases and failure or contraindications for sildenafil citrate. *Int J Impot Res.* 2002; 14(1): 38–43.
2. Israilov S, Baniel J, Shmueli J et al. Treatment program for erectile dysfunction in patients with cardiovascular diseases. *Am J Cardiol.* 2004; 93(6): 689–693.
3. Browning Carmo KA, Barr P, West M et al. Transporting newborn infants with suspected duct dependent congenital heart disease on low-dose prostaglandin E1 without routine mechanical ventilation. *Arch Dis Child Fetal Neonatal Ed.* 2007; 92(2): F117–F119.
4. Linet OI, Ogrinc FG. Efficacy and safety of intracavernosal alprostadil in men with erectile dysfunction. The Alprostadil Study Group. *N Engl J Med.* 1996; 334(14): 873–877.
5. Hoffman BB, Lefkowitz RJ. Alpha-adrenergic receptor subtypes. *N Engl J Med.* 1980; 302(25): 1390–1396.
6. Bertaccini A, Gotti R, Soli M et al. Prostaglandin E(1)-based vasoactive cocktails in erectile dysfunction: How environmental conditions affect PGE(1) efficacy. *Urol Int.* 2002; 68(4): 251–254.
7. Seyam R, Mohamed K, Akhras AA et al. A prospective randomized study to optimize the dosage of trimix ingredients and compare its efficacy and safety with prostaglandin E1. *Int J Impot Res.* 2005; 17(4): 348–353.
8. Trissel LA, Zhang Y. Long-term stability of trimix: A three-drug injection used to treat erectile dysfunction. *IJPC.* 2004; 8(3): 231–235.
9. Soli M, Bertaccini A, Carparelli F et al. Vasoactive cocktails for erectile dysfunction: Chemical stability of PGE1, papaverine and phentolamine. *J Urol.* 1998; 160(2): 551–555.
10. United States Pharmacopeial Convention, Inc. *United States Pharmacopeia 42–National Formulary 37.* SP General Chapter <797> Pharmaceutical Compounding – Sterile Preparations. Rockville, MD: United States Pharmacopeial Convention, Inc.; 2018.
11. Vieillard V, Eychenne N, Astier A et al. Physicochemical stability study of a new Trimix formulation for treatment of erectile dysfunction. *Ann Pharm Fr.* 2013; 71(5): 358–363.
12. Rhoads R. Quality control: Lessons Learned from a Trimix stability study in a 503A compounding pharmacy. *IJPC.* 2018; 22(2): 129–134.
13. Allen LV Jr. Basics of compounding: Potency and stability testing. *IJPC.* 2013; 17(3): 220–224.
14. U.S. Food and Drug Administration. National Archives. Federal Register. The Daily Journal of the United States Government. *International Conference on Harmonisation; Guidance on Q1D Bracketing and Matrixing Designs for Stability Testing of New Drug Substances and Products; Availability.* Notice by the FDA. *Fed Regist.* 2003; 68: 2339. [National Archives Website.] January 15, 2003. Available at: www.federalregister.gov/documents. Accessed June 1, 2020.
15. Zoutendam PH, Bowman PB, Rumph JL et al. Quantitative determination of prostaglandins A1 and B1 in alprostadil (PGE1) by high-performance liquid chromatography. *J Chromatogr.* 1984; 283: 281–287.
16. McCluskey SV, Kirkham K, Munson JM. Stability of alprostadil in 0.9% sodium chloride stored in polyvinyl chloride containers. *IJPC.* 2017; 21(2): 150–153.
17. Pramar YV, Mandal TK, Bostanian LA et al. Stability of compounded ursodiol suspensions in PCCA base, SuspendIt. *IJPC.* 2019; 23(1): 70–76.
18. United States Pharmacopeial Convention, Inc. *United States Pharmacopeia 32–National Formulary 27.* General Notices and Requirements. Rockville, MD: United States Pharmacopeial Convention, Inc.; 2009.
19. United States Pharmacopeial Convention, Inc. *United States Pharmacopeia 32– National Formulary Revision.* Rockville, MD: United States Pharmacopeial Convention, Inc. [USP Website.] Available at: www.uspnf.com/sites/default/files/usp_pdf/EN/USPNF/revisions/gc-1059-excipient-performance-pf-46-1.pdf. Accessed June 1, 2020.

Address correspondence to Yi Liu, PharmD, PhD, RPh, Professional Compounding Centers of America, 9901 South Wilcrest Drive, Houston, Texas 77099. E-mail: yliu@pccarx.com

Dynamic Rx LABS

4/22/21

VIA E-MAIL
Inspector Suzy Patell, R Ph.
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Response to Discussion Item #6

Dear Ms. Patell:

Please accept this letter as Dynamic Rx Labs response to Discussion Item #5. Again, we appreciate your grant of an extension to supply this response.

Discussion Item #6 from our inspection requests:

6. Plan of compliance with BUD restriction within 16 CCR 1751.8 and 16 CCR 1735.2(i)(3)(C), on official letterhead, signed by PIC Phal, current owner – James Axtell and new prospective owners, within 96 hours. (extension granted to 4/22/2021)

Response:

Our plan of compliance related to BUD dating for sterile products compounded for patients located in California shall be to use default BUD dating as described in the current, compendial USP General Chapter <797> which requires the following:

Risk Level	Controlled Room Temp	Cold Temperature	Frozen
Immediate Use	1 hour from start of compounding	NA	NA
Low – Segregated Compounding Area	12 hours or less from compounding	NA	NA
Low	48 hours	14 days	45 days
Medium	30 hours	9 days	45 days
High	24 hours	3 days	45 days

When extending BUD dating beyond the default dating described in the chart above, we will comply with the USP <797> and California rules (specifically 16 CCR 1751.8 and 16 CCR 1735.2(i)(3)(C)). California allows a pharmacy to extend BUD dating if there is a valid stability test performed by the pharmacy using a scientifically valid stability-indicating method, a third-party laboratory using a stability indicating method, or a published third-party study such as the studies included in this response.[1]

For example, attached are two Peer Reviewed studies on the stability of "Trimix" compounds that provide stability data for refrigerated compounded "Trimix" for 30-60 days

[1] USP 797 recommends but does not require testing to include a stability-indicating method.

Dynamic Rx LABS

4/19/21

VIA E-MAIL
Inspector Suzy Patell, R Ph.
California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

RE: Response to Discussion Item #6

Dear Ms. Patell:

Thank you for taking the time to inspect Dynamic Rx Labs. We are currently working on the discussion points you raised. We appreciate your grant of a 72-hour extension to supply a response for Discussion Item #5.

Discussion Item #6 from our inspection requests:

6. Plan of compliance with compounding restrictions in CCR 1735.2(d)(3) for alprostadil inj, on official letterhead, signed by PIC Phal, current Owner – James Axtell and new prospective Owners, within 96 hours (from 4/15/21)

Response:

Our plan of compliance with compounding restrictions in CCR 1735.2 (d)(3) for alprostadil inj is to immediately stop dispensing alprostadil inj 40mcg/ml as CSPs. We will work with prescribers and clinics to transition patients to the commercial product. Going forward, we will closely monitor our formulary for developments in commercially available products and use such products where available. When we compound alprostadil inj in non-commercially available versions, we will require prescribers to provide documentation of the clinical need for the compounded version for each individual patient.

Sincerely,

Rizalynne Phal PIC 4-19-21

I agree with the above
5/21/2021
PIC as of 4/22/2021
Angelique Williams

James Axtell 4-19-21

Robert T. Blair on behalf of the Prospective Owners

Dynamic Rx LABS

and frozen compounded "Trimix" for 6 months. *See* Appendix A. The results of this 2004 stability study were revalidated in 2021 by a bracketing study. *See* Appendix B.

As you know, a bracketing study is performed to test the extremes of API concentration in a formulation. A bracketing study is particularly valuable when compounding formulations that often involve patient-specific prescriptions that use varying concentrations of APIs. The bracketing study establishes the stability of high concentration strengths and low concentration strengths to see if concentration of API in a compound has any effect on stability.

We call your attention to the bracketing study published in 2021 that reviewed the stability of bracketed Trimix and a single strength preparation of Trimix that concluded BUDs of 60 days and 64 days at refrigerated temperature. We believe these studies, combined with our previously completed potency over time and USP <71> sterility studies, comply with the stability study requirement required by California in 16 CCR 1735.2(l)(3)(c) and supports our BUD of up to 60 days at refrigerated temperature.

We appreciate this opportunity to review and analyze this matter. Please let us know if you have any questions.

Sincerely,

Angelique Williams RIG

James Axtell

Robert T. Blair on behalf of the Prospective Owners

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy __ Hospital Pharmacy ___ Clinic __ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 4/15/2021 Inspector: Suzy Patell

Firm: DYNAMIC RX LABS Phone: (425) 255-9000

Address: 923 POWELL AVE SW #150 City: RENTON Zip: 98057

Ownership: CORPORATION

Permit #: NRP1957 CHOW NSC Permit Exp: 7/1/2021 DEA#: FD5786198 DEA Exp: 6/30/2021

Date of Self Assessment Form: 1/17/2020 Other Permit #: Date of DEA Inventory:

Hours M-F: 8AM-5PM Hours Saturday closed Hours Sunday: closed

PIC RIZALYNNE PHAL OUT Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
		JAMES AXTELL-CURRENT	OWNER
		QUAN PHO-REGULATORY C	TITLE
		STEVE PONCE-TCH	ASSISTANT

Inspector Remarks:

Due to the COVID-19 Public Health Emergency, this inspection was performed remotely with data supplied by the facility. The information was reviewed by the inspector and conversations with the pharmacist-in-charge or pharmacy contact occurred as appropriate.

Outpatient closed door compounding pharmacy shipping patient specific high risk CSPs, like testosterone/anastrozole, trimix, BiMix, alprostadil, to California- between 3/24/2020 and 3/24/2021, 2412 orders were shipped to CA, most to patient's home address, some to provider clinic, due to storage needs. Inspection conducted with PIC Rizalynne Phal, TCH Steven Ponce, current owner James Axtell and regulatory consultant, Quan Pho.

Compounding self-assessments available- PIC Phal educated on completing the 2018 draft version of Compounding self-assessment, containing regulations effective 1/1/2017, in light of non-compliances observed. List of CSPs, changes to facility in last 12 months for USP 800 compliance received. Non-compliances from 2/13/2020 inspection reviewed and the pharmacy's responses to them, reviewed with PIC Phal as follows:

* Pharmacy now uses TexQ and Citrus as their germicidal detergent.
*Competencies for high risk compounding are within 6 months.
* Dynamic certification and sampling with 2 person occupancy available.
* Equipment's autoclave cycles tracked. PIC educated on logging particulars of each autoclave cycle.
* Incubator temperature monitored after hours via an app on the phone. Record retention discussed w/PIC, based on logs being provided as records of temperatures.

ADRs: none. No recall notices either, per PIC.

Waivers: none being utilized.

Documents reviewed: 3/24/2021- 4/15/2021

LSC CHOW and RENEWAL INSPECTION:

Compounding Area: ISO 8 prep room leads to ISO 7 positive pressure anteroom with line of demarcation, sink, eyewash station. Anteroom leads to two cleanrooms- An ISO 7 positive pressure cleanroom with 2 ISO 5 workbenches, cart, repeater pump and a full passthrough to non-sterile compounding room which houses powder hood; and, an ISO 7 negative pressure

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

HD cleanroom w/2 ISO 5 BSCs- a BioChemGard and a Nuaire- vented through the ceiling and a full pass through to ISO 8 non-sterile, negative pressure compounding room, which houses powder hood, hand mixers, hot plates, stirrers and convection oven. Autoclave is located in nonsterile positive pressure airlock, which leads to the two non-sterile compounding rooms. Construction completed September 2020 provided external venting for the ISO 8 prep room, the HD cleanroom, the non-sterile HD powder hood room, the air lock room and the two BSCs.
Certification/Smoke pattern video: via MTA on 10/7/2020. ACPHs, filter integrity, particle counts, pressure differentials available. Video from 4/23/2020 available to view. PIC educated on certification to CETA/CAG standards in CA regulations and plans to ask certifier to provide in report.
Environmental viable sampling: in-house sampling of volumetric air via SAS sampler every 6 months; surface sampling every 3 months in all ISO areas and pass throughs used for sterile compounding available. 1000 liters of air sampled under dynamic conditions, per PIC. Dual incubation noted. Growth point sent to ARL for genus identification. PIC educated on current USP 797 requirements related to identification, remediation, and trending.
Hazardous Drugs Prepared: testosterone/anastrozole is deemed NIOSH table 3 hazardous.
Record Keeping Requirements:

- Master Formula/Compounding Worksheets/Label: batch records for testosterone/anastrozole 200mg/1mg/ml inj 5.6ml, with batch sizes ranging from 6000-8000ml, packaged into amber vials, and BUD of 180 days reviewed with PIC and chemistry tests via Eagle, showing potency over time studies discussed as not being Stability Studies. Education provided of non-compliance with CCR 1735.2(i)(3)(C) and CCR 1751.8 and Script article on Board website provided as reference. Pharmacy has access to PCCA. Additionally, the dispensing of alprostadil 40mcg- which is commercially available- reviewed with PIC, and lack of documentation of shortage at the time of compounding and dispensing noted. Alprostadil 150mcg dispensing practice, doses, letter from MD on how patients are titrated up to higher doses, discussed with PIC, along with 42 prescription orders for alprostadil inj. Education provided on pharmacist having a credible basis and a patient specific medical need being communicated to the pharmacist, prior to compounding. Use of autoclave to sterilize 5 ml amber vials discussed with PIC as it relates to lack of depyrogenation. Justification for chosen method of sterilization/depyrogenation requested. Incomplete, inaccurate master formula discussed with PIC and revisions requested.
- Cleaning Documentation: cleaning logs, observational validation check lists, along with daily, monthly activities discussed with PIC and log revision to document cleaning agent (based on rotation between Citrus and TexQ) and all cleaning activities performed by staff.
- Refrigerator/room, incubator Temp, pressure: paper logs available.
- Training: observational validation, gloved fingertip sampling, critical point modules, high risk media fill with 15 vials for TCH Dominique Taggart and PIC Phal reviewed and PIC educated on CCR 1751.7(b)(1) as it relates to batch size and most complex compounding manipulations. Revised policy and competency for 1 TCH and 1 RPH requested.

Protective Clothing: sequence of hand hygiene and garbing reviewed verbally with PIC and use of Sterillium w/persistent activity ascertained.
Policy and Procedures: lack of specificity of procedures discussed with PIC.

- Actions when viable sampling levels are exceeded: please revise to align with California regulations and current USP 797 requirements. Sampling plan/map advised.
- Training of staff: please revise high risk media fill validation procedure to comply with CCR 1751.7(b)(1).
- Procedures for handling hazardous drugs, materials: available
- Hand hygiene and garbing: policy and steps outlined in observational validation do not reflect actual practice as verbalized by PIC. Please revise.
- Cleaning of Facilities/Equipment: available
- Recall of compounded drugs: policy not reviewed. PIC educated on extended BUD on label, rendering the mislabeled CSP as misbranded and not fit for use or sale for CA consumers.
- Facility management, certification, maintenance of controlled environments and equipment: available
- Documentation used to determine BUD: policy to be reviewed and revised by PIC to comply with CCR 1751.8 and CCR 1735.2(i)(3)(C).
- Qualitative/Quantitative Analysis, Quarantine: reviewed with PIC. Endotoxin, sterility (in-house and via Eagle) available for batched high risk CSPs. PIC educated on more than 2 CSPs defined as a batch, per CA regulations. Random potency testing for testosterone/anastrozole available via Eagle, dated 9/18/2020.

DISCUSSION:
Please provide the following to Inspector Patell at suzy.patell@dca.ca.gov, no later than 4/29/2021:
1. Justification of chosen method of sterilization/depyrogenation for 5ml amber vials.
2. Revised master formula for testosterone/anastrozole 200mg/1ml inj.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

3. Revised media fill validation procedure compliant with CCR 1751.7(b)(1). Please provide documentation of competency, for 1 TCH and 1 RPH, performed using revised media fill procedure.
4. Revised P&Ps for: Quality assurance, Training; BUD determination; Viable sampling.
5. Plan of compliance with BUD restriction within CCR 1751.8 and CCR 1735.2(l)(3)(C), on official letterhead, signed by PIC Phal, current Owner- James Axtell and new prospective Owners, **within 96 hours.**
6. Plan of compliance with compounding restrictions in CCR 1735.2(d)(3) for alprostadil inj, on official letterhead, signed by PIC Phal, current Owner- James Axtell and new prospective Owners, **within 96 hours.**

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____
Pharmacist (print) Pradyuna Phal

Inspector (sign) Suzy Patell
Inspector (print) SUZY PATELL

Owner(sign) _____
Owner(print) JAMES T AXTELL

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

Angelique Williams
Pharmacist
PIC as of 4/22/2021

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

ORDER OF CORRECTION

Date: 4/15/2021 Permit #: NRP1957

Time of Day: 10:47 AM

Name as shown on permit: **DYNAMIC RX LABS**

Address: 923 POWELL AVE SW #150 City: RENTON

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1751.7(b)(1)	Sterile Compounding Quality Assurance and Process Validation. The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated. In that, the pharmacy is performing media fill validation with 15 vials, which is less than the amount of volume transferred during the compounding process for testosterone/anastrozole inj, which has batch sizes between 6000-8000 ml.
2. CCR 1735.2(l)(3)(	Compounding Limitations and Requirements; Self-Assessment . Every compounded drug preparation shall be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: Stability Studies In that, the pharmacy is assigning an extended BUD of 180 days at room temperature, to testosterone/anastrozole 200mg/1mg/ml inj, without conducting stability studies to support the extension from 24 hours to 180 days.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

3. CCR 1735.2(d)(3) Compounding Limitations and Requirements; Self-Assessment. No pharmacy or pharmacist shall compound a drug preparation that: Is a copy or essentially a copy of one or more commercially available drug products, unless that drug product appears on an ASHP (American Society of Health-System Pharmacists) or FDA list of drugs that are in short supply at the time of compounding and at the time of dispense, and the compounding of that drug preparation is justified by a specific, documented medical need made known to the pharmacist prior to compounding. The pharmacy shall retain a copy of the documentation of the shortage and the specific medical need in the pharmacy records for three years from the date of receipt of the ocumentation.

In that, the pharmacy compounded and dispensed alprostadil 40mcg inj, which is commercially available, and was unable to provide documentation of shortage at the time of compounding and at the time of dispensing. Additionally, the pharmacy dispensed alprostadil 150mcg inj without documenting a credible, patient specific medical need, made known to the pharmacist, prior to compounding.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) Anup Patell

Inspector (print) SUJA PATELL

Date 4/15/2021

Signed [signature]

Print Name Rizalynne Phal

Title 4-15-21

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

[signature]
Angelique Williams
PIC as of 4/22/2021

Dynamic Rx LABS

We will use these BUDs to compound and dispense our ICI formulations to CA patients. The ICIs made for CA patients will be single use vials, which will be immediately stored in the freezer after compounding is complete. I have attached a new QA form specifically for this process.
Patients will be instructed with the new storage requirements, which will include directions that after a vial is removed from frozen temperatures it must be used within 72 hours when kept refrigerated, or within 24 hours at room temperature.

I also take this opportunity to reiterate our plan NOT to dispense Testosterone/Anastrozole injectable oil to California patients at this time, which I included in an earlier email communication. ICIs and Testosterone/Anastrozole inj. comprise all of our current sterile compounded products. In the future we will not add sterile compounded products with BUDs extended beyond USP 797 to our formulary for California patients until testing has been completed to make those products compliant under applicable California regulations.

You mentioned that you have not reviewed everything I submitted from 4/29, but I trust that you will provide any remaining feedback with enough notice for us to respond if required. To date, I hope you have found our responses to be timely in an effort to expediently address your questions and requests in order to timely renew or non-resident sterile compounding pharmacy license. As was discussed on the call, the July 1st license expiration date is fast approaching, and we appreciate your continued efforts to resolve the outstanding issues and bring this inspection and renewal process to a timely conclusion.

Thank you,

Angelique Williams, PharmD, Pharmacist in Charge

James Axtell, RPh, Owner

Robert T Blair, Dynamic Rx LLC Manager

Dynamic Rx LABS

5/25/2021

Inspector Suzy Patell, RPh
California State Board of Pharmacy
2720 Gateway Oaks Dr, Suite 100
Sacramento, CA 95833

RE: Response to 5/21/2021 call items

Dear Inspector Patell,

Based on our phone conversation addressing the items you brought to our attention, I have outlined our response or plan to each item.

1. I have signed the letter from 4/19/21 originally sent by PIC Phal, agreeing that Dynamic has discontinued compounding Alprostadil 40 mcg/ml. You should have received an email from Steve on 5/21 with the scanned copy of my additional signature on the original letter.

2. Media Fill - CA 1751.7b1 "the samples" equals ALL or 100% of media fill samples required to be incubated.
Response - We will comply with this for all CSPs that are compounded for and dispensed to CA patients. Since this does not currently include Testosterone/Anastrozole in oil, then that batch becomes not applicable to CA regulations. I am revising the policy and procedure and media fill form accordingly. All personnel that compound ICIs will complete the appropriate aqueous CSP media fill at the largest aqueous batch size we make (20 vials – constrained by the maximum volume capacity of the syringe filter) with all samples incubated. In the future when we add sterile products to the CA patient formulary, that we compound using a more complicated process or in a larger batch size, we will revise this policy as needed. I will send you the revised policy and documentation form and a completed test for one technician and one pharmacist by 5/28/2021.

3. We will move forward with only using commercially purchased pre-sterilized and depyrogenated glass vials for all CSPs that are compounded for and dispensed to CA patients. I have attached a copy of the description of the specific item we have procured and documentation of this has been added to the new QA form addressed in item 4 below.

4. BUD and stability studies – the two published studies we submitted used active ingredients supplied by a different manufacturer than what Dynamic uses, and therefore the data cannot be extrapolated to cover our formulations.
Until such a time as we have CA compliant testing complete for BUD extension, we will use the current USP 797 BUDs for the CSPs that are compounded for and dispensed to CA patients.

HIGH RISK CSPs

BUD	**45 days**	**3 days (72 hours)**	**24 hours**
Storage	frozen	refrigerated cold storage	controlled room temperature
	-25 to -10° C	2-8° C	20-25° C
	-13 to 14° F	36-46° F	68-77° F

AGREED BOARD ORDER #C-17-032-A

RE: IN THE MATTER OF
JAMES THOMAS AXTELL JR.
(PHARMACIST LICENSE #36160)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 36160 issued to James Thomas Axtell Jr. (Respondent).

By letter dated May 7, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (12) and (13); 568.002(a) and (d); and 568.003(a)(1) and (7) of the Texas Pharmacy Act; TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 291.32(a)(2)(H); 291.32(b); 291.32(c)(1)(C) and (E); 295.3; 297.3(a)(1) and (b); and 297.5 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNTS

(1) On or about March 1, 2015, through on or about November 30, 2017, Ana Karen Ramirez, while acting as an employee of Axtell Rite-Value Pharmacy, Inc., 304 1/2 Charlie Drive, Whitesboro, Texas 76273, was unlawfully engaged in the duties of a pharmacy technician trainee. Ms. Ramirez had previously registered with the Texas State Board of Pharmacy (Board) as a pharmacy technician trainee, but her registration expired on February 28, 2015. As evidenced by pharmacy records, Ms. Ramirez engaged in the duties of a pharmacy technician trainee without a registration until she was informed that she could not do so by a Board investigator on November 30, 2017.

On or about March 1, 2015, through on or about November 30, 2017, James Thomas Axtell Jr., while acting as an employee (pharmacist-in-charge) and managing officer of Axtell Rite-Value Pharmacy, Inc., 304 1/2 Charlie Drive, Whitesboro, Texas 76273, failed to properly supervise pharmacy personnel as previously described.

(2) On or about February 1, 2017, through on or about November 30, 2017, Karen Pantoja, while acting as an employee of Axtell Rite-Value Pharmacy, Inc., 304 1/2 Charlie Drive, Whitesboro, Texas 76273, was unlawfully engaged in the duties of a pharmacy technician trainee. Ms. Pantoja had previously registered with the Texas State Board of Pharmacy (Board) as a pharmacy technician trainee, but her registration expired on January 31, 2017. As evidenced by pharmacy records, Ms. Pantoja engaged in the duties of a pharmacy technician trainee without a registration until she was informed that she could not do so by a Board investigator on November 30, 2017.

On or about January 5, 2018, Ms. Pantoja became registered with the Board as a pharmacy technician.

On or about February 1, 2017, through on or about November 30, 2017, James Thomas Axtell Jr., while acting as an employee (pharmacist-in-charge) and managing officer of Axtell Rite-Value Pharmacy, Inc., 304 1/2 Charlie Drive, Whitesboro, Texas 76273, failed to properly supervise pharmacy personnel as previously described.

By letter dated May 7, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of two thousand dollars ($2,000) due one hundred twenty (120) days after the entry of this Order.

(2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 11th day of June, 2018.

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

James Thomas Axtell Jr., R.Ph.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

BUSINESS INFORMATION

Business Name:
DYNAMIC RX LABS LLC

UBI Number:
603 488 330

Business Type:
WA LIMITED LIABILITY COMPANY

Business Status:
ACTIVE

Principal Office Street Address:
923 POWELL AVE #150, RENTON, WA, 98057, UNITED STATES

Principal Office Mailing Address:
6600 KALANIANAOLE HWY, SUITE 224, HONOLULU, HI, 96825-1281, UNITED STATES

Expiration Date:
03/31/2022

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/ Registration Date:
03/17/2015

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
OTHER SERVICES, PHARMACY

REGISTERED AGENT INFORMATION

Registered Agent Name:
NATIONAL REGISTERED AGENTS, INC.

Street Address:
711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES

Mailing Address:
711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES

GOVERNORS

Title	Governors Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		TERRY	HARMON

Facility Search

DOH Home | Facilities Home

Search

Search

Facility Information

NEW SEARCH RESULTS

Facility Name:	Dynamic RX Labs LLC
Address:	923 Powell Ave SW Ste 150, Renton, WA, 98057-2941
Owner's Name:	Dynamic RX Labs LLC
License #:	PHAR.CF.60580500
Facility Status:	ACTIVE
Facility Type:	Pharmacy License
License Expires On:	05/31/2022

If you find any errors in this description, please complete the Feedback form and send it to us.

Contact Us

Agency Contacts
Locations and Directions
Consumer Assistance and Support
Email Consumer Assistance and Support
Main: (360) 236-4700
Fax: (360) 236-4818

Social Media

Notices

Privacy Notice
Copyright Statement

Powered By

Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

v3.4.0

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

September 20, 2018

Christopher Maith Villanueva
Dynamic RX Labs LLC
923 Powell Ave SW Ste 150
Renton, WA, 98057-2941
matt.villanueva@dynamicrxlabs.com

Dear Mr./Ms. Christopher Maith Villanueva

This document contains information regarding the recent inspection of Dynamic RX Labs LLC, 923 Powell Ave SW Ste 150, Renton, WA, 98057-2941 by the Washington State Department of Health. Your state licensing inspection was completed on 09/19/2018.

During the inspection, deficient practice was found in the areas listed on the attached Statement of Deficiencies. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiencies and will be due 14 days after you receive this letter.

Each plan of correction statement must include the following:

- The regulation number;
- How the deficiency will be corrected;
- Who is responsible for making the correction;
- When the correction will be completed
- How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable. Please include information about the monitoring time frame and number of planned observations.

You are not required to write the Plan of Correction on the Statement of Deficiencies form.

Please return the Plans of Correction to me at the following address:

Stan Moore
Department of Health, Investigations and Inspections Office
P.O. Box 47874
Olympia, WA 98504-7874

Please contact me if there are questions regarding the inspection process, deficiencies cited, or completion of the Plans of Correction. I may be reached at (253) 395-6721. I am also available by email at george.moore@doh.wa.gov.

I want to extend another "thank you" to you and to everyone that assisted me during the survey.

Sincerely,

Stan Moore
Pharmacist Investigator

Enclosures: DOH Statement of Deficiencies
Plan of Correction Brochure

Pharmacy Inspection Report

Department of Health
Washington State Pharmacy Quality Assurance Commission
P.O. Box 47874, Olympia, WA 98504-7874
TEL: 360-236-4946

September 20, 2018

Dynamic RX Labs LLC, 923 Powell Ave SW Ste 150, Renton, WA, 98057-2941
Pharmacy Name and Address

Christopher Maith Villanueva
Pharmacist In Charge

ONGOING - ROUTINE	09/18/2018	Stan Moore
Inspection Type	Inspection Onsite Dates	Pharmacist Investigator
X2018-669	PHAR.CF.60580500	Other
Inspection Number	License Number	Pharmacy Type

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the on-site inspection.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
USC0035 Personnel Trained RCW 18.64.270(2) Any medicinal products that are compounded for patient administration or distribution to a licensed practitioner for patient use or administration shall, at a minimum, meet the standards of the official United States pharmacopeia as it applies to nonsterile products and sterile administered products.USP Chapter 797 ENVIRONMENTAL QUALITY AND CONTROL - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures - Personnel who prepare CSPs shall be trained conscientiously and skillfully by expert personnel and through multimedia instructional sources and professional publications in the theoretical principles and practical skills of garbing procedures, aseptic work practices, achieving and maintaining ISO Class 5 (see Table 1) environmental conditions, and cleaning and disinfection procedures.	This requirement was NOT met as evidenced by: With the assistance of Pharmacist #1 the training and competency documentation was reviewed. There was no documentation, however, of the documentation and ongoing competencies regarding the training and ongoing competencies regarding cleaning and disinfection procedures. <USP> 797 states "Compounding personnel and other personnel responsible for cleaning shall be visually observed during the process of performing cleaning and disinfecting procedures, during initial personnel training on cleaning procedures, during changes in cleaning staff, and at the completion of any media-fill test procedure. The visual observation shall be documented using a form such as the ... And maintained to provide a permanent record and long-term assessment of personnel competency." Failure to properly provide documentation of both initial and on-going competencies for person performing cleaning of the classified spaces may result in in subsequent harm.	
USC0230 Hazardous Drug Personnel Understand Risk RCW 18.64.270(2) Any medicinal products that are compounded for patient administration or distribution to a licensed practitioner for patient use or administration shall, at a minimum, meet the standards of the official United States pharmacopeia as it applies to nonsterile products and sterile administered products. USP Chapter 797 HAZARDOUS DRUGS AS CSPS - Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs.	This requirement was NOT met as evidenced by: In review of documents with the assistance of pharmacist #1, it was determined, and verified by pharmacist #1 that no documentation of the form confirming the understanding of the risks was signed for any persons within this facility. Failure to properly execute or maintain required documentation may result in subsequent harm.	
USC0315 Facility Design-Inlaid Ceiling Panels RCW 18.64.270(2) Any medicinal products that are compounded for patient administration or distribution to a licensed practitioner for patient use or administration shall, at a minimum, meet the standards of the official United States pharmacopeia as it applies to nonsterile products and sterile administered products. USP Chapter 797 ENVIRONMENTAL QUALITY AND CONTROL - Facility Design and Environmental Controls - If ceilings consist of inlaid panels, the panels shall be impregnated with a polymer to render them impervious and hydrophobic, and they shall be caulked around each perimeter to seal them to the support frame.	This requirement was NOT met as evidenced by: With the assistance of pharmacist #1 and technician #1 the following observation was made: In each of the controlled environmental spaces the ceiling panels were caulked to the frame, *except for* 1 panel adjoining each of the HEPA filters, which was not caulked. Failure to properly execute or maintain facilities in a proper manner can result in possible contamination and subsequent patient harm.	
A093c Self Inspection WAC 246-869-190(1)(b) (1) Self-inspections. Effective March 1, 2018, the responsible manager, or designee, is required to conduct an annual self-inspection of the pharmacy on the responsible manager self-inspection worksheet(s) provided by the commission. The self-inspection must be completed within the month of March each year. (b) When a change in responsible manager occurs, the new responsible manager, or designee, shall conduct a self-inspection on the responsible manager self-inspection worksheet(s). The new responsible manager must sign and date the self-inspection worksheet(s) within thirty days of becoming responsible manager, and maintain completed worksheets for two years from the date of completion.	This requirement was NOT met as evidenced by: In reviewing documentation provided by pharmacist #1, it was determined that the general pharmacy self-inspection, and the sterile compounding self-inspection had been completed as required. However the self-inspection for the non-sterile compounding portion of the practice had not been completed. Failure to properly execute or maintain a required self-inspection document may result in failure to maintain the related areas of pharmacy practice in the required manner, and may result in patient harm.	

How was your pharmacy inspection experience?

Please take a few minutes to complete this brief survey. In order to provide you with the best possible service, we need your comments on how we do our job, especially if you can offer suggestions for improvement. Unless you choose to give us your contact information, this is an anonymous survey. The survey is voluntary and will not affect your current or future inspection results. All responses will be used solely to improve our pharmacy inspection service.

https://fortress.wa.gov/doh/opinio/s?s=PharmacyInspectionSurvey

Washington State Pharmacy Quality Assurance Commission
Telephone Contact Numbers

Management and Other Resources

Steve Saxe, Executive Director	360-236-4853
Tracy West, Deputy Director	360-236-4988
Leanne George, Program Support	360-236-4946
Doreen Beebe, Program Manager	360-236-4834
Lisa Roberts, Consultant Pharmacist	360-236-4999
Angelica Pauley, Consultant Pharmacist	360-236-2932
Facsimile	360-236-4626

Pharmacist Investigator Supervisor

Gordon MacDonald	360-236-4817

Websites

Washington State Pharmacy Quality Assurance Commission	www.doh.wa.gov/pharmacy
Washington Pharmacy Quality Assurance Commission (email)	WSPQAC@doh.wa.gov
Drug Enforcement Administration (DEA)	www.deadiversion.usdoj.gov
Food & Drug Administration (FDA)	www.fda.gov/cder
Consumer Product Safety Commission	www.cpsc.gov
U.S. Pharmacopeia (USP)	www.usp.org

Introduction
We require that you submit a plan of correction for each deficiency listed on the inspection report form. Your plan of correction must be submitted to the DOH within fourteen calendar days of receipt of the list of deficiencies.

You are required to respond to the Inspection Report with Noted Deficiencies by submitting a plan of correction (POC). Be sure to refer to the deficiency number. If you include exhibits, identify them and refer to them as such in your POC.

Descriptive Content
Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;

- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Completion Dates
The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Continued Monitoring
Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Disputing Deficiencies:
You may dispute a deficient finding(s) detailed in your Inspection Report. This can be done by raising specific objections to the Commission in writing within 14 days of receiving your Inspection Report. You will receive a letter within 14 days of that objection, stating the Commission reviewed your objections, the Commission's determination on those objections, and next steps for your pharmacy to take.

Disputing POC Inadequacy:
You may dispute the finding that your POC was inadequate. This can be done by raising specific objections in writing to the Commission within 14 days of receiving your non-approval letter. You will receive a letter within 14 days of that objection, stating the Commission reviewed your objections, the Commission's determination on those objections, and next steps for your pharmacy to take.

Checklist:

- Before submitting your plan of correction, please use the checklist below to prevent delays.
- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action against the pharmacy.

Approval of POC
Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies in your inspection report you will be sent a letter detailing why your POC was not accepted.

You may dispute the finding of inadequacy or you must submit a 2nd POC. If your 2nd POC is also found to be inadequate, the Commission may choose an enforcement action.

Questions?
Please review the cited regulation first. If you need clarification, or have questions about deficiencies you must contact the pharmacist investigator who conducted the onsite inspection, or you may contact the supervising pharmacist investigator.

Dynamic Rx LABS

Dynamic Rx Labs
923 Powell Ave SW #150
Renton, WA 98057

Oct 8, 2018

RE: DOH Pharmacy Inspection Report Plan of Correction

This letter is in response to the 9-20-2018 DOH Pharmacy Inspection by Stan Moore, Investigations and Inspections office.

Below I will address the 4 deficiencies cited and plan of correction using the following guidelines:

a. The regulation number;
b. How the deficiency will be corrected;
c. Who is responsible for making the correction;
d. When the correction will be completed
e. How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable.
f. Please include information about the monitoring time frame and number of planned observations.

Sincerely,

Christopher Maith Villanueva, RPh
Pharmacist in Charge

Deficiencies:

1. USC0035 Personnel Trained "Compounding personnel and other personnel responsible for cleaning shall be visually observed during the process of performing cleaning and disinfecting procedures, during initial personnel training on cleaning procedures, during changes in cleaning staff, and at the completion of any media-fill test procedure. The visual observation shall be documented using a form such as the ... And maintained to provide a permanent record and long-term assessment of personnel competency."

    a. RCW 18.64.270(2)
    b. Correction will include an updated written policy addressing the safe and effective use and handling of cleaning and disinfecting products. The policy will include training and competency of all employees involved in the cleaning and disinfecting of the pharmacy. Policy will use the latest USP 797 guidelines. It will include training

and observable goals to assess the employees understanding and ability to adhere to the safe and effective handling of cleaning and disinfecting products. There will be included an initial, annual and a supplementary observation (if the employee is deemed to be underperforming).

c. Christopher "Matt" Villanueva RPh PIC and Dominique Taggart Lead Pharmacy tech will be responsible for the initial and ongoing training and competences associated with the cleaning and disinfecting of the pharmacy.
d. Policy will be written and rolled out by 11/5/2018.
e. The policy will be adhered too much like any other policy here at Dynamic RX labs. Management will communicate to all employee involved the importance of following the policy in question. Not only for the safety of our patient and production of a quality product but also for their own safety. It will also be communicated as a condition of employment to follow the updated policy.
f. As stated above there will be an initial, annual and supplemental observation of all employees involved in the cleaning process to assess competency and understanding of the Safe and effective use of cleaning and disinfecting products.

2. USC0230 Hazardous Drug Personnel Understand Risk: Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs.

   a. RCW 18.64.270(2)
   b. Legal team is reviewing the draft document to be presented to all employees handling hazardous substances.
   c. Steve Ponce- General Manager will be responsible for the presentation of information and obtaining of signatures so that all employees involved in the handling of hazardous substances understand the risk involved.
   d. Goal is to have the affected employees sign document by 11/5/18.
   e. Each employee involved in the handling of hazardous substances will sign the required document acknowledging the risk involved.
   f. Document will be reviewed annually and as needed to address current business practices.

3. USC0315 Facility Design-Inlaid Ceiling Panels: In each of the controlled environmental spaces the ceiling panels were caulked to the frame, except for 1 panel adjoining each of the HEPA filters, which was not caulked.

   a. RCW 18.64.270(2)

b. "Clean Room Designs" is contracted with Dynamic RX labs to address any and all shortcomings in the infrastructure of the clean rooms. A copy of the DOH report was given to their management about the noted deficiency.
c. Christopher Villanueva PIC will be responsible to ensure that Clean Room Designs makes the noted corrections to the ceiling tiles.
d. Clean Room Design will be by 11/8/18 to correct the noted deficiencies.
e. All employees involved in the monthly cleaning of ceilings and walls will be instructed to communicate to management any ceiling tiles that have questionable integrity. Clean Room design is contracted to maintain the clean rooms quarterly and any deficiencies will communicated to the management of Clean Room Designs so any tiles of questionable integrity can be addressed each quarter they arrive for maintenance.
f. Monthly observation by Dynamic RX lab employees and quarterly correction by Clean Room Designs.

4. A093c Self Inspection: the sterile compounding self-inspection had been completed as required. However the self-inspection for the non-sterile compounding portion of the practice had not been completed.

a. WAC 246-869-190(1)(b)
b. The deficiency will be addressed with the completion of the 2018 Responsible Manager Pharmacy Inspections Worksheet USP 795- Non-Sterile Compounding Addendum
c. Christopher Villanueva RPH PIC- will be responsible for the completion of the self-inspection.
d. The self-inspection will be completed by 11/5/18
e. After the completion of the self-inspection, it will be reviewed annually and as needed to address any changes in business and/or new non sterile compounds.
f. Annual self-inspections and review with any new employees. Evaluation of the self-inspection and how it would be impacted anytime we add a new compounded non sterile product or new device used to compound non-sterile products.

14B

RECEIVED 9-22-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☑ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Soleo Health Inc.

Physical Address: 6190 Shamrock Ct., Suite 100, Dublin, OH 43016

Mailing Address: 11 Trafalgar Square, Suite 101

City: Nashua State: NH Zip Code: 03063

Telephone: 614-467-8200 Fax: 614-467-8300

Toll Free Number: 844-467-8200 (Required per NAC 639.708)

E-mail: licensure@soleohealth.com Website: www.soleohealth.com

Managing Pharmacist: Jason Doenges License Number: 21800 Temp

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☑	☐ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☑	☐ Other: Specialty Pharmacy and Infusion Services	☑	☐ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☑	☐ Mail Service Sterile Compounding **
For the application to be complete		☑	☐ Other Services: Specialty Pharmacy and Infusion Services

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

John Ginzler, CFO
Print Name of Authorized Person

Aug 27, 2020
Date

Board Use Only Date Processed:_____ Amount: 500.00 n.o Processed 9/28/2020

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Soleo Health Inc.

Mailing Address: 11 Trafalgar Square, Suite 101

City: Nashua State: NH Zip: 03063

Telephone: 833-765-3648 Fax: 603-718-3824

Contact Person: Holly Anderson

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) NA
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday on call am 24/7 pm

Sunday on call am 24/7 pm 24 Hours on call 24/7

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, John Ginzler

Responsible Person of Soleo Health Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

John Ginzler, CFO
Print Name of Authorized Person

Aug 27, 2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Hampshire)
) ss.
Hillsborough COUNTY)

I, John Ginzler, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CFO for Soleo Health Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, John Ginzler, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Rosa Ginzler
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 27th day of August, 2020.

ROSALINDA B. GINZLER
STATE OF
MY COMMISSION EXPIRES OCTOBER 5, 2021
NEW HAMPSHIRE
NOTARY PUBLIC

NOTARY PUBLIC

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Jason S. Doenges

Date: 10/28/2021
Amount:
License #: 21800

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/28/2022

Jason S. Doenges

License #
21800
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21800

Expires: 04/28/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Jason S. Doenges

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

SOLEO HEALTH
Innovators in Specialty Infusion

PRIVILEGED AND CONFIDENTIAL INFORMATION

Corporate Officers

Andrew C. Walk - Chief Executive Officer
2801 Network Blvd, Suite 505
Frisco, TX 75034
(833)765-3648
0% owned

John Ginzler - Chief Financial Officer
11 Trafalgar Square, Suite 101
Nashua, NH 03063
(833)765-3648
0% owned

Ron Lindahl – Chief Operating Officer
2801 Network Blvd, Suite 505
Frisco, TX 75034
(833)765-3648
0% owned

Craig Vollmer – Chief Commercial Officer
2801 Network Blvd, Suite 505
Frisco, TX 75034
(833)765-3648
0% owned

Corporate Directors

Paul McConnell – Chairman of the Board
2801 Network Blvd, Suite 505
Frisco, TX 75034
(833)765-3648
0% owned

Brian Schwartz - Board Member
1450 Brickell Avenue 31st Floor
Miami, FL 33131
(305) 379-2322
0% owned

Eric Rogoff - Board Member
600 Lexington Ave 35th Floor
New York, NY 10022
(617) 412-2700
0% owned

Miriam Rafiqi - Board Member
1450 Brickell Avenue 31st Floor
Miami, FL 33131
(212) 506-0500
0% owned

Registered Pharmacist

Jason Doenges, RPh
0% owned

Corporate Shareholders

Soleo Health Inc. – 100% owned
Soleo Health Holdings, Inc. – owns 100% of Soleo Health Inc.
Brickell Bay Acquisition Corp. –owns 100% of Soleo Health Holdings, Inc.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Soleo Health Inc

Physical Address: 6190 Shamrock Ct, Suite 100

City: Dublin State: OH Zip: 43016

Mailing Address (if different from physical address): 11 Trafalgar Square, Suite 101

City: Nashua State: NH Zip: 03063

Telephone: (844) 467-8200 Website: www.soleohealth.com

Licensing Company Email: licensure@soleohealth.com

Section 2: Personal Information

First: Jason Middle: Scott Last: Doenges

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Winding Woods Dr.

City: Powell State: OH Zip: 43065

Telephone: [redacted] Email: jdoenges@soleohealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	N/A

Applicant's initials: JSD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Bremen High School		1988-1992	
Address	**City**	**State**	**Zip**
901 E Monroe St	New Bremen	OH	45869
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
The Ohio State University		1992-1997	
Address	**City**	**State**	**Zip**
281 W Lane Ave	Columbus	OH	43120
Diploma/Degree obtained, if any			
Bachelor of Science: Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/05 - Present	[redacted] Winding Woods Dr.	Powell	OH	43065
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JSD

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Soleo Health Inc			From - To (MM/YY – MM/YY): 12/2017 to current
Business Address: 6190 Shamrock Ct, Suite 100	City: Dublin	State: OH	Zip: 43016
Phone: (844) 467-8200	Title: Pharmacist in Charge		Number of Employed Hours: 8320
Description of Duties: Supervise all clinical pharmacy patient care activities. Conduct initial and ongoing training of pharmacists and technicians, including sterile compounding based on USP 797 / 800 requirements. Monitor all pharmacy sterile compounding activities, including Low, Medium, and Hazardous. Verify that the responsibilities of pharmacy staff comply with state and federal pharmacy regulation. Conduct drug interventions and therapy management of intravenous medication therapies (Parenteral Nutrition, Vancomycin, Gentamicin). Proficiently review objective data (including lab results) and interpret subjective data to collaborate closely with other healthcare professionals to monitor the quality and effectiveness of drug choice or drug regimen. Evaluate the validity and safety of medication orders, prescriptions, and compounded products. Enter new patient profiles and prescriptions into medication input software system. Communicate directly with doctors and nurses via telephone, fax and email.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/19/1995	7/31/1995	OH	Columbus	Franklin
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
		City of Columbus		
Reason/Charge				
Disorderly Conduct				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

On July 19, 1995, when I was 21 years old, I attended a gathering at a restaurant with coworkers to celebrate a graduation. Along with beer, I drank several shots of liquor. I left and attempted to drive home but stopped driving and parked on a neighborhood street. My intention was to sleep and drive after sobering up. A resident of the neighborhood must have seen me stop and not get out. Obviously concerned, he or she contacted the local police. I was arrested for disorderly conduct and spent the night in jail.

Original Signature (electronic, copies or stamps not accepted)

11/29/2021
Date

Applicant's initials JSD

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/30/1995	01/02/1996	OH	Columbus	Franklin
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		City of Columbus		
Reason/Charge				
Criminal Mischief				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

On December 30, 1995, when I was 22 years old, I went to a bar with a friend to meet another group of people gathering for a celebration. Later in the evening, my friend and a stranger were arguing over something and started to fight. While attempting to help my friend, I through a bottle through the window of the establishment. I was arrested for criminal mischief and spent the night in jail. I was ordered to pay restitution for the cost of the window and was put on probation for one year. A sixty-day jail sentence was suspended by the judge.

Original Signature (electronic, copies or stamps not accepted)

11/29/2021
Date

Applicant's initials JSD

I, Jason Doenges, **certify that as the designated representative for**

Soleo Health Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jason Doenges

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2021

Date

Applicant's initials JSD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jason Doenges

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2021

Date

Please have this section completed in the presence of a Notary Public.

State of OHIO, ss. County of FRANKLIN

I, Jason Doenges, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/30/2021

Date

Subscribed and Sworn to before me this 30th day of November 2021

Notary Public Signature

NOTARIAL SEAL STATE OF OHIO

Ms. Senita L. Feagin
Notary Public, State of Ohio
My Commission Expires (Seal)
06-JUNE-2026

Applicant's initials JSD

Board of Pharmacy

To Whom It May Concern:

On July 19, 1995, when I was 21 years old, I attended a gathering at a restaurant with coworkers to celebrate a graduation. Along with beer, I drank several shots of liquor. I left and attempted to drive home but stopped driving and parked on a neighborhood street. My intention was to sleep and drive after sobering up. A resident of the neighborhood must have seen me stop and not get out. Obviously concerned, he or she contacted the local police. I was arrested for disorderly conduct and spent the night in jail.

On December 30, 1995, when I was 22 years old, I went to a bar with a friend to meet another group of people gathering for a celebration. Later in the evening, my friend and a stranger were arguing over something and started to fight. While attempting to help my friend, I through a bottle through the window of the establishment. I was arrested for criminal mischief and spent the night in jail. I was ordered to pay restitution for the cost of the window and was put on probation for one year. A sixty-day jail sentence was suspended by the judge.

In the twenty-five years since, I have not been arrested nor had any incidents with law enforcement. I have learned from those mistakes I made while in college. After reflecting on those decisions, I decided to focus on school and internship at a retail pharmacy. I graduated, earned my license to practice, and have been practicing pharmacy in Ohio for 23 years.

At 48 years old, I now split my time between family and career. I am married with two children. Selfish, reckless decisions are no longer part of my life. I hope you view this as sincere and consider my application to represent Soleo Health as the Pharmacist in Charge.

With Regards,

Jason S. Doenges, R.Ph.

Lori M. Tyack, Clerk
Franklin County Municipal Court
Criminal/Traffic Division
375 South High Street, 2nd Floor.
Columbus, OH 43215-4520
(614) 645-8186
www.fcmcclerk.com

The Attached Franklin County Municipal Court Record Is An Accurate and True Abstract Of The Original.

Defendant Name:

Case Number(s):

I, Lori M. Tyack, Clerk of the Franklin County Municipal Court, within and for said county, hereby certify that the attached and foregoing case information including disposition, if applicable, is truly taken from the official electronic record now maintained by this Office.

Witness my hand and seal of said court this 25th day of Oct 2013.

Lori M. Tyack, Clerk

C%lose 1995 CR B 036410 CITY OF COLUMBUS vs. DOENGES, JASON COL

%Open File Date 12/31/1995 Disposition Code CASE HEARD BY JUDGE >

%Save Action Code CRIMINAL MISCHIEF > Disp Date(s) 01/02/1996

%Print Case Status CLOSED Judges Report Administrative
Case Status Date 12/31/1995

1 Judge Deviation Judge ADMINISTRATIVE, JUDGE >

Magistrate >

Comments

Visiting Judge Assisting

Visiting Judge Responsible

PPG Start Date Termination Code CASE HEARD BY JUDGE

SCR Status CLOSED Termination Date 01/02/1996

SCR Date 12/31/1995 SCR Row 5

SCR Section SCR Code 0

SCR Column B

Updated By: cnvdsp_cr Updated Date:03/11/1999 12:18:02.00

C%lose 1995 CR B 020841 CITY OF COLUMBUS vs. DOENGES, JASON COL

%Open File Date 07/29/1995 Disposition Code CASE HEARD BY JUDGE >

%Save Action Code DISORDERLY CONDUCT > Disp Date(s) 07/31/1995

%Print Case Status CLOSED Judges ReportAdministrative
Case Status Date 07/29/1995

1 Judge Deviation Judge ADMINISTRATIVE, JUDGE >

Magistrate >

Comments

Visiting Judge Assisting

Visiting Judge Responsible

PPG Start Date Termination Code CASE HEARD BY JUDGE

SCR Status CLOSED Termination Date 07/31/1995

SCR Date 07/29/1995 SCR Row 5

SCR Section SCR Code O

SCR Column B

Updated By: cnvdsp_cr Updated Date:03/11/1999 12:18:02.00

THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR

DIVISION OF POLICE
KIM JACOBS
CHIEF OF POLICE

August 5, 2014

Jason Doenges,

This letter is in reference to your public records request regarding arrest details from 1995. Your request has been received by our offices and assigned file 14-2028. Please refer to this number when corresponding with our offices on this matter.

The Division of Police cannot fulfill your request for the following reasons:

_____ The particular records are filed by certain identifiers: a) the involved officers name(s); b) the complainant/ party(s) name(s) c) the specific Bureau/ Unit assigned case file number. They can only be accessed individually by providing any of these identifiers.

__X__ Requested records are non-existent within the Divisions archives/ records or files. We do not maintain misdemeanor records from 1995.

____ Requested records are part of an open/ pending investigation and/ or court case and are exempt from release at this time.

__ __ Investigatory work product: investigation file and photos cannot be released.149.43, confidential law enforcement investigatory record, work product

Your request through the Public Record Unit has been closed at this time.

Please feel free to contact me with any questions or concerns regarding this matter.

Officer Donna Welch # 1179
614-645-4896
Public Records Unit
(614) 645-4896 (M-F; 8:00am-4:00pm)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLEO HEALTH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLEO HEALTH INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5486590 8300

SR# 20212306140

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203336563

Date: 06-01-21

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2023.

SOLEO HEALTH INC.

6190 Shamrock Ct Ste 100

Dublin, OH 43016-1279

License Number: 022403050

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2023

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: FL – Fluid Therapy

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
JASON S DOENGES	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Ohio | eLicense Ohio Professional Licensure

License Look Up

6/1/2021 5:47 PM

SOLEO HEALTH INC.

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - Category 3
License Number	022403050
License Issue Date	04/03/2014
License Expiration Date	03/31/2023
License Effective Date	04/01/2021
Street Address	6190 Shamrock Ct Ste 100
City	Dublin
State	OH
Zipcode	43016-1279
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
JASON DOENGES	03122815	Active	Tue Apr 21 00:00:00 GMT 2020	
Aaron Webb	APP-000461922	Pending	Mon May 03 00:00:00 GMT 2021	

Current date & time: **6/1/2021 5:47 PM**

2965

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS4457823	02-28-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-13-2020

SOLEO HEALTH, INC.
SUITE 100
6190 SHAMROCK CT
DUBLIN, OH 430161279

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS4457823	02-28-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-13-2020

SOLEO HEALTH, INC.
SUITE 100
6190 SHAMROCK CT
DUBLIN, OH 430161279

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Class E-S (Non-resident) Pharmacy Inspection Report
Relating to Compounding of Sterile Preparations

Conducted by Michael Poblet - NABP **for the Texas State Board of Pharmacy**

Name of Pharmacy Soleo Health Inc, Dublin OH — TSBP License # Pending
Pharmacist in Charge Jason Doenges — Lic 59883 Exp 11/30/2020
Personnel Lic ____ Exp ____
Lic ____ Exp ____
Lic ____ Exp ____
Lic ____ Exp ____

KEY: Satisfactory - substantially complies with TSBP Rule 291.133 with no or only minor deficiencies that require corrections.
Unsatisfactory - fails to substantially comply with TSBP Rule 291.133 (See Notes).
~~Not reviewed~~ – item not reviewed during desktop distance inspection

Satisfactory	Code	Unsatisfactory		Notes
			REQUIREMENTS REGARDING COMPOUNDING ASEPTIC ISOLATORS (LOW-RISK & MEDIUM-RISK NON-HAZARDOUS CSPs)	93-95 (N/A, not utilized by facility)
			If the pharmacy utilizes a compounding aseptic isolator (CAI) as its primary engineering control device, does the CAI provide unidirectional airflow within the main processing and antechambers, and is it placed in an ISO Class 7 buffer area? If no, does the CAI meet the following requirements?	
	93		1) Isolated from room and maintain ISO Class 5 during dynamic operating conditions; 2) Complies with particle count and other conditions specified in TSBP Rules; and 3) Applicable documentation from manufacturer of CAI available to support placement.	
	94		If CAI meets requirements for placement in non-classified area, does CAI placement area meet all of the following? 1) Clean, well lit, and of sufficient size, and maintained at required temperature and humidity levels ~~2) Used only for the compounding of low- and medium-risk, non-hazardous CSPs;~~ 3) Contain non-porous and washable floors or floor coverings; and 4) Allows for placement so as to avoid conditions that could adversely affects its operation.	
	95		If CAI meets requirements for placement in non-classified area, does pharmacy maintain and follow the written policies and procedures for cleaning and disinfecting, and written documentation from the manufacturer regarding the personal protective equipment required to be donned and personal cleansing that must occur prior to use of the CAI.	
			REQUIREMENTS REGARDING COMPOUNDING ASEPTIC ISOLATORS (HIGH-RISK NON-HAZARDOUS CSPs)	
	98		~~If high-risk non-hazardous drugs are prepared in a CAI, is CAI placed in an area/room that is at least ISO Class 8, so that high-risk powders are not exposed to lesser air quality prior to completion of CSP?~~	

Satisfactory	Code	Unsatisfactory		Notes
			REQUIREMENTS REGARDING COMPOUNDING ASEPTIC CONTAINMENT ISOLATORS (LOW-RISK & MEDIUM-RISK HAZARDOUS CSPs)	98, 96, 97, 95 and 251 (N/A, not utilized by facility)
			If the pharmacy ~~utilizes a compounding aseptic containment isolator (CACI) as its primary engineering control device for preparing low- and medium-risk **hazardous** CSPs, does the~~ CACI provide unidirectional airflow within main processing and antechambers, and is the CACI located in an ISO 7 buffer area? If no, does the CACI meet the following requirements?	
	96		1) Isolated from room and maintain ISO Class 5 during dynamic operating conditions 2) Complies with particle count and other conditions specified in TSBP Rules; 3) Applicable documentation from manufacturer of CACI available to support placement; 4) Provide at least 0.01 in. water column negative pressure compared to other areas of the pharmacy; and 5) Be located in a separate room away from other areas of the pharmacy.	
	97		If CACI meets requirements for placement in non-classified area, does CACI placement area meet all of the following? 1) Clean, well lit, and of sufficient size, and maintained at required t2emperature and humidity levels ~~2) Used only for the compounding of low- and medium-risk, hazardous CSPs;~~ 3) Contain non-porous and washable floors or floor coverings; 4) Allows for placement so as to avoid conditions that could adversely affects its operation; 5) Is a separate room that does not contain a CAI; and 6) Provides 0.01 in. water column negative pressure compared to other pharmacy areas.	
	95		If CACI meets requirements for placement in non-classified area, does pharmacy maintain and follow the written policies and procedures for cleaning and disinfecting, and written documentation from the manufacturer regarding the personal protective equipment required to be donned and personal cleansing that must occur prior to use of the CACI.	
			REQUIREMENTS REGARDING COMPOUNDING ASEPTIC CONTAINMENT ISOLATORS (HIGH-RISK HAZARDOUS CSPs)	
	251		~~If high-risk hazardous drugs are prepared in a CACI, is CACI placed in an area or room that is at least ISO Class 8, so that high-risk powders are not exposed to lesser air quality prior to completion of CSP?~~	
			REQUIREMENTS REGARDING CLEANROOM COMPOUNDING FACILITIES	
			If pharmacy maintains a cleanroom as its compounding facility, is cleanroom physically designed and environmentally controlled to minimize airborne contamination of critical sites?	
x	101		Does the anteroom/ante-zone provide at least ISO Class 8 air quality, under dynamic conditions?	
x	102		Does the buffer area provide at least ISO Class 7 air quality, under dynamic conditions?	

Satisfactory	Code	Unsatisfactory		Notes
	103		~~If high-risk CSPs are compounded, does the pharmacy have buffer room that provides physical separation from other compounding area?~~	
x	104		Is buffer area segregated from surrounding unclassified spaces, and continuously monitored?	
	105		~~If buffer area is not physically separated from the ante-area, does buffer area employ the principle of displacement airflow, with limited access to personnel?~~	
	106		~~Is the buffer area free from sources of water (e.g., sinks) or floor drains?~~ [EXCEPTION FOR RADIOPHARMACEUTICALS - SEE P&P]	
x	107		Is clean room of sufficient size to support sterile compounding activities?	
x	108		Is clean room/controlled area designed such that hand sanitizing and gowning occurs outside the buffer area but allows hands-free access to the buffer area?	
			Does the cleanroom meet the following environmental, spatial, and architectural requirements:	
x	109		Clean, well-lit, & clear of objects that shed particles?	
	110		~~Used only for the compounding of sterile preparations?~~	
x	111		Ventilated in a manner to avoid disruption from the HVAC system and room cross drafts?	
x	112		Have non-porous & washable floors or floor covering to enable regular disinfection?	
x	113		Have walls, ceilings, floors, fixtures, shelving, counters, & cabinets that are smooth, impervious, free from cracks & crevices (e.g., coved, non-shedding & resistant to damage by disinfectant agents?	115 – photo shows paddle with red ircle and blue circle indicating hold nd cold.
x	114		Have junctures of ceilings-to-wall coved or caulked to avoid cracks and crevices?	
x	115		Does the anteroom/ante-zone contain a sink with hot and cold running water that enables hands-free use wit closed system of soap dispensing? [EXCEPTION FOR RADIOPHARMACEUTICALS - SEE P&P]	
x	116		Is cleanroom maintained at required temperature and humidity level (20 degrees C or cooler and less than 60%)?	
x	118		Are drugs/supplies stored on shelves above the floor to permit adequate floor cleaning?	124 Unknown; Certification documentation did not appear to contain CETA standard disclosure.
	119		~~Does the cleanroom contain only the appropriate compounding supplies (e.g., not used for bulk storage for supplies and materials)?~~	
x	120		Are all drugs used for compounding stored at proper temperature?	
			REQUIREMENTS REGARDING THE PHARMACY'S PRIMARY ENGINEERING CONTROL DEVICE (PEC) [NOTE: See P&P Regarding Blood-Labeled Preparations]	
x	121		Able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	
x	122		Located in the buffer area, if applicable, and placed in an ISO Class 7 buffer area? [EXCEPTION FOR RADIOPHARMACEUTICALS - SEE P&P]	
x	123		Placed in the buffer area so as to avoid conditions that could adversely affect operation?	
	124		Certified using certification procedures such as Controlled Environment Testing Association (CETA) standard (CAG-003-2006) every 6 months, and when relocated?	

Satisfactory	Code	Unsatisfactory		Notes
	125		~~Are pre filters inspected periodically and replaced as needed?~~	
	126	x	Is PEC located in buffer area with minimum differential positive pressure of 0.02-0.05" water column?	
	127	x	Does clean room have a pressure gauge or velocity meter to monitor pressure differential or airflow between buffer area/room and ante-area/room and between ante-area/room and the the general environment outside the compounding area?	
	128	x	Are the differential pressures discussed above documented at least every work shift (minimum frequency shall be at least once daily) or by a continuous recording device?	126 - 128 Provided logs only included documentation of Chemo (negative pressure) area.
			GENERAL REQUIREMENTS FOR COMPOUNDING HAZARDOUS PREPARATIONS	
			If pharmacy prepares hazardous drugs, does the pharmacy comply with the following:	
	242		Personnel wear appropriate protective apparel	242 – 250 Although facility has negative pressure room provided documentation appears to indicate the facility does not compound with HDs.
	243		Use appropriate safety and containment techniques	
	244		~~Dispose of hazardous waste in accordance with all local, state, and federal laws/rules~~	
	245		Label preparations with proper precautions	
	246		If hazardous drugs are prepared in a Class II or III vertical flow biological safety cabinet (BSC), is the BSC located in an ISO Class 7 area that is physically separated from other preparation areas?	
	247		Does the area have not less than 0.01 inches water column negative pressure to the adjacent positive pressure ISO Class 7 or better ante-area?	
	248		Does the area have a pressure indicator that can be readily monitored for correct room pressurization?	
	249		~~Meet the requirements for low volume preparation of hazardous drugs?~~	
	250		Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	
			GENERAL REQUIREMENTS FOR COMPOUNDING HIGH-RISK PREPARATIONS If high-risk CSPs are compounded, do these CSPs undergo sterility testing when:	
	231		Prepared in groups of more than 25 identical individual single-dose packages?	231 – 241 This facility does not appear to compound high risk preparations.
	232		Prepared in multiple dose vials for administration to multiple patients	
	233		When exposed longer than 12 hours at 2-8 degrees Celsius before they are sterilized and longer than 6 hours at warmer than 8 degrees C before they are sterilized	
	234		Does the pharmacy expose sterile contents of commercially manufactured products, including opened or partially opened used packages of manufactured sterile products to air quality worse than ISO Class 5 for more than 1 hour?	
	235		Does the pharmacy expose CSPs that lack effective antimicrobial preservatives, and sterile surfaces of devices and containers for preparing CSPs to air quality worse than ISO Class 5 for more than 1 hour?	

Satisfactory	Code	Unsatisfactory		Notes
	236		Does pharmacy properly store 1) non-sterile water-containing high-risk preparations awaiting sterilization (i.e., not > 6 hours); and/or 2) finished high-risk CSPs according to storage time periods?	
	237		Does pharmacy rinse, while assuring cleanliness, all non-sterile measuring, mixing, and purifying devices thoroughly with pyrogen-free or depyrogenated sterile water and then thoroughly drain or dry immediately before use for high-risk compounding?	
	238		Does pharmacy ensure that all high-risk compounded sterile solutions subjected to terminal sterilization are **pre-filtered** with a filter no > 1.2 micron; and that high-risk CSPs subjected to sterilization by filtration are **filtered** with 0.2 or 0.22 micron filter?	
	238		Have filters undergone evaluation to test for integrity (e.g., bubble point)? Are proper procedures followed if filter fails integrity test?	
	239		Are pre-sterilization procedures for high-risk CSPs, such as weighing and mixing, completed in no worse than an ISO 8 environment?	
	240		For compounding activities that precede terminal sterilization (e.g., weighing & mixing non-sterile ingredients), do personnel garb & gown the same as when performing in an ISO Class 5 environment?	
	241		Do properly garbed and gloved compounding personnel re-garb and properly re-wash hands, perform aseptic hand cleansing with waterless alcohol-based surgical hand scrub, and don sterile gloves, if exposed to air quality that is either known or suspected to be worse than ISO 7, upon re-entering the ISO 7 buffer area?	
			REQUIREMENTS REGARDING THE COMPOUNDING OF COMMERCIALLY AVAILABLE PRODUCTS	
			Does the pharmacy compound commercially available products if:	
	158		~~Commercial product is not reasonably available from normal distribution channels in a timely manner to meet patient's needs~~	158 - 160 Facility does not compound commercially available products per provided documentation.
	159		~~Pharmacy maintains documentation from manufacturer that product is unavailable~~	
	160		~~The prescriber has requested the drug be compounded~~	
			REQUIREMENTS REGARDING PHARMACEUTICAL CARE SERVICES	
x	161		Are policies in place for patient monitoring, including policies to ensure that reports of ADEs with a CSP reviewed promptly and thoroughly to correct and prevent future events?	
	166		~~Is a pharmacist accessible at all times to respond to questions and needs from patients and other healthcare professionals?~~	
			REQUIREMENTS FOR OFFICE USE COMPOUNDING [See P&P regarding radiopharmaceuticals]	
			The following are applicable if the pharmacy is compounding for CSPs for **office use:**	
	162		Is pharmacy distributing CSPs to a pharmacy located in Texas?	162 Facility does not distribute

Satisfactory	Code	Unsatisfactory		Notes
	163		~~If a pharmacy is compounding sterile preparations for a practitioner's office use, does the pharmacy maintain a written agreement?~~	
			REQUIREMENTS REGARDING RECORDS FOR STERILE COMPOUNDED PREPARATIONS	
	252		~~Does the pharmacy maintain compounding records for all preparations, either electronically or manually, as part of the prescription drug order, medication order, formula record, formula book, or compounding log, for a minimum of two years?~~	259 Provided documentation did not specify criteria used (e.g. USP797)
			Does each record include:	
x	253		1) Date and time of preparation;	260 Provided documentation did not appear to contain quality control procedures (e.g. particulate evaluation via dark/light examination field)
x	254		2) Complete formula;	
x	255		3) Written or electronic signature or initials of pharmacist or technician who performed the compounding;	
x	256		4) Written or electronic signature or initials of pharmacist responsible for supervising the pharmacy tech;	
			5) Who compounded the preparation, and conducted in-process and final checks;	
x	257		6) Quantity of units of finished products or amount of raw materials;	
x	258		7) Container used and the number of units prepared;	261 – 263 Batch compounding not conducted per provided documentation.
	259	x	8) Criteria used to determine beyond-use date; and	
	260	x	9) Documentation of performance of quality control procedures.	
	261		Are master worksheets for batch compounding complete?	
	262		Are master worksheets developed & approved by a pharmacist for batch preparations?	209-211 Unknown – no sample label in provided documentation.
	263		Is preparation worksheet for each batch complete?	
			REQUIREMENTS REGARDING LABELING OF COMPOUNDED STERILE PREPARATIONS	
			Do pharmacy personnel properly label compounded sterile preparations, to include:	213 -216 Batch compounding not conducted per provided documentation.
	209	x	Generic name(s) or official names of principle active ingredient(s)	
	210	x	Statement that the CSP has been compounded by the pharmacy	
	211	x	Beyond-Use Date	
			If compounds are prepared in batch, do labels contain:	217- 219 Bulk package preparations not conducted per provided documentation
	213		1) unique lot number;	
	214		2) quantity;	
	215		3) ancillary instructions (e.g., cautionary statements); and	
	216		4) device-specific instructions, where applicable.	
			If preparing pharmacy bulk packages, do labels contain:	
	217		1) the statement "Pharmacy Bulk Package - Not for Direct Infusion" appearing prominently;	
	218		2) information on proper techniques to help ensure safe use; and	
	219		3) statement of how long a vial may be used once punctured.	

Satisfactory	Code	Unsatisfactory		Notes
	220	x	Are CSPs assigned beyond-use dates as specified in labeling, or literature sources, or direct testing? In the absence of justification for BUDs, do storage period for CSPs meet the limits specified in TSBP Rule 291.133, for low-, medium-, and high-risk CSPs? [EXCEPTION FOR RADIOPHARMACEUTICALS - SEE P&P]	220 Policy 0526 RX addresses BUDs however it is not clear based on provided documentation if labeling and compound records meet this standard.
			REQUIREMENTS FOR MAINTAINING ADDITIONAL EQUIPMENT & SUPPLIES	
			Does the pharmacy have all of the following required equipment and supplies:	
	167	x	Calibrated system or device (e.g., thermometer), if CSPs are stored in the refrigerator	167 – 168 Calibration documentation not provided
	168	x	Calibrated system or device to monitor temperature where bulk chemicals are stored	
	169		~~If applicable, a Class A prescription balance, or analytical balance and weights~~	
x	170		Equipment, including drug containers, and utensils necessary for proper compounding of sterile preparations which are: 1) of suitable composition so that surfaces making contact with components are not reactive, additive, or absorptive so as to alter the drug preparations; and 2) cleaned and sanitized immediately prior to and after each use	
x	171		Appropriate disposal containers for needles, syringes, and if applicable, hazardous waste	
x	172		Packaging and delivery containers to maintain proper storage conditions	
x	173		Infusion devices	
x	174		Disposable needles, syringes, and other supplies for aseptic mixing, sterile gloves for both hazardous and non-hazardous drug compounding, sterile 70% isopropyl alcohol, and sterile alcohol-based surgical scrub	
x	175		Disinfectant cleaning solutions [See P&P regarding radiopharmaceuticals]	
x	176		Hand washing agents with bactericidal action	
x	177		Disposable, lint-free towels or wipes [EXCEPTION FOR RADIOPHARMACEUTICALS - SEE P&P]	
x	179		Hazardous spill kits, if applicable	
x	180		Masks, caps, gowns with tight cuffs, shoe covers, gloves, and beard covers, as applicable	
x	181		If pharmacy uses an automated compounding device, does the pharmacy calibrate and verify device for accuracy on a daily basis?	
			REQUIREMENTS REGARDING TRAINING OF COMPOUNDING PERSONNEL	
			Have applicable pharmacy personnel completed the following training requirements:	
	129	x	Has each pharmacist who compounds (or supervises pharmacy technicians who are compounding sterile preparations) education/training?completed, in single course, a minimum of 20 hours of approved education and training	129 -130 Provided documentation did not indicate number of hours of training conducted.
	130	x	Has each technician who compounds sterile preparations completed, in a single course, a minimum of 40 hours of approved education/training?	

Satisfactory	Code	Unsatisfactory		Notes
			Does the pharmacy's training program for personnel who compound sterile preparations include didactic and experiential training? Does training manual include instructions and experience in the following areas:	
x	131		1) Aseptic technique;	
x	132		2) Critical area contamination factors;	
x	133		3) Environmental monitoring;	
x	134		4) Structure and engineering controls related to facilities;	140 Although facility has negative pressure room provided documentation appears to indicate the facility does not compound with HDs.
x	135		5) Equipment and supplies;	
x	136		6) Sterile preparation calculations and terminology;	
x	137		7) Sterile preparation compounding documentation;	
x	138		8) Quality assurance procedures;	
x	139		9) Aseptic preparation procedures, including proper gowning and gloving technique;	
	140		10) Handling of hazardous drugs, if applicable; and	
x	141		11) General conduct in the clean room.	
			Does the pharmacy's training program for personnel who compound or supervise sterile preparations include competency evaluation through demonstration, written testing, and practical testing, including media-fill challenge tests? Is competency evaluated:	
x	142		During orientation and training prior to the regular performance of tasks?	
x	143		Whenever the QA program yields an unacceptable result?	
x	144		At proper intervals (at least on an annual basis for low- and medium-risk level compounding; and at least every six months for high-risk level compounding?	
x	145		For all types of manipulations, products, risk levels, and batch sizes that personnel are likely to encounter?	
x	146		Are all personnel required to pass gloved fingertip/thumb testing 3 times before compounding sterile preparations?	
			Does the pharmacy maintain required documentation of training and testing of each person who compounds or supervises sterile preparations, to include initial and in-service training and practical testing and media-fill testing? Records must include:	
x	147		Name of person receiving the training or completing the testing	
x	148		Results of personnel glove fingertip and media-fill testing	
x	149		Date of training, testing and/or media-fill challenge testing	
x	150		General description of topics covered in the training or testing or of the process validated	
x	151		Name of person supervising the training, testing, and/or media-fill challenge testing	
x	152		Signature or initials of the person receiving the training or completing the testing	

Satisfactory	Code	Unsatisfactory		Notes
x	153		Signature of PIC or designee responsible for training, testing, and/or media-fill challenge testing	
			REQUIREMENTS REGARDING PHARMACY LIBRARY REFERENCES	
			~~Does the pharmacy maintain a library that includes updated copies, in hard copy or electronic format, of the following references~~	
	154		~~Reference on injectable drug preparations, such as Handbook of Injectable Drug Products~~	
	155		~~Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs~~	
	156		~~USP/NF containing USP Chapters 71, 85, 795, 797, 1163 [NOTE: See P&P for Additional Applicable References]~~	
	157		~~If library references are maintained in electronic format, are all personnel able to access references?~~	
			QUALITY CONTROL & ASSURANCE PROCEDURES FOR VERIFYING COMPOUNDING ACCURACY	
x	164		Does the pharmacy maintain as part of its written policies and procedures, a written Quality Assurance plan to monitor and ensure the integrity, potency, quality, and labeled strength of compounded drug preparations? Does the pharmacy follow Quality Assurance practices?	
x	165		Does the pharmacy follow established quality control procedures to monitor the compounding environment and quality of compounded drug preparations?	
x	207		Does the pharmacist review all compounding records for accuracy in the compounding process and conduct periodic in-process checks as defined in the pharmacies policies and procedures and a final check in the compounding process?	
	208	x	Are all compounded sterile preparations that are intended to be solutions visually examined for particulate matter?	208 unable to determine based on provided documentation.
			REQUIREMENTS REGARDING PERSONNEL CLEANSING AND GARBING	
			Do compounding personnel remove the following before entering the clean room	192 – 196 based on provided policies.
x	192		Are persons with apparent illness or an open lesion compounding sterile preparations?	
x	193		Personal outer garments	
x	194		All cosmetics	
x	195		All hand, wrist, and other body jewelry or piercings	
x	196		Artificial nails or extenders; are natural nails kept neat and trimmed?	
			Do compounding personnel carry out the following activities prior to commencement of compounding process: (NOTE: Procedures should proceed from dirtiest to cleanest activity)	
x	197		Donning of head and facial hair covers	
x	198		Donning dedicated shoes or shoe covers	
x	199		Donning face mask and if applicable, eye shields	

Satisfactory	Code	Unsatisfactory		Notes
			Do compounding personnel perform proper hand hygiene, including:	200 – warm water is not indicated in the provided documentation.
	200	x	Do personnel remove debris underneath fingernails using nail cleaner, under warm water?	
x	201		Do personnel engage in vigorous hand washing for 30 seconds, while in ante-zone/anteroom, beginning with arms at hands and continuing to the elbows?	
x	202		Are hands and forearms to the elbows completely dried using lint-free disposable towels, an electronic hands-free hand dryer, or a HEPA-filtered hand dryer?	
x	203		After hand washing, are clean non-shedding gowns with sleeves that fit snugly round wrist and enclosed at the neck donned?	
x	204		Once inside the buffer area, and prior to donning sterile powder-free gloves, is antiseptic hand cleansing performed using a waterless alcohol-based surgical scrub? Are hands allowed to dry?	
x	205		Are sterile powder-free gloves donned prior to beginning of compounding procedures?	
x	206		Is sterile 70% IPA applied to gloves throughout the day & when non-sterile surfaces are touched?	
			REQUIREMENTS REGARDING CLEANING AND DISINFECTING PROCEDURES	
			Does the pharmacy clean and disinfect all direct and contiguous compounding areas at the following frequencies, pursuant to written procedures developed by the PIC?	
x	221		At the beginning of each work shift	
	222	x	Every 30 minutes during continuous compounding, unless a particular compounding procedure requires more than 30 minutes to complete, in which case, cleaning is required immediately after compounding activity is completed.	222 Unable to determine based on provided documentation
	223		Before each batch preparation is started	223 The facility does not appear to batch compound
x	224		When there are spills or known or suspected procedural breaches	
			When cleaning the buffer or clean room are the following procedures followed:	
	225	x	Are proper residue-free disinfecting agents used?	225 Unable to determine if agents are "residue-free," based on provided documentation
x	226		Are floors mopped at least once daily when no aseptic operations are in progress?	
x	227		Are walls, ceiling, and shelving in the buffer area, ante-area, and segregated compounding area cleaned and disinfected on a monthly basis?	
x	228		Are supplies/equipment removed from shipping cartons wiped w/disinfecting agent, such as sterile 70% IPA, and allowed to dry prior to introduction into an ISO 5 classified air space?	228 Per provided policies
x	229		For cleaning procedures above, does pharmacy maintain documentation (i.e., date/time of cleaning, type of cleaning agent(s) used, name(s) of individual(s) carrying out the cleaning)?	
x	230		Is cleaning performed by trained personnel using approved agents and procedures described in the written SOPs?	
			GENERAL REQUIREMENTS FOR THE COMPOUNDING PROCESS	

Satisfactory	Code	Unsatisfactory		Notes
			Does the pharmacy have SOPs to ensure accountability, accuracy, quality, safety, and uniformity in the compounding process? Do procedures include the following:	
x	182		1) Facility;	
x	183		2) Equipment, including drug containers, and utensils necessary for proper compounding;	
x	184		3) Personnel;	
x	186		4) Preparation Evaluation;	185 Unable to determine based on provided documentation.
x	187		5) Quality Assurance;	
x	188		6) Preparation Recall;	
x	189		7) Packaging; and	
x	190		8) Storage of Compounds.	
	185	x	Are written procedures for conducting compounding accuracy checks followed?	
			REQUIREMENTS FOR DRUGS, COMPONENTS, MATERIALS USED IN COMPOUNDNG	
	191		~~Are all drug components manufactured in an FDA registered facility or have a Certificate of Analysis and of high quality, if not purchased from an FDA registered facility? Is there a 28 day BUD on MDVs once punctured?~~	
			REQUIREMENTS REGARDING ENVIRONMENTAL SAMPLING	264 – 267 Based on provided policies. 272 surface sample results for PEC number 85272 showed 4CFUs. It was not clear from provided documentation what action was taken by facility in response to this.
			Does environmental sampling occur at a minimum, every six months, and when any	
			of the following conditions occur:	
x	264		As part of the commissioning and certification of new facilities and equipment	
x	265		Following any servicing of facilities and equipment	
x	266		As part of the re-certification of facilities and equipment	
x	267		In response to identified problems with end products or staff technique	
x	268		In response to issues with CSPs, observed compounding personnel work practices, or patient related infections (where the CSP is being considered as a potential source of the infection).	
x	269		Is certification performed no less than every six months and whenever the equipment is relocated or the physical structure of the buffer area or ante-area has been altered to ensure that each ISO classified area is within established guidelines?	
x	270		Are all certification records maintained and reviewed to ensure that the controlled environments comply with the proper air cleanliness, room pressures, and air changes per hour?	
x	271		Is an appropriate environmental sampling plan developed for airborne particles based on a risk assessment of compounding activities performed?	
	272	x	Is the evaluation of airborne microorganisms using volumetric collection methods in the controlled air environments performed by properly trained individuals for all compounding risk levels? Does Pharmacy take corrective actions in accordance with Action Levels as required? Are training personnel also properly trained?	

Satisfactory	Code	Unsatisfactory		Notes
x	273		Is air sampling performed at least every six months as a part of the re-certification of facilities and equipment?	274 Facility does not hold these licenses
			ADDITIONAL INFORMATION TO OBTAIN AS APPLICABLE	
x	274		Does the pharmacy hold ANY wholesale distributor or manufacturer licenses?	275 Facility is licensed as non-resident
x	275		Is the pharmacy licensed in any other state as a non-resident pharmacy?	
x	276		Is pharmacy registered as an outsourcing facility, and has it been inspected by any other state, FDA, DEA, or other agency? If so, attach copy of most recent inspection report and related documents (i.e., FDA 483 form)	276 Facility is not an outsourcing facility.
	277		~~Does the pharmacy hold, now or in past, any accreditations (DMEPOS, VIPPS, VAWD, Vet-VIPPS, PCAB, etc.). If so, indicate which in the notes area and reasons for discontinuation, if any.~~	
x			Has the pharmacy been disciplined by another State Board of Pharmacy? If so, attached a copy of the Board Order, or provide details (e.g., date of Board Order, Name of State, etc.)	No discipline based on the information provided.

ADDITIONAL NOTES:

This form was completed strictly based upon the review of submitted documents, including photographs, from the applicant.

REMARKS:

An inspector from a Qualified Vendor has inspected your pharmacy on behalf of the Texas State Board of Pharmacy. The results of this inspection are noted. The inspection report will be submitted to the Texas State Board of Pharmacy for further review.

Michael Poblet

Signature of Inspector

Michael Poblet

Printed Name of Inspector

5/17/2020

Date

N/A

Time of Exit

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Authorized Individual for the Pharmacy

Printed Name and Title of Authorized Individual

	MICROBIAL CONTAMINATION RISK LEVELS
	Are preparations to be compounded appropriately identified as **low-risk**? - Not more than three commercially manufactured sterile drug packages used - Using only sterile ingredients, products, components, and devices - Compounded with aseptic manipulations entirely witin an ISO Class 5 hood in an ISO Class 7 clean room (if Laminar airflow workbench or BSC is NOT in ISO 7 buffer area, then max BUD = 12 hours) - Limited basic closed system aseptic transfers and manipulations
	Are preparations to be compounded appropriately identified as **medium-risk**? - Uses four or more sterile ingredients - Complex aseptic manipulations other than single volume transfer - CSP is to be administered to multiple patients or to one patient on multiple occasions - Compounding process of unusually long duration (dissolution, homogeneous mixing)
	Are preparations to be compounded appropriately identified as **high-risk?** - Made with nonsterile ingredients, nonsterile devices, or nonsterile containers - Prepared with sterile ingredients, but exposed to < ISO Class 5 air - Greater than a six-hour delay before sterilization - Purity of components assumed, but not verified
	Are **immediate use** compounds appropriately identified? - Aseptically compounded - Simple transfer ≤ 3 commercially manufactured non-hazardous preparations - Not more than 2 entries into any container - Administration begins ≤ 1 hour from start of compounding

Key to abbreviations: ISO - International Organization for Standardization; HVAC - Heating, Ventilation & Air Conditioning; PEC - Primary Engineering Control; USP/NF - United States Pharmacopoeia/National Formulary; CSP - Compounded Sterile Preparation; PPE - Personal Protective Equipment; IPA - isopropyl alcohol; BUD - Beyond-Use Date; DMEPOS - Durable Medical Equipment, Prosthetics, Orthotics and Supplies; VIPPS - Verified Internet Pharmacy Practice Site; VAWD - Verified-Accredited Wholesale Distributor; Vet-VIPPS - Veterinary Verified Internet Pharmacy Practice Site; PCAB - Pharmacy Compounding Accreditation Board; ADE - Adverse Drug Event

Page 1	Page 2	Page 3	Page 4	Page 5	Page 6	Page 7	Page 8	Page 9	Page 10	Page 11	Page 12
93	95	103	125	158	209	129	132	154	201	182	274
94	96	104	126	159	210	130	133	155	202	183	275
95	97	105	127	160	211	131	134	156	203	184	276
98	101	106	128	161	213	167	135	157	204	185	277
	102	107	231	162	214	168	136	164	205	186	
	251	108	232	163	215	169	137	165	206	187	
		109	233	236	216	170	138	166	221	188	
		110	234	237	217	171	139	192	222	189	
		111	235	238	218	172	140	193	223	190	
		112	242	239	219	173	141	194	224	191	
		113	243	240	220	174	142	195	225	264	
		114	244	241	252	175	143	196	226	265	
		115	245		253	176	144	197	227	266	
		116	246		254	177	145	198	228	267	
		118	247		255	178	146	199	229	268	
		119	248		256	179	147	200	230	269	
		120	249		257	180	148	207		270	
		121	250		258	181	149	208		271	
		122			259		150			272	
		123			260		151			273	
		124			261		152				
					262		153				
					263						

SUMMARY OF UNSATISFACTORY CONDITIONS

	DEFICIENCY	CHECK IF*
1)	124 - Unknown; Certification documentation did not appear to contain CETA standard disclosure.	
2)	126 - 128 - Provided logs only included documentation of Chemo (negative pressure) area and not all areas for pressure monitoring.	
3)	129 -130 Provided documentation did not indicate number of hours of training conducted.	
4)	167 – 168 - Calibration documentation not provided.	
5)	185 - Unable to determine if written procedures for compounding accuracy are followed based on provided documentation.	
6)	200 - Warm water is not indicated in the documentation provided. 222 – Unable to determine if more frequent cleaning is performed based on materials provided. 225 – Unable to determine if disinfecting agents are residue free.	
7)	259 - Provided documentation did not specify criteria used for BUD determination (e.g. USP797).	
8)	208 and 260 - Provided documentation did not appear to contain quality control procedures (e.g. particulate evaluation via dark/light examination field).	
9)	272 - surface sample results for PEC number 85272 showed 4CFUs. It was not clear from provided documentation what action was taken by facility in response to this.	
10)	209 - 211 Unknown labeling information as no sample label in provided documentation from the facility.	

**IMMEDIATE CORRECTIVE ACTION IS REQUIRED (I.E., CONTINUING OPERATION WOULD CONSTITUTE A THREAT TO PUBLIC HEALTH AND WELFARE)*

Pharmacy Name: Soleo Health- Dublin OH

Pharmacy Address: 6190 Shamrock Court Suite 100, Dublin OH 43016

NABP Facility e-Profile ID: 1286866

VPP Inspection Date: 5/17/2020

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	3	124	Current certifier follows CETA standards however, not documented on reports. New certifier (with documented CETA verified standards) will begin Q3 of 2020	5/28/2020	N	
Clarification or Further Explanation	4	126-128	Pressure logs for buffer and ante rooms provided	05/28/2020	Y	Ante and buffer room pressure logs
Photos	6, 7,9	259-260, 220, 208, 185	Policy 0526 RX indicates references to be used to determine BUD. 0507 Rx further lists references available to compounding staff. Photo of black/white board to check final CSP included	05/28/2020	Y	Photo of black/white board, Policy 0526 RX Beyond Use Dating, 0507 RX Pharmacy References attached
Clarification or Further Explanation	6	209-211	Will provide label sample of compounded product	5/28/2020	Y	Sample Label
Clarification or Further Explanation	7	167-168	Bulk chemicals not stored at facility so N/A. Thermometer utilized in refrigerator is new and not due for annual calibration.	05/28/2020	N	
Clarification or Further Explanation	7	129-130	Required CE and training for compounding pharmacists + technicians is completed-completed through Critical Point didactic training.	05/28/2020	N	
Updates/New SOPs or P&Ps	10	200	Warm water is utilized to wash hands	05/28/2020	Y	Policy 0536 RX Scrubbing and Gowning
Updates/New SOPs or P&Ps	10	222	Cleaning every 30 minutes during compounding is completed	05/28/2020	Y	Policy 0533 RX Sanitization
Clarification or Further Explanation	10	225	The cleaning and disinfectant process involves the removal of residue with either sterile water or isopropyl alcohol per USP 797 standards	05/28/2020	N	
Clarification or Further Explanation	11	272	Pharmacy monitors trends of positive air or surface sampling results and completes RCA for all excursions	05/28/2020	Y	Root Cause Analysis (RCA) attached

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

15

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**Check only**) Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Eclipse Mobility, LLC

Physical Address: 1051 S. 500 W. Suite D.
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Same Address

City: Bountiful State: Utah Zip Code: 84010

Telephone: 801-217-3551 Fax: 844-544-7220

E-mail: tcarlson@eclipse.care Website: eclipse.care

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 Fri:

to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Landon Cleverly

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☒ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Complex Wheelchairs and Equipment

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare 7640130001 Utah Medicaid 1588011688 _____

Idaho Medicaid 1588011688 _____ _____

Wyoming Medicaid 149208000 _____ _____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

1) Has the corporation, any owner(s), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Travis Carlson
Print Name of Authorized Person

6/17/2021
Date

Board Use Only	Received:	Amount: 500	check # 1147

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Utah

Parent Company if any: _____

Corporation Name: Eclipse Mobility LLC

Mailing Address: 1051 S 500 W Ste D

City: Woods Cross State: UT Zip: 84010

Telephone: (801) 217-3551 Fax: (844) 544-7220

Contact Person: Landon Cleverly

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Landon Cleverly [redacted] Venenzio Ln, Centerville Utah 84014
Name Address

b) Travis Carlson [redacted] N 1475 E, Layton Utah 84040
Name Address

c) A Step Forward Inc [redacted] E 1400 S STE 140. Clearfield, UT, 84015
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000,000

3) What was the price paid per share? $0.33

4) What date did the corporation actually receive the cash assets? 10/21/2019

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General X Limited ____

Partnership Name: Eclipse Mobility, LLC

Mailing Address: 1051 S. 500 W. Suite D

City: Bountiful State: UT Zip: 84010

Telephone: 801-989-1511 Fax: 844-544-7220

Contact Person: Travis Carlson

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
Landon Cleverly	G	45%
Travis Carlson	G	45%

List names of 4 largest partners and percentage of ownership:

Name: A Step Forward Inc %: 10

Name: ____ %: ____

Name: ____ %: ____

Name: ____ %: ____

EXHIBIT A
COMPANY CAPITALIZATION
(as of the Effective Date)

Members	Units	Capital Account Balance	Percentage Interest
Travis Carlson	450,000	$150,000.00	45%
Landon Cleverly	450,000	$150,000.00	45%
A Step Forward Inc.	100,000	$20,000.00	10%
	1,000,000	**$320,000.00**	**100%**

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

08/04/2021
9691867-0160-08042021-1439159

CERTIFICATE OF EXISTENCE

Registration Number:	9691867-0160
Business Name:	ECLIPSE MOBILITY, LLC
Registered Date:	February 24, 2016
Entity Type:	LLC - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/05/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: MATTHEW ARAVE	
Heiners Insurance Center 606 WASHINGTON BLVD PO BOX 12638 OGDEN UT 84412-2638	PHONE (A/C, No, Ext): (801) 621-2620	FAX (A/C, No): (801) 621-7642
	E-MAIL ADDRESS: matt@heinerins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Ins. Companies	
INSURED ECLIPSE MOBILITY LLC, DBA: ECLIPSE HOME MEDICAL 1051 S 500 W STE D WOODS CROSS UT 84010	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL20112410727 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER			PHPK2208703	11/26/2020	11/26/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	PROFESSIONAL LIABILITY			PHPK2208703	11/26/2020	11/26/2021	EACH OCCURENCE AGGREGATE	1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 2
RENO NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 8/20/2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Equipment Supplier
Nature of MDEG

Eclipse Mobility, LLC, 1051 S 500 W Ste D, Bountiful Utah 84010
Name and Address of Business for Which MDEG Administrator Is Requested

Eclipse Home Medical
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cleverly	Landon	James
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted]enenzio Ln, Centerville, Utah 84014
Present Residence Address-Street or RFD City State/Zip

1051 S 500 W Ste D Dates 5/1/2021 Bountiful Utah 84010
Present Business Address City State/Zip

Operations Manager Dates 2/16/2016
Present Position with the MDEG

Phone: (801) 842-6106 Fax: (844) 544-7220

Email address: lcleverly@eclipse.care

[redacted] Bountiful, Davis, Utah
Date of Birth Place of Birth (City, County, State)

38	[redacted]	Male
Age	Social Security Number	Sex

Blue	Blonde	195	5'8"
Color of Eyes	Color of Hair	Weight	Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☑ No ☐

If alien, registration No

If naturalized, certificate No [redacted] Date APR 29 1986

Place Bountiful, Davis, Utah (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Feb. 2016	Eclipse Mobility, LLC	>5000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Operations Manager/Managing Member - Supervision of company operations - Travis Carlson		
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not☑ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☑ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not☑ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b)

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☑ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☑ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☑ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....

.....

.....

.....

.....

ATTA RAPH

TAK AST

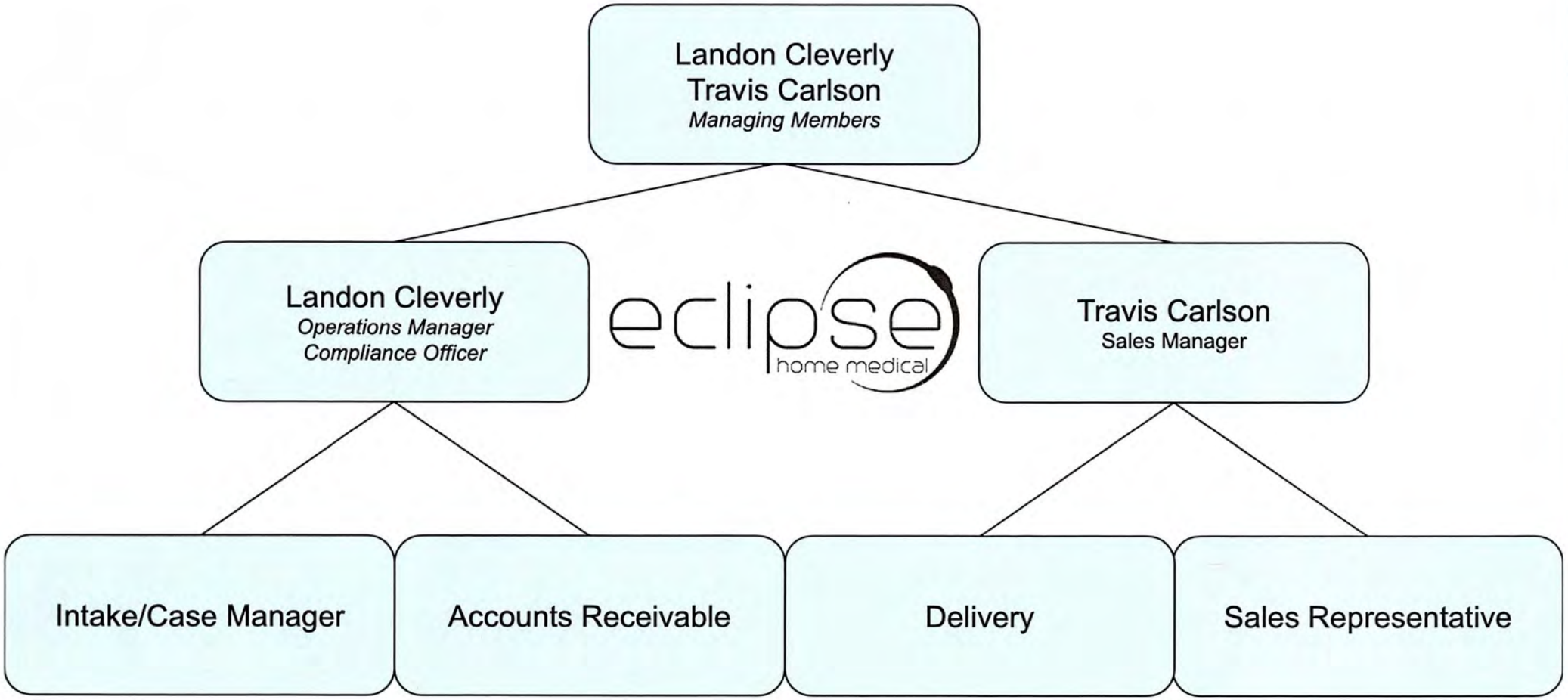
3 E

Date of photograph 8/20/2021

I, Landon Cleverly, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Original Signature of Applicant


Landon Cleverly
Travis Carlson
Managing Members
Landon Cleverly
Operations Manager
Compliance Officer
eclipse
home medical
Travis Carlson
Sales Manager
Intake/Case Manager
Accounts Receivable
Delivery
Sales Representative

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8/20/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Equipment Supplier
Nature of License

Eclipse Mobility, LLC 1051 S 500 W Ste D, Bountiful Utah 84010
Name and Address of Establishment for Which License Is Requested

Eclipse Home Medical
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cleverly	Landon	James
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Venenzio Ln, Centerville Utah 84014
Present Residence Address-Street or RFD | City | State/Zip

1051 S 500 W Ste D., Bountiful UT. 84010 | Dates
Present Business Address | City | State/Zip

Operations Manager | Dates
Occupation

Phone: Residence [redacted]
Business (801) 217-3551

[redacted] | Bountiful, Davis, Utah
Date of Birth | Place of Birth (City, County, State)

38	[redacted]	Male
Age	Social Security Number	Sex

Blue	Blonde	Caucasian	195		5'8"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No [redacted] Date APR 29 1986

Place Bountiful, Davis, Utah (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. Current Marriage Sept. 3, 2005 (Date) Bountiful, Davis, Utah (City, County and State)

Spouse's full name (Maiden) Mary Elizabeth Adams S.S. No [redacted]

Date of Birth [redacted] Place of Birth Woodland Memorial Hospital

Resident address [redacted] Venenzio Ln, Centerville Utah 84014 (Street / City / State / Zip)

Telephone: Residence [redacted] Business Davis School District

Spouse's employer Davis School District Occupation Teaching Assistant

Address of employer PO Box 588 (Street) Farmington, UT 84025-0588 (City / State / Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Brighton Cleverly	[redacted]	LDS Salt Lake City, Utah	[redacted] Venenzio Ln, Centerville Utah 84014
Mason James Cleverly	[redacted]	Salt Lake City Utah	[redacted] Venenzio Ln, Centerville Utah 84014
Madison Grace Cleverly	[redacted]	Salt Lake City Utah	[redacted] Venenzio Ln, Centerville Utah 84014
Evan Michael Cleverly	[redacted]	Salt Lake City Utah	[redacted] Venenzio Ln, Centerville Utah 84014
Kace Parkin Cleverly	[redacted]	Salt Lake City Utah	[redacted] Venenzio Ln, Centerville Utah 84014

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JC

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Alan M Cleverly	[redacted]	[redacted] North Peregrine Lane No 22, Bountiful, Utah 84010	Truck Driver
Mother	Jannette Grimshaw		[redacted] W 200 N West Bountiful, Utah 84087	Underwritter
Father-In-Law	Harry Adams		[redacted] Westlake Ave., West Valley, Utah	Elevator Technician
Mother-in-Law	Elizabeth Rogers		[redacted] W Willow Way, Pleasant View, UT 84414	Homemaker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Aimee Woods	[redacted]	Estranged unknown	Estranged unknown
Spouse	Lindsy Cleverly		[redacted] Dearborn St., Salt Lake City Utah 84106	Loan Preparer
Spouse	Joshua Cleverly		[redacted] W 200 N, West Bountiful Utah 84087	Auto Mechanic
Spouse	Russell Cleverly		[redacted] W 1550 N, Bountiful, UT 84010	Tech Product Support

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	West Bountiful Elementary	West Bountiful, Utah	1989-1998	Yes ☑ No ☐
High School	Bountiful High School	Bountiful, Utah	1998-2002	Yes ☑ No ☐
College University	Weber State University			Yes ☐ No ☑
Other				Yes ☐ No ☐

Type of degree obtained, if any High School Diploma

College or university where obtained.....

Applicant's initial.....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch..... Date of entry-active service.....

Date of separation..... Type of discharge.....

Rating at separation..... Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☑ No ☐

County Davis State Utah Date registered August 2001

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when?..... city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when?..... city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☑ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Joshua Cleverly	Brother			

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/1983 - 12/2004	1033 W 200 N, West Bountiful, Utah 84087		
12/2004 - 7/2008	3313 S. Main St., Bountiful, Utah 84010		
7/2008 - 7/2010	1613 Pages Place, Bountiful, Utah 84010		
7/2010 - 12/2018	3877 N 1725 W, Pleasant View, Utah 84414		
12/2018 - 5/2019	2893 500 W, Bountiful, UT 84010		
5/2019 - 6/2021	1325 W 250 N A201 Centerville Utah 84014		
6/2021 - Current	[redacted] Venenzio Ln., Centerville Utah 84014		

Applicant's initial LC

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

5/2002 - 11/2002	My Mind's Eye 415 N Redwood Rd, North Salt Lake, UT 84054	ecclesiastical service
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Warehouse Employee	Assembling Packages	Jason Terry
Title	Description of Duties	Name of Supervisor

12/2004 - 4/2005	My Mind's Eye 415 N Redwood Rd, North Salt Lake, UT 84054	New Position
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Warehouse Employee	Assembling Packages	Jason Terry
Title	Description of Duties	Name of Supervisor

4/2005 -12/2006	Consolidated Printing 2550 Decker Lake Blvd, West Valley City, UT 84119	New Position
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Runner	Deliveries and misc tasks	Cody Fraughton
Title	Description of Duties	Name of Supervisor

12/2006 - 4/2015	Alpine Home Medical 4669 Harrison Blvd, Ogden, UT 84403	New Position
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Outside Representative	Outreach with Physicain's and healthcare providers	Tom Dye
Title	Description of Duties	Name of Supervisor

4/2015 - 11/2015	Interact Medical - No longer in business	Lay off
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Eastern United State Representative	Sales and Marketing	Jamie L. Bostedt
Title	Description of Duties	Name of Supervisor

12/2015 - 6/2017	A Step Forward Inc 1649 E 1400 S STE 140. Clearfield, UT, 84015	Self Employment
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Marketing Representative	Outside healthcare outreach	Tyler Young
Title	Description of Duties	Name of Supervisor

6/2017 - Current	Eclipse Home Medical 1051 S 500 W Ste D., Bountiful UT. 84010	Current Employer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Operations Manager	Oversee Marketing and Sales, Profit Loss and Operations of Company	N/A
Title	Description of Duties	Name of Supervisor

12/2017 - 10/2019	FedEx Express 3634 West, 1580 North, Salt Lake City, UT 84116-1271	Focus on Eclipse
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Dangerous Goods Specialist	Ramp Opeartions and inspection of hazardous and dangerous shipping materials	Pat Bohn
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JC

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Tyler Young	Home [redacted] Trailside Dr, Layton Utah 84041				[redacted]	24
Employer Ashby Home Health	Business 11975 State St Suite 103B, Draper, UT 84020					
Name Dana Garner	Home [redacted] W 1400 N, West Bountiful, UT 84087					22
Employer Self Employed	Business 748 W 1400 N, West Bountiful, UT 84087					
Name Clark Broadbent	Home [redacted] 1710 W. Pleasant View, UT 84414					8
Employer Black Diamond Masonry, LLC	Business 3872 1710 W. Pleasant View, UT 84414					
Name John Peterson	Home [redacted] North Mountain Field Drive, Eagle Mountain, UT 84005				[redacted]	8
Employer Hadco Construction	Business 1450 W 1850 N, Lehi, UT 84043					
Name Tyler Jones	Home [redacted] Pelican Dr, Farr West, UT 84404					7
Employer Permobil	Business 300 Duke Drive, Lebanon, TN 37090					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
Eclipse Mobility LLC 1051 S 500 W Ste D, Bountiful, UT 84010. Member of LLC

Applicant's initial YC

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

Date of photograph 8/20/2021

Applicant's initial JC

STATE OF UTAH

ss.

COUNTY OF DAVIS

I, LAWSON CLEVERLY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this ..... day of

.....

.....
Notary Public

(seal)

In the County of Davis **, State of Utah, Subscribed and sworn to before me this** 26th **day of** August **, 2021 by** Lawson Cleverly .

Notary Signature and seal

BLAKE PAGET
Notary Public • State of Utah
Commission # 698103
My Commission Expires
December 31, 2021

Applicant's initial .....

ADDITIONAL INFORMATION

2/5/2018 - 3/2018 HIBU 2201 RENAISSANCE BLVD, KING OF PRUSSIA, PA. 19406, OUTSIDE SALES, ANDY HOWELL

4/2018 - ~~3/2~~ 3/2019 ACCESSIBLE SYSTEMS OF UTAH, 669 N. 1000 W. CENTERVILLE, UT. 84014, OUTSIDE MARKETING, JEFF GARDNER

Applicant's initial JC

Olivia Mora

From: Darlene Nases
Sent: Tuesday, August 31, 2021 8:13 AM
To: Landon Cleverly
Cc: Olivia Mora; Mark I. Sedar
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Hello Landon,

I will bring this in front of our Executive and Deputy for review.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440 **ext. 122**
dnases@pharmacy.nv.gov

From: Landon Cleverly <lcleverly@eclipse.care>
Sent: Tuesday, August 31, 2021 8:10 AM
To: Darlene Nases
Cc: Olivia Mora; Mark I. Sedar
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

It was Possession or Use of a Controlled Substance in 2014. Will that suffice?

Sender notified by
Mailtrack

On Mon, Aug 30, 2021 at 4:12 PM Darlene Nases <dnases@pharmacy.nv.gov> wrote:
Hello Landon,

If court records are not available, please provide an explanation of the charge.

The deputy and executive secretary would need to review and decide if you would need to appear.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:850-1440> ext. 122
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

From: Landon Cleverly <lcleverly@eclipse.care>
Sent: Monday, August 30, 2021 7:38 AM
To: Darlene Nases
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Darlene,

Just wanted to follow up on this. Is the personal history alright as it is?

[Mailtrack]
<https://mailtrack.io?utm_source=gmail&utm_medium=signature&utm_campaign=signaturevirality5&> Sender notified by
Mailtrack<https://mailtrack.io?utm_source=gmail&utm_medium=signature&utm_campaign=signaturevirality5&> 08/30/21, 08:37:34 AM

On Thu, Aug 26, 2021 at 4:48 PM Landon Cleverly <lcleverly@eclipse.care> wrote:
Darlene,

That was the information I was unable to obtain. I thought you stated that isn't required on the new forms. Our state is a closed record state she it's difficult to get detailed information.

On Thu, Aug 26, 2021 at 4:42 PM Darlene Nases
<dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>> wrote:
Hello Landon,

I was reviewing the Personal History record.

I see that James listed "yes" to Has a member of your family or of your spouse's family ever been convicted a felony?
However, no explanation of events/charges were listed or explained.

Are you able to provide? When received, our Deputy and Executive Secretary would need to review to determine if you need to appear in front of the Board.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:(775)%20850-1440>
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

[http://tse1.mm.bing.net/th?&id=JN.QKsw9yMwT9d3nWOCIFRbMw&w=300&h=300&c=0&pid=1.9&rs=0&p=0&r=0]<http://www.bing.com/images/search?q=nevada+state+seal&view=detailv2&&id=BBA9CBA1E320A1DB08579B92167A3DBB884731A6&selectedIndex=1&ccid=92OAGdQw&simid=607997718548448884&thid=JN.QKsw9yMwT9d3nWOCIFRbMw>

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Landon Cleverly <lcleverly@eclipse.care>
Sent: Thursday, August 26, 2021 1:59 PM
To: Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>>
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Yes, we'll mail it in. Thank you. Do we need to plan to be in attendance at the board meeting?

On Thu, Aug 26, 2021 at 2:56 PM Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>> wrote:
Hello Landon,

We do require the original signature. Is this being mailed into us?

In the meantime, I printed the copy and will work to add you to the Consent Agenda for our October Board Meeting for the Board to review.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:(775)%20850-1440>
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

[cid:17b84a43b194cd34f0f1]<http://www.bing.com/images/search?q=nevada+state+seal&view=detailv2&&i

d=BBA9CBA1E320A1DB08579B92167A3DBB884731A6&selectedIndex=1&ccid=92QAGdQw&simid=607997718548448884&thid=JN.QKsw9yMwT9d3nWOCIFRbMw>

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Landon Cleverly <lcleverly@eclipse.care<mailto:lcleverly@eclipse.care>>
Sent: Thursday, August 26, 2021 1:55 PM
To: Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>>
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Completed form attached. Thanks Darlene.

What are the next steps?

On Thu, Aug 26, 2021 at 2:38 PM Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>> wrote:
Yes that's fine. The applicant can just provide what they feel comfortable with.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:(775)%20850-1440>
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

[cid:17b84a43b194cd34f0f1]<http://www.bing.com/images/search?q=nevada+state+seal&view=detailv2&&id=BBA9CBA1E320A1DB08579B92167A3DBB884731A6&selectedIndex=1&ccid=92QAGdQw&simid=607997718548448884&thid=JN.QKsw9yMwT9d3nWOCIFRbMw>

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary,

privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Landon Cleverly <lcleverly@eclipse.care<mailto:lcleverly@eclipse.care>>
Sent: Thursday, August 26, 2021 1:25 PM
To: Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>>
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Darlene,

I've already notarized the older form. Is it ok to provide that?

On Thu, Aug 26, 2021 at 2:19 PM Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>> wrote:
Hello Landon,

Can you actually have them fill this one out?
The one that you provided is the Personal History record that you can fill out. However, this is an older version.

Since they don't want to fill out the family portion, the new application may help. Please see attached.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:(775)%20850-1440>
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

[cid:17b84a43b194cd34f0f1]<http://www.bing.com/images/search?q=nevada+state+seal&view=detailv2&&id=BBA9CBA1E320A1DB08579B92167A3DBB884731A6&selectedIndex=1&ccid=92QAGdQw&simid=607997718548448884&thid=JN.QKsw9yMwT9d3nWOCIFRbMw>

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Landon Cleverly <lcleverly@eclipse.care<mailto:lcleverly@eclipse.care>>
Sent: Thursday, August 26, 2021 1:14 PM
To: Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>>
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Ok this has been completed. I don't know details on a family members criminal history and they won't disclose it. Is there anything I can do about that?

On Thu, Aug 26, 2021 at 2:12 PM Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>> wrote:
Yes, the owner would need to fill out this form.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:(775)%20850-1440>
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

[cid:17b84a43b194cd34f0f1]<http://www.bing.com/images/search?q=nevada+state+seal&view=detailv2&&id=BBA9CBA1E320A1DB08579B92167A3DBB884731A6&selectedIndex=1&ccid=92QAGdQw&simid=607997718548448884&thid=JN.QKsw9yMwT9d3nWOCIFRbMw>

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Landon Cleverly <lcleverly@eclipse.care<mailto:lcleverly@eclipse.care>>
Sent: Thursday, August 26, 2021 12:38 PM
To: Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>>
Subject: Re: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Darlene,

Is this the correct form?
[Mailtrack]<https://mailtrack.io/?utm_source=gmail&utm_medium=signature&utm_campaign=signaturevirality5&>

Sender notified by

Mailtrack<https://mailtrack.io?utm_source=gmail&utm_medium=signature&utm_campaign=signaturevirality5&>

08/26/21, 01:35:15 PM

On Fri, Aug 20, 2021 at 2:33 PM Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>> wrote:
Thank you Landon.

I will keep an eye out for the other documents.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:(775)%20850-1440>
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

[cid:17b84a43b194cd34f0f1]<http://www.bing.com/images/search?q=nevada+state+seal&view=detailv2&&id=BBA9CBA1E320A1DB08579B92167A3DBB884731A6&selectedIndex=1&ccid=92QAGdQw&simid=608799771854844888 4&thid=JN.QKsw9yMwT9d3nWOCIFRbMw>

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Landon Cleverly <lcleverly@eclipse.care<mailto:lcleverly@eclipse.care>>
Sent: Friday, August 20, 2021 1:00 PM
To: Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>>
Subject: Fwd: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

Hi Darlene,

Travis is remote today so he asked that I send this to you as soon as possible. Thanks for your help with this application. I'll work on the personal history app. There are some items on there that I'll need to reach out to family to get more information on (i.e. in laws dates of birth, dates of family criminal history ect.)

* List of Officers and Directors - Attached with Organizational Chart
* MDEG Administrator Form - Attached
* Personal History Record -
* Ownership Type (only one can be selected) – You have the Non-Publicly Traded and Partnership filled out. Please confirm. -Partnership is the appropriate Type

---------- Forwarded message ---------
From: Travis Carlson <tcarlson@eclipse.care<mailto:tcarlson@eclipse.care>>
Date: Wed, Aug 11, 2021 at 6:31 PM
Subject: Fwd: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information
To: Landon Cleverly <lcleverly@eclipse.care<mailto:lcleverly@eclipse.care>>

Sent from my iPhone

Begin forwarded message:
From: Darlene Nases <dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>>
Date: August 11, 2021 at 2:54:56 PM MDT
To: tcarlson@eclipse.care<mailto:tcarlson@eclipse.care>
Subject: Out of State MDEG Application - Eclipse Mobility, LLC - Need more information

To whom it may concern,

I received your Out of State MDEG Application and need more information.
Can you please provide the below to complete your application?

* List of Officers and Directors
* MDEG Administrator Form
* Personal History Record
* Ownership Type (only one can be selected) – You have the Non-Publicly Traded and Partnership filled out. Please confirm.

Regards,

Darlene Nases
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440<tel:(775)%20850-1440>
dnases@pharmacy.nv.gov<mailto:dnases@pharmacy.nv.gov>

[cid:17b84a43b194cd34f0f1]<http://www.bing.com/images/search?q=nevada+state+seal&view=detailv2&&id=BBA9CBA1E320A1DB08579B92167A3DBB884731A6&selectedIndex=1&ccid=92QAGdQw&simid=608799718548448884&thid=JN.QKsw9yMwT9d3nWOCIFRbMw>

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as

applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

--
[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]
Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

[cid:17b84a43b1a8045a6052]

[Mailtrack]<https://mailtrack.io/?utm_source=gmail&utm_medium=signature&utm_campaign=signaturevirality5&>

Sender notified by
Mailtrack<https://mailtrack.io?utm_source=gmail&utm_medium=signature&utm_campaign=signaturevirality5&>

08/20/21, 12:39:49 PM

--
[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]
Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including

patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]

Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]
Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]
Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]

Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]

Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

[https://docs.google.com/uc?export=download&id=1wp6t2mO9NBxzvK1iv1Rz52b5krHu21hX&revid=0B2Pwefz1TE-heVRQVWlKMFdqY1ZCRWxWOXRkQldwRkpoclBjPQ]
Landon Cleverly
Operations Manager
ph. (801) 217-3551<tel:(801)%20217-3551>
fx. (844) 544-7220<tel:(844)%20544-7220>

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

eclipse home medical
Landon Cleverly
Operations Manager
ph. (801) 217-3551
fx. (844) 544-7220

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

3022

Date 12/21/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment
Nature of License

Eclipse Mobility, LLC 1051 S. 500 W. Suite D, Bountiful, UT 84010
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Carlson	Travis	Matthew

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
[redacted]N. 1475 E. Dates 2/28/2016	Layton	UT/84040

Present Business Address	City	State/Zip
Director of Sales Dates 2/19/2019-Present		

Occupation

Phone:
Residence [redacted]

Business 801-217-3551

[redacted]
Salt Lake City, Salt Lake County, UT
Date of Birth — Place of Birth (City, County, State)

Age	Social Security Number	Sex
39	[redacted]	Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown	Fair	180	Thin	6'1"

Scars, tattoos or distinguishing marks and/or characteristics Freckles

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

A. **Current Marriage** Salt Lake City, Salt Lake, UT
Date City, County and State

Spouse's full name (Maiden) Katie Suzanna Hooper S.S. No [redacted]

Date of Birth [redacted] Place of Birth Provo, UT

Resident address 772 N. 1475 E. Layton UT 84040
Street City State Zip

Telephone: Residence [redacted] Business

Spouse's employer Occupation

Address of employer
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Gabriel Carlson	[redacted]	Salt Lake City, UT	[redacted] N 1475 E, Layton, UT 84040
Ryder Carlson		Salt Lake City, UT	N 1475 E, Layton, UT 84040
Mila Carlson		Ogden, UT	N 1475 E, Layton, UT 84040

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TC

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Matthew Richard Carlson	[redacted]	Deceased	
Mother	Tracy Jean Mattinson		[redacted] S. 2825 E. Cottonwood Heights, UT 84121	Flight Attendant
Father-in-Law	Alan Hooper		[redacted]e. Stuart Circle, American Fork, UT 84003	Retired
Mother-in-Law	Linda Hooper		[redacted] e. Stuart Circle, American Fork, UT 84003	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Cody Carlson	[redacted]	[redacted] W. Discovery Drive, West Jordan, UT 84081	Welder
Spouse				
	Maddie Carlson		SE Kensington Dr, Clackamas, OR 97015	Sales Consultant
Spouse	Steve Mouritson		SE Kensington Dr, Clackamas, OR 97015	Sales Director
	Jordan Carlson		E. Ashley Mesa Lane, Sandy, UT 84092	Accountant
Spouse	Caroline Berry		E. Ashley Mesa Lane, Sandy, UT 84092	Physician Assistant
	Ashley Carlson		[redacted] S. Big Bend Vista Dr, Herriman, UT 84096	Salon Owner/Stylist
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	East Sandy Elementary	8295 S. 870 E. Sandy, UT 84094	Ended June 1994	Yes ☒ No ☐
High School	Valley High School	325 11000 S. South Jordan, UT 84095	August 1998-December 1999	Yes ☒ No ☐
College University	Brigham Young University Idaho	Online	January 2012-2017	Yes ☐ No ☒
Other				Yes ☐ No ☐

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial TC

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Salt Lake County State UT Date registered January 2000

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial .....

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
January 1995-August 2003	3142 E 9800 S	Sandy	Utah,
August 2003-January 2004	7673 S. Highland drive	Sandy	Utah
January 2004-March 2004	1739 E Janella Way	Sandy	Utah
March 2004-August 2005	2392 E Murray Holladay Blvd	Holladay	Utah
August 2005-November 2005	1739 E. janella Way	Sandy	Utah
November 2005-June 2009	6689 S. Pines Point Way	West Jordan	Utah
July 2009-February 2016	2032 N. 1450 E.	Layton	Utah
February 2016- Present	[redacted]N 1475 E	Layton	Utah

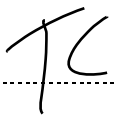
Applicant's initial TC

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Jan 2000-Dec 2004	Accumed/7367 Creek Road, Cottonwood Heights, UT 84047	Better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Collections and shipping	Collected revenue from insurance companies	Dani Lassiter
Title	Description of Duties	Name of Supervisor
Jan 2005-Oct 2008	Intermed/8821 S Redwood Road, West Jordan, UT 84088	Company was going out of business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Territory Sales Manager	Sales and patient fittings of interferential stimulators	Shannon Watts
Title	Description of Duties	Name of Supervisor
Oct. 2008-Oct 2012	Alpine Home Medical/4669 Harrison Blvd, Ogden, UT 84403	Better Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
ATP	Evaluate and fit patients for custom wheelchairs	Scott Naylor
Title	Description of Duties	Name of Supervisor
Oct 2012-Feb 2019	Permobil/300 Duke Drive, Lebanon, TN 37090	Better opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Territory Sales Manager	Show products and train equipment suppliers	Chris Garcia
Title	Description of Duties	Name of Supervisor
Feb 2019	Eclipse Mobility/1051 S 500 W Suite D, Bountiful, UT 84010	Current job
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Owner/Sales Director	Train employees, evaluate and fit patients, anything that needs to be done	Travis Carlson
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name David Gutke	Home	[redacted] Aleppo Pine Street, Las Vegas, NV 89129			[redacted]	18 Years
Employer Snell and Wilmer	Business	3883 Howard Hughes Pkwy #1100, Las Vegas, NV 89169				
Name Benjamin Hymas	Home	[redacted] W. 4200 S., Riverdale, UT 84405			[redacted]	12 Years
Employer Brenntag Pacific	Business	450 Exchange Road, Ogden, UT 84401			801-627-4540	
Name Michael Martinez	Home	[redacted] Fox Run St., Mission, TX 78574			[redacted]	12 Years
Employer Dept. of Homeland Security	Business	1701 US-83 BUS, McAllen, TX 78501			956-664-8010	
Name Travis Copier	Home	[redacted] N 1550 E, Layton, UT 84040			[redacted]	13 years
Employer Ogden PD/FBI	Business	2186 Lincoln Ave, Ogden, UT 84401			801-395-8221	
Name Jason Hagblom	Home	[redacted] E. Sunridge Cir, Sandy, UT 84093			[redacted]	25 Years
Employer Nexus Commercial Real Estate	Business	8649 S 1300 E, Sandy, UT 84094				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial JC

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

Date of photograph 1/3/22

Applicant's initial

STATE OF _____ ss.

COUNTY OF _____

I, Travis Carlson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

_____
Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

_____

_____
Notary Public

(seal)

Applicant's initial _____

Applicant's initial

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Atrium Medical Corporation

Physical Address: 40 Continental Boulevard City: Merrimack State: NH Zip: 03054

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (603) 880-1433 Website: www.maquet.com/us

Name of Designated Representative (DR): Brian A Schaeffer

Licensing Company Email: ATR@slsny.com DR Email: brian.schaeffer@getinge.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Distributors and Distribution sites with organization	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Steris Isomedix (contract sterilizer)
Address: 435 Whitney St City: Northborough State: MA Zip: 01532
Name: Sterilization Services of Virginia (contract sterilizer)
Address: 5674 Eastport Blvd. City: Henrico State: VA Zip: 23231
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): Datascope Corp.
Corporation Name: Atrium Medical Corporation
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite A
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: ATR@slsny.com
Contact Person Name: Jennifer Schneider

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA Reg #: 3011175548	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A- Datascope Corp is 100% Sole Ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A no DEA CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad M. Carlton

Print Name of Authorized Person Submitting Application

Chad Carlton

Original signature of Authorized Person (copies or stamps not accepted)

09 Aug 2021

Date

Board Use Only	Date Received: _____	Amount: Payment was submitted 8/3/2020 Check #1783 ✓ Processed 10/10/21

Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATRIUM MEDICAL CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2007520 8300

SR# 20211273634

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203211197

Date: 05-14-21

Home State License

State of New Hampshire
Board of Pharmacy

Prescription Drug/Device Manufacturer/Wholesaler/Distributor Permit
NH License 5935

This is to certify

ATRIUM MEDICAL CORPORATION
40 CONTINENTAL BLVD
MERRIMACK NH 03054

Is licensed and authorized to do business in the State of New Hampshire under RSA 318, RSA 318-B and Ph 1000

Issue Date: February 18, 2015 Expiration Date: June 30, 2022

Important Notice:

Per NH State Laws and Rules the Board must be notified within 30 days of any changes. See the Board's website at: https://www.oplc.nh.gov/pharmacy/report-changes.htm

Prescription Drug/Device Manufacturer/Wholesaler/Distributor Permits expire annually on June 30th regardless of the date of initial licensure. There is no statutory provision for extended or pro-rated licenses, your initial license will be for less than a full year.

Please note the expiration date of your license. A renewal notice will be emailed to the contact person 60-days prior to the expiration date of the license. It is the responsibility of all licenses to renew prior to the expiration of their license.

You cannot ship with an expired permit.

NH official Verification

NEW HAMPSHIRE
Online Licensing

nh.gov Licensing Home

Person Information

DBA: ATRIUM MEDICAL CORPORATION
Name:

Address

Line 1: 40 CONTINENTAL BLVD
Line 2:
City: Merrimack
County: Hillsborough
Zip: 03054
State: NH

License Information

Profession: Pharmacy
License No: 5935
License Type: MAN/DIST/WHOLE/BROKER
License Status: Active
Issue Date: 2/18/2015
Expiration Date: 6/30/2022

No Related Documents

Board Disciplinary Documents (If Licensee Disciplined)

Primary Source Verification Notice: The licensing information on this page is maintained by the New Hampshire Board of Pharmacy - the issuer of the above license. This information is directly from the Board's licensing database and accurately reflects the data currently maintained by the Board.

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
Atrium Medical Corporation
40 Continental Blvd
Merrimack , NH 03054
Registration Number: 3011175548
FEI Number*: 3011175548
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2020

Owner/Operator:
ATRIUM MEDICAL CORPORATION
40 Continental Blvd.
Merrimack, NH 03054
Owner/Operator Number: 1219977

Official Correspondent:
Dennis Genito
45 Barbour Pond Drive
Wayne, NJ 07470
Phone: 973-7097515

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Verified M.H 10/19/21

Page Last Updated: 01/20/2020
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA Registration 3040

Atrium Medical Corporation

Corporate Address: 40 Continental Blvd., Merrimack, NH 03054 USA
FEIN: 02-0357322
www.maquet.com/us

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 04/26/1983

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MRK	40 Continental Boulevard Merrimack, NH 03054 County: Hillsborough	3011175548			No	(603) 880-1433	(603) 880-6718

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Brian A Schaeffer	[redacted] Fairhaven Road Nashua, NH 03060-5093	Designated Representative	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Datascope Corp.	1300 MacArthur Blvd. Mahwah, NJ 07430		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Chad M. Carlton	[redacted] Penny Lane Merrimack, NH 03054	Managing Director/President	No
Gary Paul Sufat	[redacted] N Shore Road Hampton, NH 03842	CFO	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Incorp Services, Inc.
CT Corporation System
Joshua Corrigan

3PLS

Name	Address	Title	Prescribing Authority
XPO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810		

Company Position

Atrium Medical Corporation

Corporate Address: 40 Continental Blvd., Merrimack, NH 03054 USA
FEIN: 02-0357322
www.maquet.com/us

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 04/26/1983

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MRK	40 Continental Boulevard Merrimack, NH 03054 County: Hillsborough	3011175548			No	(603) 880-1433	(603) 880-6718

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Brian A Schaeffer	[redacted] Fairhaven Road Nashua, NH 03060-5093	Designated Representative	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Datascope Corp.	1300 MacArthur Blvd. Mahwah, NJ 07430	N/A	100	N/A	13-2529596	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Chad M. Carlton	[redacted] Penny Lane Merrimack, NH 03054	Managing Director/President	No	[redacted]		
Gary Paul Sufat	[redacted] N Shore Road Hampton, NH 03842	CFO	No	[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
CT Corporation System			
Joshua Corrigan			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
XPO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810					

Company Portfolio
3042

Last Name	First Name	Job Title
Adams	Natalie	Engineering Technician
Adams	Jacqueline	Principal Change Analyst
Agudelo	Miguel	Manufacturing Associate III
Agudelo	Nancy	Manufacturing Associate II
Aikens	Gloria	Manufacturing Group Leader
Al Asaad	Nour	Clinical Trial Manager
Aldrich	Bruce	Assoc. Engineer, Production
Allen	Linda	Manufacturing Associate II
Anderson	Kevin	Director, Facilities Equipment & Safety
Anding	Julian	Sr. Manager, Product Sustaining Engineering
Anju	Shree	Manufacturing Group Leader
Anthony	Alexander	Engineering Supervisor, Product Sustaining
Anzalone	Anthony	Manufacturing Trainer
Arango Posada	Aura	Receptionist
Arias	Bienvenido	Manufacturing Associate II
Arnold	Melody	Principal Change Analyst
Avella	Mark	Principal Engineer, Production
Bailey	Kari	Sr. Engineer, Design Quality
Bailey	Richard	Engineer I, Supplier Quality
Baker	David	Principal Engineer, R&D
Baker	Jeremy	Sr. Manager, PLM System & Document Control
Ballou	Jeff	Manager, IT Operations
Baranow	Aidan	Engineer, R&D
Barlow	Chelsey	Manufacturing Associate I
Batlle	Yeny	Manufacturing Associate II
Baum	Cory	Engineering Technician, PQE
Bayne	Marcelina	Manufacturing Group Leader
Bemis	Kimberly	Manager, Quality Control
Benjamin	Thierry	Principal Engineer, Process Development R&D
Bergh	Christian	Assoc. Engineer, Product Sustaining
Bernstein	Susan	Buyer I
Best	Darlene	Regulatory Affairs Specialist II
Bhagat	Suvarnaben	Manufacturing Associate III
Bhagat	Kokila	Sr. Change Analyst
Bhagat	Takshaykuma	Manufacturing Associate III
Bienkiewicz	Joseph	Sr. Director, Research, New Product Development & Engineering
Binette	Amanda	Regulatory Affairs Specialist II
Biron	Tamara	Supervisor, Equipment Services
Blasi	Ryan	Engineering Program Manager
Bo	Soeun	Manufacturing Associate II
Boire	Katherine	Sr. Administrative Assistant R&D
Bone	Jennifer	Sr. Director, Operations
Bonilla Patino	Michael	Manufacturing Group Leader

Bonnette	Matthew	Associate Engineer, Product Sustaining
Borg-Nolasco	Juana	QC Group Leader
Borja Montanez	Jessica	Change Analyst
Borja Montanez	Carol	Supervisor, Manufacturing - Vascular Grafts
Boule	Kim	Sr. Cost Accountant
Bourgeois	Joshua	QC Inspector II
Briggs	Samantha	QC Group Leader
Britko	Courtney	Assoc. Engineer, Process
Brochu	Katie	Engineer, R&D
Brochu	Jason	Sr. Strategic Sourcing Specialist
Bromander	Edward	Sr. Engineering Technician
Brooks	Stacy	Manager, Engineering Program Management
Brown	Jared	Associate Analytical Chemist
Bueno	Nicholas	Engineer, R&D Testing
Bulger	Elizabeth	Clinical Affairs Director
Burns	Patricia	Sr. Director, Product Management - Vascular Surgery
Cabinta	Alex	Manufacturing Group Leader
Campbell	David	Manufacturing Group Leader
Capps	Roberta	Complaints Coordinator
Carlton	Chad	Vice President Vascular Systems
Caro Lara	Alondra	Manufacturing Associate III
Caron	Tammy	Manufacturing Associate I
Carter	Bryant	Manufacturing Associate I
Cassidy	Madelyn	Manufacturing Associate III
Castrillon	Valentina	Manufacturing Associate III
Caulfield	Cheryl	Manufacturing Associate II
Charette	Maryanne	Manufacturing Associate III
Chasse	Renee	Supervisor, Manufacturing
Choroszy	Jocelyn	Manager, Production Quality Engineering
Chouinard	Beth	Equipment Designer/Drafter
Ciaramella	Mark	QC Inspector I
Clark	Deborah	Manufacturing Inventory Coordinator
Coakley	Laurence	Manufacturing Associate III
Coggins	Hannah	Regulatory Affairs Specialist II
Collado	Soranye	Manufacturing Associate III
Combs	Amanda	Sr. Product Manager
Connaughton	Stephen	Principal Engineer, R&D
Coolidge	Emily	QC Inspector I
Copeland	Albert	Sr. Equipment Maintenance Technician
Corash	Peter	Sr. Product Manager
Cormier	Alicia	Manufacturing Associate III
Costa	Wilker	QC Inspector I
Crosby	Jessica	Director, Compliance
Currie	Kevin	Stager II

Currie	Jennifer	Manufacturing Associate III
Czamionka	Jessica	Manufacturing Associate II
Dagher	Ibrahim	Sr. Engineer, Production
Dahlstrom	Paul	Engineering Program Manager
Dale	Tristan	Sr. Engineer, Product Sustaining
Danio	Claudia	Associate Program Manager
Dao	Kinh-Luan	Sr. Principal Engineer, R&D
Das	Kamol	Sr. Biocompatibility Scientist
Dayon	David	Sr. Manager, Manufacturing Engineering Projects & Process Development
De Jesus	Jashira	Manufacturing Associate III
DeNault	LindaMarie	Purchasing Coordinator
DeSautels	Kayla	Labeling Coordinator
Deibele	Steven	Engineer I, Design Quality
Deprince	Melissa	Lead Clinical Scientist
Desir	Will	Manager, Supplier Quality Engineering
Desouza	Dulcinete	QC Inspector I
Dickerson	Pearl	Engineer, Production
Digilormo	Michelle	Buyer I
Disla	Shannon	Sr. Engineer, Production Quality
Do Canto	Helena	QC Inspector II
Dolan	Catherine	Engineer, QA
Dorsey	Jacob	Stager I
Doucet	Stephan	Group Leader, Facilities
Dube	Kellie	Controlled Environment & Sterilization Technician
Dube	Karin	Admin Assistant, Operations
Dummont	Denise	QC Group Leader
Dunn	Rashawn	Manufacturing Associate I
Dupont	Michael	Sr. Director, Business Development
Dupras	Meagan	Manufacturing Associate III
Dustin	Brian	Engineer, Production Quality
Duvall	Robyn	Manufacturing Associate III
Eller	Ethan	Manufacturing Maintenance Technician
Espinal	Carlos	Manufacturing Associate II
Farland	Daniel	Truck Driver
Farrell	Roseanne	Manufacturing Associate III
Faucher	Terri	Manager, QA Engineering
Faucher	Charlene	QC Group Leader
Faulkner	Kenneth	Engineer I, R&D
Finley	Patrick	Engineering Technician, Extrusion
Fisher	Nathan	Engineer, R&D Testing
Fisher	Scott	Sr. Systems/Network Administrator
Flahive	Aaron	Equipment Maintenance Technician
Fleming	Susan	Manufacturing Trainer
Fletcher	Andrea	Strategic Sourcing Specialist

Flores Zepeda	Yanira	Manufacturing Associate II
Flowers	Nathan	Associate Production Engineer
Folarin	Olalekan	Manufacturing Associate III
Fontaine	Gary	Sr. Equipment Maintenance Tech...
Forbes	Jeffrey	Group Leader, Facilities
Fortier	Andrew	Manager, Sustaining Engineering - CTS
Foster	Mark	Director, Materials Management
Foster	Stephen	Engineer, Product Sustaining
Franco	Edwin	Assoc. Engineer, Supplier Quality
Fredette	Bonnie	Supervisor, Purchasing
French	Katherine	Global Marketing & Product Manager
Fu	Quan	Principal Engineer, Process Development R&D
Gagne	Dee-Ann	Business Process Analyst
Gallant	Kyler	Sr. Engineer, Product Sustaining
Garcia	Ivonne	Manufacturing Associate II
Garcia-Juarez	Gricelda	Manufacturing Associate III
Gardiner	Christopher	Financial Planning & Analysis Manager, ACT
Gardner	Ryan	Engineer I, Controlled Environment
Gasper	John	Stager II
Gass Jr	William	Engineer, EHS/Plant Operations
Geldmacher	Mitchel	Engineer I, Supplier Quality
Gelinas	Tiffany	Labeling Graphic Design Specialist
Gendron	Gerard	Group Leader, Facilities
Giggi	Troy	Engineering Technician, Process
Gil Basora	Elian	Manufacturing Associate III
Gillot	Jazmin	QC Inspector I
Gimas	Michaela	Assoc. Engineer, Production
Girard	Degny	Manufacturing Associate II
Goncalves	Marcia	Engineer, R&D
Gonzalez	Elisa	Engineering Technician, R&D
Gonzalez	Jorge	Manager, Logistics & Distribution
Goodrich	Stephen	Principal Materials Scientist
Goodrich	Todd	Analytical Chemistry Laboratory Coordinator
Goodwin	Justin	Sr. Engineer, Production
Gosselin	Lori	Manager, Complaints
Guerin	Marie	Engineer, Product Sustaining
Guerrero	Rosario	Manufacturing Associate III
HUPALO	JACEK	VP, Manufacturing - ACT Supply Chain
Halvorson	Jason	Manager, Financial Planning & Analysis
Hamelin	Susan	Sr. Engineering Technician, R&D
Hamilton	Zachary	Manufacturing Associate III
Hamilton	Bruce	Manager, Manufacturing - Vascular Grafts
Hamilton Jr.	Bruce	Engineering Technician, Extrusion
Harris	Kathryn	Engineer II, CAPA

Hart	Eva	QC Inspector II
Heim	David	Principal Engineer, Design
Henderson	Jamie	Principal Engineer, Design
Henenberg	Peter	Manufacturing Associate III
Heng	Sivutha	Manufacturing Associate I
Henry	Mellisa	Sr. Marketing Communications Manager
Herasme	Maria	Manufacturing Associate III
Hernandez	Elizabeth	Manufacturing Associate II
Hildum	Ryan	Engineering Program Manager
Hill	Daniel	Sr. Product Manager
Hill	James	Sr. Director, Quality & Compliance
Hilton	Joshua	Manager, Manufacturing - Endovascular
Hojaboom	Allen	Assoc Engineer, Production
Horan	Jennifer	Sr. Financial Analyst
Horton	Anthony	Director of Manufacturing Engineering
Hosey	Bonnie	Engineer, QA & Corporate Audit
Hovious	Kevin	Stager II
Hughes	Kimberly	Manager, QC Analytical Chemistry
Ibarra	Juliana Casta	Manufacturing Associate I
Jalees	Saqib	Engineer, R&D
Janapin	Enrique Laba	Manufacturing Associate III
Jancar	Ticciani	Engineer, Plant Operations
Joyal	Crystal	Manufacturing Trainer
Kachuck	Kelsey	Analytical Development Chemist
Karadzic	Emina	QC Specialist I
Kaur	Sunpreet	Manufacturing Associate I
Keizman	Sherri	Buyer I
Kelchner	Donald	International Shipper
Kenney	Terry	Sr. Engineer, Control Systems
Kilduff	Michael	Manufacturing Associate II
Kingdara	Tommy	Associate Engineer, Product Sustaining
Kiritu	Miriam	Manufacturing Group Leader
Knoepfler	Rebecca	Manufacturing Associate I
Koltzsch	Milyn	Manufacturing Associate III
Korman	Kathy	Business Systems Analyst, CRM
Krawczyk	Joanne	Sr. Manager, New Product Development
LaTulippe	Rusat	Associate Engineer, Product Sustaining
Labrecque	Roger	Manager, R&D Engineering
Lafleur	Michael	Manufacturing Associate I
Lafrenaye	Eddie	Engineer, R&D Testing
Lagasse	Bryan	Receiving Clerk I
Lambert	Alex	Engineer, Product Sustaining
Lambert	Ronald	Sr. Equipment Maintenance Tech...
Lambert	Daniel	Sr. Engineer, Process

Langis	Sarah	Engineer, Process
Laplante	Jonathan	Stager I
Larochelle	Marc	Sr. Designer/CAD Administrator
Lavelle	Sean	Technical Documentation Clerk
Leao	Silvana	Manufacturing Associate II
Lecour	Kyle	Engineer, Process
Lemos	Luisa	QC Inspector I
Lemos-Pinzon	Lylia	Manufacturing Associate III
Lena	Frank	Melt Extrusion Specialist
Leo Vargas	Armando	Manufacturing Associate III
Lewis	Melissa	Engineer, QA
Lim	Brandon	Associate Engineer, Product Sustaining
Limone	John	Stager II
Lines	Marcus	QC Inspector II
Liu	Wei	Principal Scientist
Lobsien	Matthew	Supervisor, Manufacturing - Beta Bags
Lockwood	James	Financial Analyst
Lombardo	Brandon	Assoc. Engineer, Production Quality
Loughman	Janice	Manager, Production Planning & Inventory
Luna	Victor	Manufacturing Associate III
Luna Garcia de Zu	Betsy	Manufacturing Associate III
Luna de Lopez	Yilda	Manufacturing Group Leader
MacIntyre	Ryan	Engineer I, Production
Maddox	Elizabeth	Engineering Program Manager
Malla	Sameep	Engineer, Product Sustaining
Man	Savang	Manufacturing Associate III
Manfrate	Robert	Truck Driver
Manzano Munoz	Paula	Manufacturing Group Leader
Mareiro	Wayne	Manager, R&D Test Engineering
Mariano	Robert	Manufacturing Associate II
Martin	Brian	Sr. Engineer, R&D
Martone	Stephen	Engineer II, Production
Mateo	Ricardo	Stager II
Mattera	Kimberly	Calibration Technician
Mayer	Jessica	Sr. Analytical Chemist
McDonald	Karen	Engineering Manager, Product Sustaining - Endovascular
McDoniel	Brandon	Sr. Engineer, Product Sustaining
McDonnell	Thomas	VP, Global IT Operations
McGrath	Grace	Assoc. Engineer, Design Quality
McLaughlin	Lynda	Sr. Complaints Analyst
McMurray	Ryan	Supervisor, Logistics
McNamara	Philip	Sr. Engineer, Production
McSorley	Paula	Sr. Engineer, QMS Software Quality
Mendoza	Cecilia	Manufacturing Associate III

Mercier	Jacob	Principal Engineer, Production
Mercier	Brian	Sr. Manager, BI & Oracle
Messer	Lorena	Manufacturing Associate II
Metcalfe	Daniel	Manager, Calibration
Michaud	Tyler	Stager I
Mikita	Ilme	Manufacturing Associate II
Miller	Greyson	Calibration Technician I
Miller	Craig	Manager, Sustaining Engineering - Endovascular
Montanez Angeles	Esther	QC Specialist I
Montminy	Carissa	Manager, International Customer Service
Montoya	Luis	Manufacturing Associate III
Morris	Jessica	Sr. Engineer, Design Quality
Moulton	James	Manufacturing Associate II
Muehleisen	Timothy	Sr. Engineer, Production
Mulvey	Robin	Principal Regulatory Affairs Specialist
Munoz	Luder	Set Up Technician
Munoz	Amparo	Manufacturing Associate III
Murphy	Rachel	International Customer Service Representative
Murray	Chastity	Engineer, Production Quality
Mutombo	Mbombo	Manufacturing Associate III
Navarrete	Giovanny	Returned Goods Authorization Clerk
Navarro	Freddy	Manufacturing Group Leader
Nguyen	Linh	Manufacturing Associate III
Nguyen	Trung	Engineer, Production Quality
Nguyen	Nam	Engineer I, Production
Noel	Christina	Manufacturing Associate I
Nolin	Kristen	Sr. Clinical Trial Manager
Nordengren	Helena	Import-Export Logistics Administrator
O'Gorman	Robert	Equipment Maintenance Technician
Ocampo	Luz	Manufacturing Associate II
Ochoa	Yesenia	QC Inspector I
Ochoa	Rosa	Manufacturing Associate III
Ogle	Thomas	Group Leader, Facilities
Oldeman	Scott	Manager, Product Sustaining Engineering - Drainage
Ortiz Olmo	Christian	Manufacturing Associate II
Osman	Hassan	Sr. Director, Product and Transfer Validations
Osorio	Olga	Manufacturing Associate I
Osorio	Luisa	Manufacturing Associate II
Ospina	Jose	Stager II
Ospina	Cristian	Manufacturing Associate III
Ouellet	Paul	QC Analytical Chemist
Palmer	Jessica	Engineering Technician, Product Sustaining
Panchal	Vandana	Manufacturing Associate III
Patel	Nilam	Manufacturing Associate I

Patel	Priyal	Manufacturing Associate III
Patel	Asmita	Manufacturing Associate III
Patel	Mittal	Manufacturing Associate III
Patel	Rinkalbahen	Manufacturing Associate III
Pathuri	Sumanth Red	Assoc. Engineer, Production
Patino Serna	Maria	Manufacturing Associate II
Patrikis	Sandra	QC Inspector I
Paulino	Brian	Assoc. Engineer, Supplier Quality
Pavlosky	John	Manufacturing Associate II
Payne	Laurie	Manufacturing Associate II
Payne	Kathleen	Coordinator BRAM
Pearson	Louise	Manufacturing Associate II
Pellot	Mildred	Manufacturing Associate III
Perez	Michelle	Manufacturing Associate III
Perez	Ricardo	Manufacturing Associate III
Perez	Luis	QC Inspector II
Perez	Ines	Manufacturing Associate I
Perez Estrella	Federico	Manufacturing Associate II
Perrault	Cristin	Regulatory Affairs Coordinator
Pete	Colleen	Engineering Program Manager
Pham	Duc	Engineer I, Process
Pierce	Valerie	Sr. Product Manager
Pierett	Mindy	Sustainability & Environmental Specialist, ACT
Pike	Joshua	Manager, Sterilization
Pise	Sohan	Engineer I, Production
Plumley	Nichole	Supervisor, Manufacturing - Drains
Poirier	Eileen	Sr. Engineer, QA
Polanco	Ana	Manufacturing Associate III
Porcelli	David	Manager, Facilities & Maintenance Operations
Pouliot	Mary	Manufacturing Associate III
Pratt	Raymond	Supervisor, Manufacturing
Quaye	Francess	Manufacturing Associate I
Quinn	John	Manager, Product Sustaining Engineering - Vascular Grafts
Rabeah	Sarmed	Maintenance Mechanic
Ramirez	Jose	Manufacturing Associate III
Ramirez	Sergio	Stager II
Ramos	Rey	Manufacturing Associate II
Raschick-Goodwin	Zane	Manufacturing Associate III
Rascoe	Melissa	Project Specialist & Executive Assistant to VP Vascular Systems
Readel	Ana	Manufacturing Associate III
Reap	Tony	Equipment Maintenance Technician
Regis	Nichole	Business Systems Analyst
Reyna	Michael	Manager, Sustaining Engineering - Implantable Products
Rheaume	Renee	Manager, General Accounting

Rice	Jonathan	Sr. Engineer, Equipment Project
Rich	David	Engineer I, Production
Richards	Jeffery	Sr. Engineering Technician, R&D
Roa-Ballesteros	Rosaura	Manufacturing Associate III
Roberts	Timothy	QC Inspector I
Robes	Dana	Engineer, Product Sustaining
Robichaud	Alyssa	Engineer I, Process
Robidoux	Susan	Sr. Manager, Human Resources
Rocha	Ana	Manufacturing Associate III
Rodier	Ashley	Engineering Technician, Product Sustaining
Rodriguez	Kevin	Manufacturing Associate III
Rodriguez Cabrera	Jennifer	Manufacturing Associate II
Rollins	April	Engineer, Calibration
Romero	Edgar	QC Inspector I
Rosales	Solomon	Manufacturing Associate III
Rosas	Rosa	Manufacturing Associate II
Roth	Kirk	Director, Real Estate & Facilities - Americas
Roy	Nicholas	Reporting Analyst
Royce	Jonathan	Sr. Engineer, Design Quality
Rueda Villanueva	Jose	Manufacturing Associate III
Ruetz	Joseph	Sr. Developer
Ruggles	William	Engineer I, Supplier Quality
Rumbaugh	Brenda	Manufacturing Associate I
Ryan	Peta	Sr. Analytical Development Chemist
Salazar Zarate	Rubi	Manufacturing Associate II
Salisbury	Benjamin	Sr. Engineer, Research Design
Salmon	Melissa	Research and Innovation Program Manager
Samperi	Christopher	Manager, Controlled Environments & Sterilization
Samson	Brenda	Manufacturing Associate II
Sanabia	Elena	Manufacturing Associate III
Sanchez	Julian	Manufacturing Associate III
Sanchez Lemos	Yesika	Manufacturing Associate I
Santos Lantigua	Maria	Manufacturing Associate III
Santos Rodriguez	Gelson	Warehouse Group Leader
Santos Toribio	Yohan	Warehouse Group Leader
Sanuco	Florante	Manufacturing Associate III
Scanlon	Kellie	Engineer I, Design Quality
Schaeffer	Brian	Director, Quality Engineering
Scheffer	David	Manufacturing Associate III
Schollenberger	Alyssa	Supervisor, Analytical Chemistry
Schroll	Richard	Sr. Equipment Maintenance Tech
Seng	Brandon	Engineering Technician, R&D
Seng	Sothea	Sr. Engineering Technician, R&D
Seninde	Jonathan	Assoc. Supervisor, Manufacturing

Sergeev	Sergei	Manufacturing Associate I
Sergeeva	Viktoria	Manufacturing Associate II
Silveira	Solange L	Supervisor, Quality Control Specialists
Sirote	Gelyn	Manufacturing Associate I
Skinner	Rosa	Manufacturing Associate III
Sliwinski	Ian	Assoc. Engineer, Production
Smith	Frank	Production Planner
Smith	Jason	Supervisor, Warehouse
Smith	Kyle	Manufacturing Associate III
Soeur-Mau	Valarie	QC Inspector I
Sorinmade	Paul	Sr. Equipment Maintenance Tech...
Sousa	Helder	Director, Regulatory Affairs
Sperry	Maria Grace	Manufacturing Associate I
Spinney	Kristopher	Manufacturing Associate II
Sposato	Bryan	Supply Planning Analyst
St. Hilaire	Ginger	Supervisor, Labeling
St. Onge	Patrick	Manufacturing Associate III
Stanley	Gregory	Business Systems Analyst, BI
Subba	Bhim	Manufacturing Associate II
Sufat	Gary	ACT Chief Controller & VS CFO
Swanick	Thomas	Sr. Engineer, Process
Talcott	Timothy	Sr. Director, Quality Improvement Programs/Communications
Taylor	Jeff	Manufacturing Associate I
Telesha	Kristin	Manufacturing Associate II
Tennis	Jonathan	Engineer, Product Development
Thach	Hary	Manufacturing Associate III
Thibeault	Natasha	Manufacturing Associate II
Thibodeau	Daniel	Manager, Manufacturing - Drains
Thomas	Tyler	Assoc. Engineer, Product Sustaining
Thompson	Cristine	Complaints Coordinator
Titus	Lindsey	Manager, Design Quality Engineering
Tokozy	Ronald	Sr. Complaints Compliance Liaison, US Sites
Toribio Hurtado	Ana	Manufacturing Associate III
Torres	Adelaide	Manufacturing Associate III
Tourville	Paul	Truck Driver
Towler	Sean	Engineer I, Production
Tupinamba	Eliezer	Manufacturing Associate II
Tupinamba	Eula	Manufacturing Associate II
Urena	Anilu	Manufacturing Associate III
Uribe	Anel	Manufacturing Group Leader
Vachon	Paul	Sr. Engineer II, QA
Vaillancourt	Dorene L	Complaints Analyst I
Valdes Ramirez	Sandra	Manufacturing Associate II
Valdez	Jonathan	Manufacturing Associate II

Varanoske	Wayne	Production Planner
Vasquez Zapata	Laura	Manufacturing Trainer
Veazie	Jason	Stager II
Vela Alejandro	Crystal	Manufacturing Inventory Coordinator
Veprauskas	Justin	R&D Program Manager
Vesela	Jindriska	Sr. Clinical Trial Manager
Viau	Amanda	Manufacturing Associate III
Vittorio	Ann Marie	Sr. Research Scientist
Voorhis	Cynthia	Production Planner
Wainwright	Amanda	Engineer, QA
Wallis	Kathleen	Internal Audit Manager
Wasser	Clifford	Manufacturing Associate I
Watts	Michael	Product Manager, Thoracic Drainage
Weigold	Ethan	Associate Calibration Engineer
Wells	Brett	Director, Manufacturing
Whissel	Stephen	Sr. Equipment Maintenance Technician
Wiegand	Gail	Quality Management Systems Project Manager
Williams	Vinodh	Supervisor, QC Receiving & Inspection
Witkin	Alex	Engineer II, Process
Wozniak	Brian	Engineering Program Manager
Wright	Jaclyn	Sr. Complaints Analyst
Wright	Sean	Manager, Training and Organizational Development
Yeh	Kendra	Manufacturing Associate II
Yin	Yisong	Engineer, Production Quality
Zapata	Rafael	Manufacturing Associate III
Zapata Arango	Maria	Manufacturing Associate III
Zapata-Tejada	Jose	Manufacturing Associate III
Zelonis	Nicole	International Customer Service Representative
Ziegenhagen	Melinda	Executive Assistant
Zwicker	Deborah	Manufacturing Associate II
Zwicker	Kirstin	Manufacturing Associate III
Zybert	Christopher	QC Inspector I

Bond -

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15754187

Application/License No. _____

Atrium Medical Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 40 Continental Boulevard, Merrimack, NH 03054 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of New Jersey (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is Federal Insurance Company of 202B Hall's Mill Road, Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 2nd, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of March, 2021.

APPLICANT/PRINCIPAL

COMPANY
Atrium Medical Corporation

Gary P Sujat
Authorized Representative

SURETY
Federal Insurance Company

Kelly M. Shea
Surety Company's Representative

Kelly M. Shea, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Jessica M Krause
Witness

Witness

ATRIUM

CORPORATION ACKNOWLEDGMENT

STATE OF New Hampshire
COUNTY OF Hillsborough

On this 2nd day of March in the year 2021, before me personally came Gary Sufat to me known, who, being by me duly sworn, did depose and say he resides in Hampton, NH; that he is the Chief Financial Officer of Atrium Medical Corporation the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Cristin M Perrault
Notary Public

CRISTIN M PERRAULT
Notary Public-New Hampshire
My Commission Expires
July 10, 2024

SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF MONROE

On this 2nd day of March in the year 2021, before me personally came Kelly M. Shea to me known, who, being by me duly sworn, did depose and say that he resides in Rochester, New York ; that he is the Attorney-In-Fact of Federal Insurance Company the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Christine F. Peartree
Notary Public

CHRISTINE F PEARTREE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PE6411435
Qualified in Monroe County
My Commission Expires 11-23-2024

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Jessica M Greene, Christopher K. Shea and Kelly M. Shea of Rochester, New York ——

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 2nd day of **March, 2020**.

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this 2nd day of **March, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2318688
Commission Expires July 18, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 2nd day of March, 2021

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(In thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (476,792)	Outstanding Losses and Loss Expenses	$ 6,750,802
United States Government, State and Municipal Bonds	4,811,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,866
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	866,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:		Capital Stock	20,980
Great Northern Ins. Co.	389,764	Paid-In Surplus	2,711,473
Vigilant Ins. Co.	337,205	Unassigned Funds	1,399,031
Chubb Indemnity Ins. Co.	177,261		
Chubb National Ins. Co.	178,671	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb European Inv. Holdings, SLP	126,252		
Other Affiliates	89,644		
Premiums Receivable	1,432,840		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	$ 15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of $609,132,062 were deposited with government authorities as required by law

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30 th day of June, 2019.

Sworn before me this August 27, 2019

Senior Vice President

Notary Public

My commission expires August 8, 2023

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Atrium Medical Corporation

Physical Address 40 Continental Boulevard

City Merrimack State NH Zip 03054

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite A

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.maquet.com/us

Licensing Company Email ATR@slsny.com

Section 2: Personal Information

First Brian Middle A Last Schaeffer

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Fairhaven Road

City Nashua State NH Zip 03060-5093

Telephone [redacted] Email brian.schaeffer@getinge.com

Are you a citizen of the United States? ■ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

	Yes	No
Federally Mandated Requirement (NRS 425.520, NRS 639.229)		
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

N/A

Applicant's initials BS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

School Name		From - To (MM/YY – MM/YY)	
University of Rhode Island		09/04-05/10	
Address	City	State	Zip
Newman Hall, 14 Upper College Road	Kingston	RI	02881
Diploma/Degree obtained, if any			
Bachelors in Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Alvirne High School		09/99-06/03	
Address	City	State	Zip
200 Derry Rd.	Hudson	NH	03051
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

[redacted] List residences you have had for the last 10 years starting with the most current. Use a separate sheet if necessary. (Do not list P.O. Boxes.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2018 - Present	[redacted] Fairhaven Rd	Nashua	NH	03060
04/2012 - 02/2018	16 Libson Ln	Nashua	NH	03060
09/10-04/12	1 Oldfield Rd.	Nashua	NH	03060
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BS

[redacted]

Business Name			From - To (MM/YY – MM/YY)
Atrium Medical Corporation			08/2011 - Present
Business Address	**City**	**State**	**Zip**
40 Continental Boulevard	Merrimack	NH	03054
Phone	**Title**	**Number of Employed Hours**	
(603) 880-1433	Designated Representative	over 6000	

Description of Duties

Oversee all groups within the Quality and Compliance Departments including all departments as well as Internal Auditing, Calibration, Document Control, Supplier Quality Engineering, and CAPA. Serves as Management Representative for Executive Management. Oversee all External Auditing and serve as facilitator for all audits.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BS

Section B: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A **Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials BS

I, Brian A Schaeffer, **certify that as the designated representative for**

Atrium Medical Corporation,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Brian A Schaeffer

Print Name (First, Last)

3096

Original Signature (electronic, copies or stamps not accepted)

15 Sep 2021

Date

Applicant's initials BS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad M. Carlton

Print Name (First, Last)

Chad Carlton

Original Signature (electronic, copies or stamps not accepted)

15 Sep 2021

Date

Please have this section completed in the presence of a Notary Public.

State of N.H., ss. County of Hillsborough

I, Chad Carlton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Chad Carlton

Original Signature

15 Sep 2021

Date

Subscribed and Sworn to before me this 15 day of September

Melissa Rascoe

Notary Public Signature

MELISSA B. RASCOE, Notary Public
My Commission Expires April 17, 2024

(Seal)

Applicant's initials CC

DR-'s Resume 3068

Brian Schaeffer

Director of Quality Engineering

[redacted]Fairhaven Rd.
Nashua, NH
03060
[redacted]

brian.schaeffer@Getinge.com

Work Experience

August 2011 – Present
Getinge

July 2019-Present
Director of Quality Engineering

- Oversee all groups within the Quality and Compliance Departments including all departments listed in previous roles as well as Internal Auditing, Calibration, Document Control, Supplier Quality Engineering, and CAPA.
- Serves as Management Representative for Executive Management.
- Oversee all External Auditing and serve as facilitator for all audits.
- Convenes Management Review to evaluate all business processes and quality functions within the organization.

February 2016 – 2019
Senior Quality Engineering Manager

- Manager of Design Quality Assurance Engineering group as well as Production Quality Engineering and Quality Control departments as described below.
- Managed team of 6 Design QE's for all R&D projects, as well as all Design change management, or CAPA's related to design control.
- Member of CAPA Review Board
  - Participated in plan for all CAPA's as a result of any regulatory findings from external audits
- Oversaw external audits conducted on site
  - Facilitated audit from front room, or oversaw back room for all audits
- Authored Regulatory responses to observations related to NCR, CAPA and other quality systems.
  - Performed Health Hazard Evaluation for any potential product impact
- Continued oversight of QC operation through
  - Reduced headcount to 29 to decrease testing costs while maintaining testing efficiency
  - Reorganized QC department to provide support for groups within organization, including support for development projects, and training requirements.

December 2015 - 2016
Senior Manager, Production Quality Engineering

- Manager to quality control operations department as well as Production Quality Engineering (see below for description)
- Oversaw operation of ~35 inspectors and technicians across 3 shifts in 2 locations.
- Resource allocations for incoming inspection as well as in process and finished good testing.
- Designed sampling plans for all phases of testing to be completed including process flow of testing
- Responsible for team in charge of post-sterilization and finished good lot release.
- Managed inspection area facility move for equipment and operation.

July 2014-2015

Production Quality Engineering Manager

- Managed Team of 7 Quality Engineers across three shifts
- Responsible for all correction and corrective action resulting from production issues
- Owner of Nonconformance system which included all procedures for investigation, determination of root cause, and corrective action.
- Oversaw all correction of product held under any Nonconformance
- Significant experience with external auditors, and representing the Quality group during audits required by FDA consent Decree.
    - Audits conducted during the decree included FDA, BSI, ANVISA, Parexel
- CAPA Leader for remediation projects and improvement to NCR process
    - Designed AGILE and Oracle workflows for processing of NCR's as well as quarantine system for product

August 2011-2014

Quality Engineer

- Participated in Cross Functional Teams in development, production, and remediation projects.
- Used industry standards and regulations to design project plans, and validation/verification work
- Project Lead for CAPA remediation activities.
    - Managed tasks for Process Validation, as well as Design Remediation
- Presented to Management on a weekly basis on activities of the CAPA team.
- Evaluated change orders, product complaints, and risk management documentation for R&D, Analytical and Production in AGILE.
- Designed strategies for Process validation including IQ/OQ/PQ, as well as design verification work.
- Processed statistics and sampling plans for in process as well as validation sampling using Minitab.

September 2010 – August 2011

DEKA Research Manchester, NH

Quality Assurance Test Engineer

- Designed and performed procedures for Human Use testing of Medical Device.
- Followed standards to design test cases for device performance verification.
- Linux programming and Windows software used to diagnose device failure or problems.
- Built electronic or mechanical test case fixtures to test specific requirements.
- Executed testing on medical device to verify conditions to be met by external standards.

Education

University of Rhode Island, May 2010

- Bachelors in Biomedical Engineering

NH - Discipline.
Admin fine.

GETINGE

3 October 2019

OPLC, NH Board of Pharmacy
121 South Fruit Street, Suite 401
Concord, NH 03301

Re: Notice of Violation

To Whom It May Concern,

Please find enclosed a check of $12,000 made payable to the State of NH Treasurer to settle the administrative fine proposed to Atrium Medical Corporation on September 18, 2019.

Please reach out if you need additional information or have any questions.

Thank you,

Amanda Binette, MS, CQE
Regulatory Affairs Specialist II
amanda.binette@getinge.com
603-879-5511

Atrium Medical Corporation
40 Continental Blvd
Merrimack, NH 03054 USA

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY

OPLC

David Grosso
Executive Director

Joseph Shoemaker
Director, Health Professions

121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 · Fax 603-271-2856
www.oplc.nh.gov/pharmacy

Board of Pharmacy

Michael D. Bullek, R.Ph.
Administrator / Chief of Compliance

Jason R. Richard
Licensing Supervisor

September 18th, 2019

Atrium Medical Corporation
40 Continental Blvd.
Merrimack, N.H. 03054
Attention: Kevin Anderson

CERTIFIED MAIL and FIRST CLASS MAIL

NOTICE OF VIOLATION

Dear Mr. Anderson ;

The Board has reviewed information received from an reinstatement application for Atrium Medical Corporation, 40 Continental Blvd., Merrimack, N.H. 03054 , license #5935 that Atrium Medical Corporation has shipped prescription products in New Hampshire on numerous occasions from July 1st, 2018 to July 22nd, 2019 without a valid license. New Hampshire- law (RSA 318:51-a (I)) requires all wholesaler/manufacturer/distributors shipping in New Hampshire to be licensed by the New Hampshire Board of Pharmacy. This constitutes a violation of RSA 318:51-a (I) and New Hampshire Administrative Code Ph 1001.01 (a).

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed $5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above, you may have

violated RSA 318:51-a(I) and Ph 1001.01(a) by delivering prescription drugs into the state without a license from July 1st, 2018 to July 22nd, 2019.

The Board sees fit to use its discretion to propose an administrative fine of **$24,000.00 ($2,000.00 for each month you were not licensed)** for violation of RSA 318:51-a(I) and Ph 1001.01(a) **with $12,000.00 suspended providing no additional violations in next two years.**

You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay $12,000.00 within thirty (30) days of receipt of this Notice and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: September 18th , 2019

Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

Date

Authorized representative: Atrium Medical Corporation

_*/ Board Member recused

CHECK NO: 55769

DATE: 03-OCT-19 **VENDOR NAME:** STATE OF NEW HAMPSHIRE **VENDOR NO.** 2815

INV. NO.	INV. DATE	DESCRIPTION	DISC AMOUNT	NET AMOUNT
10022019	02-OCT-19		0.00	12,000.00
PLEASE DETACH AND RETAIN THIS STATEMENT FOR YOUR RECORDS OF PAYMENT.			0.00	12,000.00

THIS CHECK IS VOID WITHOUT A WATERMARK - HOLD TO LIGHT TO VIEW - RUB HEAT SENSITIVE CHECKMARK TO SEE COLOR DISAPPEAR AND REAPPEAR

ATRIUM
MAQUET GETINGE GROUP

40 Continental Blvd
Merrimack, New Hampshire 03054

PNC Bank, N.A. 001
Jeannette PA

60-162/433

CHECK DATE	CHECK NUMBER	CHECK AMOUNT
03-OCT-19	55769	*******12,000.00

PAY: Twelve Thousand Dollars And Zero Cents**********

TO THE ORDER OF:
STATE OF NEW HAMPSHIRE
TREASURER
BOARD OF PHARMACY
121 SOUTH FRUIT ST STE 401
CONCORD, NH 03301-2412
United States

AUTHORIZED SIGNATURE

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈55769⑈ ⑆043301627⑆ 10434908411⑈

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

UNITED STATES OF AMERICA, Plaintiff, v. ATRIUM MEDICAL CORP., MAQUET HOLDING B.V. & CO. KG, MAQUET CARDIOVASCULAR, LLC, and MAQUET CARDIOPULMONARY AG, corporations, and HEINZ JACQUI, and GAIL CHRISTIE, individuals, Defendants.	NO. 15-CV-00041-SM

CONSENT DECREE OF PERMANENT INJUNCTION

Plaintiff, the United States of America, by its undersigned attorneys, having filed a Complaint for Permanent Injunction ("Complaint") against Atrium Medical Corp. ("Atrium"), Maquet Holding B.V. & Co. KG ("Maquet"), Maquet Cardiovascular, LLC ("Maquet CV"), and Maquet Cardiopulmonary AG ("Maquet CP"), corporations ("Corporate Defendants"), and Heinz Jacqui, who assumed his position as Chief Executive Officer and Managing Director of Maquet on April 1, 2012, and Gail Christie, who assumed her position as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet on October 1, 2013, individuals (collectively "Defendants"), alleging the following:

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

(1) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(a), by introducing and causing to be introduced, and delivering and causing to be delivered for introduction, into interstate commerce articles of device, as defined by 21 U.S.C. § 321(h), that are (a) adulterated within the meaning of 21 U.S.C. § 351(h), in that the methods used in, and the facilities and controls used for, their manufacture, packing, storage, and installation are not in conformity with the current good manufacturing practice ("CGMP") requirements for devices, *see* 21 U.S.C. § 360j(f) and 21 C.F.R. Part 820 (the Quality System ("QS") regulation); and (b) misbranded within the meaning of 21 U.S.C. § 352(t)(2), in that Defendants fail to furnish information or material respecting their devices, as set forth in 21 U.S.C. § 360i and the medical device reporting ("MDR") and correction and removals ("CR") regulations, 21 C.F.R. Parts 803 and 806;

(2) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(k), by doing acts that result in the adulteration, within the meaning of 21 U.S.C. § 351(h), of articles of device, as defined by 21 U.S.C. § 321(h), while such devices are held for sale after the shipment of one or more of their components in interstate commerce; and

(3) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(e), by failing to maintain and/or submit reports respecting their devices, as required by 21 U.S.C. § 360i; and

Defendants, without admitting or denying the allegations of the Complaint and disclaiming any liability in connection herewith, having appeared and having consented to entry of this Consent Decree of Permanent Injunction ("Decree") without contest and before any testimony has been taken, and the United States of America having consented to this Decree:

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED as follows:

1. This Court has jurisdiction over the subject matter of this action and has personal jurisdiction over all parties to this action under 21 U.S.C. § 332(a) and 28 U.S.C. § 1345.

2. Venue is proper in this District under 28 U.S.C. §§ 1391(b) and (c).

3. The Complaint states a cause of action against Defendants under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301 *et seq.*

DEFINITIONS

4. For purposes of this Decree, the following definitions shall apply:

A. "Specified Facilities" are the following facilities:

i. Atrium, 5 Wentworth Dr., Hudson, NH 03051; and

ii. Atrium, 29 Flagstone Dr., Hudson, NH 03051.

B. "Additional Facilities" are the following facilities:

i. Maquet CV, 45 Barbour Pond Dr., Wayne, NJ 07470;

ii. Maquet Medical Systems USA, 45 Barbour Pond Dr., Wayne, NJ 07470;

iii. Maquet CP, Kehler Str. 31, Rastatt, Germany 76437;

iv. Maquet CP, Neue Rottenburger Str. 37, Hechingen, Germany 72379; and

v. Any facility added to this Decree pursuant to paragraphs 8 and 14.

C. "Days" shall refer to calendar days unless otherwise stated.

D. A device is "medically necessary" if:

i. It is used to treat or prevent a disease or medical condition;

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

ii. . There are not other readily available sources of that product or alternative products judged by FDA to be adequate substitutes; and

iii. An authorized representative of Defendants' U.S. customers or international customers, after reviewing the Notification Guide described in paragraph 4.F, signs an FDA-approved Certificate of Medical Necessity ("CMN") certifying that s/he is aware of FDA's findings and deems the device necessary.

E. A device listed below is deemed to satisfy the requirements of paragraphs 4.D.i and ii and becomes "medically necessary" for a particular U.S. customer or international customer when an authorized representative of that customer has signed a CMN, as described in paragraph 4.D.iii, for such device:

i. ClearWay Rx;

ii. ClearWay OTW;

iii. Express Dry Suction Dry Seal Drains, including accessories;

iv. Ocean Wet Suction Water Seal Drains, including accessories;

v. Oasis Dry Suction Water Seal Drains, including accessories; and

vi. Any other device, component and/or accessory that both FDA and Defendants agree in writing are "medically necessary."

F. "Notification Guide" shall refer to the document developed by Defendants, and reviewed and approved by FDA, that notifies Defendants' U.S. customers and international customers of FDA's findings at each Specified Facility, so that they may make an informed decision concerning whether to use Defendants' devices or to transition to alternative products. The Notification Guide (attached hereto as Exhibit 1 and incorporated by reference herein) must contain, among other information, the CMN referenced in paragraph 4.D.iii.

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

G. "International Distributor" means an international first-level distributor or other customer that purchases a medically necessary device directly from Defendants.

H. "International End-User" means an international facility, hospital, and any group of clinicians or doctors that purchases a medically necessary device directly or indirectly from an International Distributor.

SPECIFIED FACILITIES

5. Except as provided in paragraphs 6 and 11, Defendants and each and all of their directors, officers, agents, representatives, employees, successors, assigns, and attorneys, and any and all persons in active concert or participation with any of them, who have received actual notice of this Decree by personal service or otherwise (collectively "Associated Person(s)"), are permanently enjoined under 21 U.S.C. § 332(a) from manufacturing, processing, packing, labeling, and distributing any device, including components parts, accessories, and in-process and finished devices, (hereinafter collectively referred to as "devices") at or from the Specified Facilities unless and until, for each Specified Facility:

A. Defendants' facilities, methods, processes, and controls used to manufacture, process, pack, label, hold, and distribute devices at or from the Specified Facility are established, operated, and administered in conformity with 21 U.S.C. §§ 351(h) and 352(t)(2) (hereinafter collectively referred to as "the Act"), and the QS, CR, and MDR regulations. Specifically, Defendants shall take the following actions, among others:

i. Establish and maintain procedures to control Defendants' devices' designs in order to ensure that specified design requirements are met;

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

ii. Ensure that all devices meet the requirements for design development and planning, design input, design output, design review, design verification, design validation, design change, design transfer, and design history file;

iii. Conduct design evaluations of all marketed devices to ensure that current designs have been properly validated and transferred into appropriate product specifications;

iv. Validate processes whose results cannot be fully verified by subsequent inspection and testing;

v. Develop, conduct, control, and monitor production processes to ensure that devices conform to their specifications;

vi. Establish and implement adequate written procedures to control devices that do not conform to specified requirements;

vii. Establish and maintain adequate written procedures for corrective and preventive actions ("CAPAs") and for documenting those activities;

viii. Maintain accurate and complete complaint files and establish and implement adequate written procedures for receiving, reviewing, and evaluating complaints; and

ix. Develop and implement adequate written MDR procedures in compliance with 21 C.F.R. Part 803, including, but not limited to, adequate procedures for management review, and ensure that employees are trained on, understand, and properly implement the MDR requirements and procedures;

B. Defendants retain, at Corporate Defendants' expense, an independent person(s) (the "expert") to inspect the Specified Facilities and review their manufacturing procedures and records to determine whether the methods, facilities, and controls are operated

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

and currently administered in conformity with this Decree, the Act, and the QS, CR, and MDR regulations. The expert shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families. Defendants shall notify FDA in writing of the identity of the expert and the expert's qualifications within fifteen (15) days after retaining such expert. The expert shall:

i. Perform a comprehensive inspection of the methods, processes, and controls used to manufacture devices at each Specified Facility and determine whether each is in compliance with this Decree, the Act, and the QS, CR, and MDR regulations; in conducting this inspection, the expert shall review all deviations at each Specified Facility brought to Defendants' attention in writing by FDA since October 2009 (including, but not limited to, all Forms FDA-483 issued to Defendants since October 2009), by the expert, or by any other source. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for that designated category of devices. If the expert decides to conduct separate inspections for designated categories of the Specified Facilities' devices, Defendants shall submit to FDA a written statement delineating the designated categories of devices. For purposes of complying with this paragraph, Defendants may not include more than a total of five (5) designated categories of devices;

ii. Within thirty (30) days after completing any inspection under paragraph 5.B.i, the expert shall submit simultaneously to FDA and Defendants a complete written report of the inspection, which shall include, but not necessarily be limited to:

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

a. Identifying in detail which methods, processes, controls, and FDA observations the expert reviewed and the expert's evaluation as to whether each such method, process, and control is now operated in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and, if applicable, listing any observed deviations from compliance with this Decree, the Act, and the QS, CR, and MDR regulations;

b. Identifying whether each observation listed on a Form FDA-483 issued at the Specified Facility since October 2009 has been corrected.

iii. Notwithstanding the foregoing, if, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that all manufacturing operations have ceased at a Specified Facility or that all manufacturing operations with respect to one or more designated categories of the Specified Facilities' devices have ceased at a Specified Facility, any requirement that the expert inspect the methods, facilities, processes, equipment, and controls used to manufacture all or any such designated categories of devices at such Specified Facility shall cease. If, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must thereafter inspect the methods, facilities, processes, equipment, and controls used to manufacture any such designated category of devices at the transferee Specified Facility; and

C. Within thirty (30) days after receiving the expert's inspection report(s) under paragraph 5.B.ii , Defendants shall submit a written report ("work plan") to FDA detailing the specific actions Defendants have taken and/or will take at the Specified Facility to address the expert's observations and bring the Specified Facility's methods, facilities, processes, and

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

controls used to manufacture, process, pack, hold, and distribute devices into compliance with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations. The specific actions in the work plan shall be set forth in numbered steps and, where appropriate, the numbered steps may include subordinate lettered steps. The work plan shall include a timetable to be approved by FDA, and FDA will approve or disapprove in writing the proposed work plan within thirty (30) days after receiving the proposed work plan. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the Defendants are permitted to submit one addendum per designated category of devices, so long as the work plan and each addendum together detail the specific actions Defendants have taken and/or will take at a Specified Facility to address the expert's observations and bring the methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute a designated category of devices into compliance with this Decree, the Act, and the QS, CR, and MDR regulations. In the event that Defendants notify FDA in writing that all manufacturing operations for a designated category of devices have ceased at a Specified Facility, any requirement in the work plan related to such Specified Facility shall cease with regard to such devices. In the event that Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, any requirement in the work plan related to the transferor Specified Facility will be deemed to apply to the transferee Specified Facility; and

D. As the actions detailed in the work plan are completed at each Specified Facility, Defendants shall notify the expert in writing, who shall promptly inspect and verify whether those actions have been completed in a manner that complies with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations to the expert's satisfaction and in

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

accordance with the work plan timetable approved by FDA. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for the designated category of devices. If the expert determines that an action has not been completed to his or her satisfaction, the expert shall promptly notify Defendants and FDA in writing. Beginning thirty (30) days after approval of the work plan by FDA, and quarterly thereafter until submission of a certification set forth in paragraph 5.E, the expert shall submit to FDA a table that summarizes the expert's findings regarding whether the actions have been completed to the expert's satisfaction and in accordance with the numbered steps in the work plan timetable. FDA may, in its discretion and without prior notice, periodically inspect any and all Specified Facilities and undertake such additional examinations, reviews, and analyses as FDA deems appropriate to verify whether the actions reported to have been completed have, in fact, been completed adequately and on time. In the event that FDA determines that an action that has been reported to be completed is inadequate, FDA will notify Defendants in writing, and Defendants shall take appropriate action in accordance with a timetable that is subject to approval by FDA;

E. When the expert determines that all of the actions identified in the work plan approved by FDA have been completed to his or her satisfaction, the expert shall provide Defendants and FDA with a written certification that all of the actions have been completed and that, based on the inspection(s) conducted under paragraph 5 and on the satisfactory completion of the actions in the work plan identified under paragraph 5.C, Defendants' methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute devices are in conformity with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations.

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

The expert's certification shall include a detailed report of the results of the expert's inspection(s). The expert may provide FDA with a separate certification under this paragraph for each Specified Facility. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the expert is permitted to submit a separate certification and certification report for each designated category of devices so long as each certification and accompanying report contains all of the information required by this provision for the designated category of devices. In the event the Defendants have notified FDA in writing that all manufacturing operations with regard to a designated category of devices have ceased at a Specified Facility, the expert need not certify as to the completion of work plan actions or as to compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the Specified Facility. In the event the Defendants have notified FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must certify as to the completion of work plan actions or as to the compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the transferee Specified Facility;

F. In addition to paragraph 17 and FDA's authority to conduct inspections under 21 U.S.C. § 374, within sixty (60) days after FDA receives a certification described in paragraph 5.E, FDA, as it deems necessary, may inspect any or all of the applicable Specified Facilities to evaluate Defendants' compliance with this Decree, the Act, and its implementing regulations;

G. Corporate Defendants pay all costs of inspections, supervision, and review for FDA oversight with respect to paragraph 5; and

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

H. FDA notifies Defendants in writing that Defendants appear to be in compliance with the requirements set forth in paragraphs 5.A-G. If FDA conducts an inspection or reinspection pursuant to paragraph 5.F, and finds that the manufacturing, processing, packing, holding, and distribution of devices at and/or from a Specified Facility appear to be in conformity with this Decree, the Act, and the QS, CR, and MDR regulations, this notice will be issued within sixty (60) days after completion of the inspection. If FDA does not conduct an inspection or re-inspection pursuant to paragraph 5.F, this notice will be issued within sixty (60) days after receipt of the expert's certification under paragraph 5.E. If the expert has provided a certification and certification report limited to designated categories of the Specified Facilities' devices or a particular Specified Facility pursuant to paragraph 5.E, then FDA may issue the notification under this paragraph to authorize resumption of manufacturing processing, packing, holding, labeling and/or distribution limited to designated categories of devices or to one or more of the Specified Facilities.

6. A. Notwithstanding paragraph 5, Defendants and all Associated Persons may continue manufacturing, processing, holding, packing, labeling and distributing at or from the Specified Facilities:

i. Medically necessary devices, as defined in paragraph 4.D to customers who have received the Notification Guide described in paragraph 4.F and have submitted a signed CMN to Corporate Defendants, provided that Defendants maintain a record of all sales and distribution of medically necessary devices, including shipping documents and the following information regarding the devices distributed: the name, model number, and lot numbers for the medically necessary devices, the names of the consignees to whom they are shipped, and the

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

number of devices shipped. Defendants shall make the records described in this paragraph available to FDA immediately upon request. Within ninety (90) days after entry of this Decree, and quarterly thereafter, Defendants shall submit to FDA a summary of the medically necessary devices distributed, which shall include: the names of the medically necessary devices shipped, the names of the consignees to whom they were shipped, and the total number of devices shipped.

ii. Devices for use in product demonstrations, workshops, and laboratories, provided that the subject devices are labeled "For In-Office/In-Facility Demonstration Use Only - Not for Sale";

iii. Devices solely for the purpose of conducting clinical trials in accordance with 21 C.F.R. Part 812, provided that Defendants comply with all applicable laws and regulations relating to the manufacture and distribution of investigational devices;

iv. Devices, including warranty replacements, that both FDA and Defendants agree in writing are necessary to distribute and sell to fulfill contracts and agreements with foreign governments;

v. Devices to testing laboratories solely for the purpose of developing, testing, verifying, or validating design changes or modifications in accordance with 21 C.F.R. Part 820 or comparable international standards; and

vi. Devices that are necessary for the sole purpose of preparing or supporting a premarket approval application (PMA), premarket notification (510k), or supplement thereto, but such products may not be distributed without prior written authorization from FDA.

B. Corporate Defendants shall pay the United States Treasury the amount of six million dollars ($6,000,000.00) in equitable disgorgement, to be paid within twenty-eight (28)

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

days after entry of this Decree (hereinafter "initial payment"). Six (6) months after the date of the initial payment, Corporate Defendants shall pay the United States Treasury an additional amount of six million dollars ($6,000,000.00) in equitable disgorgement, unless by that date Defendants have received FDA authorization to resume, with regard to all medically necessary devices, all operations at the Specified Facilities as set forth in paragraph 5.H and/or Defendants have transferred all manufacturing, processing, packing, holding, and distribution of all medically necessary devices at and/or from the Specified Facilities to another manufacturing site owned or controlled by Corporate Defendants (hereinafter "new site(s)").

7. Within thirty (30) days after receiving the written notification in paragraph 5.H for a Specified Facility, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "specified facility auditor") to conduct audit inspections of the Specified Facility not less than once every six (6) months for a period of one (1) year, after which the specified facility auditor shall conduct audit inspections annually for an additional period of four (4) years. The specified facility auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the specified facility auditor may be the same person(s) as the expert described in paragraph 5.B and/or the additional facility auditor described in paragraph 9.

A. At the conclusion of each audit inspection at each such facility, the specified facility auditor shall prepare a written audit report ("audit report") analyzing whether Defendants are in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and identifying all deviations from this Decree, the Act, and the QS, CR, and MDR regulations ("audit report observations"). As part of every audit report, except the first audit report, the

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

specified facility auditor shall assess the adequacy of corrective actions taken by Defendants to correct all previous audit report observations. The audit report shall be delivered contemporaneously to Defendants and FDA no later than thirty (30) days after the date an audit inspection is completed.

B. If an audit report contains any audit report observations, Defendants shall, within thirty (30) days after receipt of the audit report, correct those observations, unless FDA notifies Defendants that a shorter time period is necessary. If, after receiving an audit report, Defendants believe that correction of any audit report observations will take longer than thirty (30) days, Defendants shall, within ten (10) business days after receipt of the audit report, propose a schedule for completing corrections ("correction schedule"). The correction schedule shall be reviewed and approved by FDA in writing prior to implementation. Defendants shall complete all corrections according to the approved correction schedule. Within thirty (30) days after being notified that Defendants have taken actions to correct audit report observations, the auditor shall review the actions taken by Defendants to correct the audit report observations. Within fifteen (15) business days after completion of such a review, the specified facility auditor shall report in writing to FDA and to the Defendants whether each of the audit report observations has been corrected.

8. Not less than three months before Defendants transfer any manufacturing operations from any of the Specified Facilities to any new site that Defendants own or control, Defendants shall submit to FDA a written transfer plan. However, in the event Defendants notified FDA before the date of entry of this Decree of a planned transfer of manufacturing operations from any Specified Facility(ies) to any new site(s), Defendants shall submit to FDA a written transfer plan within thirty (30) business days from the date of entry of this Decree. Any

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

such new site, if not already an Additional Facility, as described in paragraph 4.B, shall thereafter be fully subject to the provisions of this Decree without further action by the parties or this Court, as though it were listed as an Additional Facility in paragraph 4.B, but only to the extent that manufacturing operations have been transferred from a Specified Facility to that new site.

ADDITIONAL FACILITIES

9. Within ninety (90) days after entry of this Decree, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "additional facilities auditor") to conduct audit inspections of each of the Additional Facilities not less than once every twelve (12) months for a period of four (4) years from the date of entry of this Decree, for a total of not less than four audit inspections. The auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the auditor may be the same person(s) as the expert described in paragraph 5.B and/or the specified facilities auditor described in paragraph 7. The requirements in paragraphs 7.A and B shall apply to all audit inspections conducted under this paragraph.

ADDITIONAL INJUNCTION PROVISION

10. Upon entry of this Decree and except as provided for in paragraphs 6 and 11, Defendants and each and all Associated Persons shall, with regard to any device manufactured at any of the Specified or Additional Facilities, be permanently enjoined from directly or indirectly doing or causing to be done any act that:

A. Violates 21 U.S.C. § 331(a) by doing or causing the introduction, and delivery for introduction, into interstate commerce of any device, as defined by 21 U.S.C.

§ 321(h), that is adulterated within the meaning of 21 U.S.C. § 351(h), or misbranded within the meaning of 21 U.S.C. § 352(t)(2);

B. Violates 21 U.S.C. § 331(k) by doing or causing any act that results in the adulteration, within the meaning of 21 U.S.C. § 351(h), or misbranding, within the meaning of 21 U.S.C. § 352(t)(2), of any device, as defined by 21 U.S.C. § 321(h), while such device is held for sale after the shipment of one or more of its components in interstate commerce; and/or

C. Violates 21 U.S.C. § 331(e) by doing or causing the failure to maintain and/or submit reports respecting devices, as defined by 21 U.S.C. § 321(h), as required by 21 U.S.C. § 360i.

EXCLUSIONS

11. The prohibitions set forth in paragraphs 5 and 10 or in any order issued under paragraphs 13 or 14 shall not apply to any device manufactured, processed, packaged, labeled, held for sale, or introduced into interstate commerce solely for export from the United States, provided that the applicable requirements of 21 U.S.C. §§ 381(e) and/or 382 have been satisfied with respect to such device. Independent of their right to export other devices, Defendants may export any medically necessary device to support their International Distributors, provided that:

(A) Defendants ask their International Distributors to ask their International End-Users to execute a signed CMN;

(B) Defendants exercise their best efforts to ask their International Distributors to confirm that the person signing the CMN form has read the form and is who s/he purports to be;

(C) Defendants document these efforts and provide to FDA, on a quarterly basis for two years, a summary of these efforts; and

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

(D) Defendants maintain records evidencing compliance with this subparagraph for two years.

ADDITIONAL PROVISIONS

12. Defendants shall establish and document management control over quality policy, as defined in 21 C.F.R. § 820.3(u), at the Specified and Additional Facilities for all devices intended for introduction into interstate commerce, to ensure continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Corporate Defendants shall vest responsibility for all quality system functions, as defined in 21 C.F.R. § 820.3(v), in the Specified and Additional Facilities, in an individual who shall be authorized and responsible for all quality system functions at the Specified and Additional Facilities, including establishing, implementing, and maintaining a comprehensive written quality program, to ensure Defendants' continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Within ninety (90) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph.

13. If, at any time after this Decree has been entered, FDA determines, on the basis of the results of an inspection, the analyses of samples, a report or data prepared or submitted by Defendants or an expert or auditor under this Decree, or any other information, that Defendants have failed to comply with any provision of this Decree, or have violated the Act, the QS, CR, or MDR regulations at any of the Specified or Additional Facilities, or that additional corrective actions are necessary to achieve compliance with this Decree, the Act, and the QS, CR, and MDR regulations at any of the Specified or Additional Facilities, FDA may, as and when it deems necessary, order Defendants in writing, specifying the noncompliance(s) giving rise to the order, to take appropriate action, including, but not limited to, the following:

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

A. Cease manufacturing, processing, packing, labeling, holding, or distributing any or all devices at any Specified or Additional Facility that was involved in the failure to comply;

B. Recall at Corporate Defendants' expense, adulterated or misbranded devices manufactured, distributed, and/or sold by Defendants from any Specified or Additional Facility, and/or that are under the custody and control of Defendants' U.S. agents, distributors, or customers;

C. Revise, modify, expand, or continue to submit any reports or plans described in this Decree;

D. Submit additional reports or information relating to any Specified or Additional Facility, to FDA as requested;

E. Issue a safety alert, public health advisory, and/or press release;

F. Take any other corrective actions relating to any Specified or Additional Facility as FDA, in its discretion, deems necessary to bring Defendants into compliance with this Decree, the Act, or the QS, CR, or MDR regulations.

These remedies shall be separate and apart from, and in addition to, any other remedy available to the United States under this Decree or the law. The cost of FDA inspections, sampling, testing, travel time, and subsistence expenses to implement these remedies shall be borne by Corporate Defendants at the rates specified in paragraph 18. However, nothing in this paragraph authorizes FDA to take any action with regard to products that are not manufactured, processed, packed, labeled or distributed in the United States.

14. If FDA inspects any facilities owned and/or operated by Corporate Defendants and/or their subsidiaries and/or affiliates, other than the Specified and Additional Facilities, and

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

finds violations of the Act or the QS, CR, or MDR regulations, FDA may, without further action by the parties or this Court, order that such facility or facilities shall thereafter be fully subject to the provisions of this Decree as though it or they were listed as an Additional Facility or Additional Facilities in paragraph 4.B when the Decree was entered, and FDA, with respect to such facility or facilities, may thereafter, based on subsequent violations, order Defendants to take any or all of the actions described in paragraph 13.

15. Upon receipt of any order issued by FDA pursuant to this Decree, the following procedures shall apply:

A. Unless a different time frame is specified by FDA in its order, Defendants shall, within ten (10) business days after receiving such order, notify FDA in writing that:

i. Defendants are undertaking or have undertaken corrective action, in which event Defendants shall describe the specific action(s) taken or proposed to be taken and the proposed schedule for completing the action(s); or

ii. Defendants do not agree with FDA's order, including a written explanation of the basis for their disagreement; in doing so, Defendants may propose specific alternative actions and specific time frames for achieving FDA's objectives.

B. If Defendants notify FDA that they do not agree with FDA's order, FDA will review Defendants' notification and thereafter, in writing, affirm, modify, or withdraw its order, as FDA deems appropriate. If FDA affirms or modifies its order, it will explain the basis for its decision in writing. The written notice of affirmation or modification shall constitute final agency action.

C. If FDA affirms or modifies its order, Defendants shall, upon receipt of FDA's notice of affirmation or modification, immediately implement the order (as modified, if

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

applicable), and, if they so choose, bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, as modified if applicable, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

D. The procedures set forth in paragraphs 15A-C shall not apply to any order issued under paragraph 13 if such order states that it is based on FDA's judgment that the matter raises significant public health concerns, and FDA's judgment and basis for such decision are stated in the order. In such case, Defendants shall immediately and fully comply with the terms of that order. If they so choose, Defendants may bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

16. Any cessation of operations or other actions described in paragraph 13 shall continue until Defendants receive written notification from FDA that Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and that Defendants may, therefore, resume operations. After receiving Defendants' written request to resume operations, FDA will determine whether it needs to inspect any of Defendants' facilities to determine Defendants' compliance with this Decree, the Act, and the QS, CR, and MDR regulations. If FDA determines that an inspection is necessary, it shall conduct the inspection and determine whether Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations and, if so, FDA will issue to Defendants a written notification permitting resumption of operations. With regard to U.S. facilities, FDA will decide within forty-five (45) days after receipt of the request whether Defendants appear to be in compliance

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13. With regard to facilities located outside of the United States, FDA will, as soon as reasonably practicable, act on the request whether Defendants appear to be in compliance and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13.

17. Representatives of FDA shall be permitted, without prior notice and as and when FDA deems necessary, to make inspections of any of the Specified or Additional Facilities, collect samples, and, without prior notice, take any other measures necessary to monitor and ensure continuing compliance with the terms of this Decree, the Act, and the QS, CR, and MDR regulations. During such inspections, FDA representatives shall be permitted ready access to the Specified and Additional Facilities including, but not limited to, all buildings, equipment, finished and unfinished materials and products, containers and packaging materials, and labeling; to take photographs and make video recordings; to take samples (without charge to FDA) of Defendants' finished and unfinished materials and products, containers and packaging materials, and labeling; and to examine and copy all records relating to the manufacture, processing, packing, labeling, receiving, holding, installing, and distribution of any and all devices in order to ensure continuing compliance with this Decree, the Act, and the QS, CR, and MDR regulations. FDA will provide Defendants with a receipt for any samples taken pursuant to 21 U.S.C. § 374 and with copies of any photographs and video recordings made, upon a written request by Defendants and at Corporate Defendants' expense. The inspections shall be permitted upon presentation of a copy of this Decree and appropriate credentials. The inspection authority granted by this Decree is separate from, and in addition to, the authority to conduct inspections under the Act, 21 U.S.C. § 374.

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

18. Corporate Defendants shall reimburse FDA for the costs of all FDA inspections, investigations, supervision, analyses, examinations, and reviews that FDA deems necessary to evaluate Defendants' compliance with any part of this Decree at the standard rates prevailing at the time the costs are incurred. As of the date of entry of this Decree, these rates are: $88.45 per hour or fraction thereof per representative for inspection and investigative work; $106.03 per hour or fraction thereof per representative for analytical or review work; $0.56 per mile for travel expenses by automobile; government rate or the equivalent for travel by air or other means; and the published government per diem rate for subsistence expenses where necessary. FDA shall submit a reasonably detailed bill of costs to Corporate Defendants. In the event that the standard rates applicable to FDA supervision of court-ordered compliance are modified, these rates shall be increased or decreased without further order of the Court.

19. Within ten (10) business days after entry of this Decree, Defendants shall post a copy of this Decree in a common area at each of the Specified and Additional Facilities and shall ensure that the Decree remains posted for as long as the Decree remains in effect.

20. Within ten (10) business days after the entry of this Decree, Defendants shall provide a copy of this Decree, by electronic means, personal service, or registered mail, to each and all Associated Persons. Within thirty (30) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph and identifying the names, addresses, and positions of all Associated Persons located in the U.S. who have received a copy of this Decree.

21. In addition to the requirements in paragraph 8, Defendants shall notify FDA at least ten (10) business days before any change in ownership or character of their business, such as dissolution, assignment, bankruptcy, or sale resulting in emergence of a successor corporation,

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

the creation or dissolution of subsidiaries, or any other change in the corporate structure of any Corporate Defendant, or the sale or assignment of any business assets, such as buildings, equipment, or inventory, that, in each case, may affect compliance with this Decree. Defendants shall provide a copy of this Decree to any proposed successor or assignee at least thirty (30) business days prior to making any assignment or transferring any interest in the company as described in this paragraph. Defendants shall furnish FDA with an affidavit of compliance with this paragraph no later than ten (10) business days prior to such assignment or change in ownership.

22. In the event that any of the Defendants becomes associated with any additional Associated Person(s) at any time after entry of this Decree, Defendants shall within ten (10) business days of the commencement of such association provide a copy of this Decree, by electronic mail, personal service, or certified mail (restricted delivery, return receipt requested), to such Associated Person(s). Every six (6) months, if during that time Defendants become associated with any such additional Associated Person(s), Defendants shall provide to FDA an affidavit stating the fact and manner of their compliance with this paragraph, identifying the names, addresses, and positions of all Associated Person(s) who received a copy of this Decree pursuant to this paragraph. Within ten (10) business days after receiving a request from FDA for any information or documentation that FDA deems necessary to evaluate Defendants' compliance with this paragraph, Defendants shall provide such information or documentation to FDA.

23. In the event Defendants replace any third-party expert or auditor required under this Decree, Defendants shall notify FDA in writing of the successor to such third-party expert or auditor and Defendants' reasons for replacing the expert or auditor within ten (10) business days

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

after such replacement. In satisfying the requirements of this Decree, any third-party expert or auditor may review the previous expert's or auditor's work, and refer to such work to satisfy the requirements of the Decree; however, when such work is referenced by the new expert or auditor, s/he shall identify the specific prior work referenced.

24. Unless otherwise specified, all notifications, certifications, reports, correspondence, and other communications to FDA required by the terms of this Decree shall be addressed to the Director, FDA New England District Office, One Montvale Avenue, Stoneham, MA 02180. All notifications, correspondence, and communications required to be sent to Defendants or Corporate Defendants by the terms of the Decree shall be addressed to the General Counsel's Office, Maquet/Atrium Shared Legal Group, 1300 MacArthur Boulevard, Mahwah, NJ 07430.

25. Should Defendants fail to comply with any provision of this Decree, including any time frame imposed by this Decree, at any Specified or Additional Facility, then Corporate Defendants shall pay to the United States of America: fifteen thousand dollars ($15,000) in liquidated damages for each day such violation continues; an additional sum of fifteen thousand dollars ($15,000) in liquidated damages per day, per violation for each violation of the Act, its implementing regulations, and/or this Decree. In addition, should Defendants distribute from any Specified or Additional Facility after entry of this Decree any device that violates this Decree, the Act, or its implementing regulations, Corporate Defendants shall, in addition to the foregoing, also pay to the United States as liquidated damages a sum equal to two times the retail value of such devices. The amount of liquidated damages imposed under this paragraph shall not exceed ten million dollars ($10,000,000) in any one calendar year. The parties acknowledge that any payments to the government under any provision of this Decree are not a fine, penalty,

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

forfeiture, or payment in lieu thereof. The remedy in this paragraph shall be in addition to any other remedies available to the United States under this Decree or the law.

26. Should the United States bring and prevail in a contempt action to enforce the terms of this Decree, Corporate Defendants shall, in addition to other remedies, reimburse the United States for its attorneys' fees (including overhead), investigational and analytical expenses, expert witness fees, and court costs relating to such contempt proceedings.

27. Defendants shall abide by the decisions of FDA, and FDA's decisions shall be final. All decisions conferred upon FDA in this Decree shall be vested in FDA's discretion and, if contested, shall be reviewed by this Court under the arbitrary and capricious standard set forth in 5 U.S.C. § 706(2)(A). Review by the Court of any FDA decision rendered pursuant to this Decree shall be based exclusively on the written record before FDA at the time the decision was made. No discovery shall be taken by either party.

28. The parties may at any time petition each other in writing to modify any deadline provided herein; and, if the parties mutually agree in writing to modify a deadline, such modification may be granted without seeking leave of Court.

29. If any deadline in this Decree falls on a weekend or federal holiday, the deadline shall be continued to the next business day.

30. If, and for as long as, an individual Defendant ceases to be employed by or to act on behalf of Corporate Defendants or any of their subsidiaries, franchises, affiliates and/or "doing business as" entities (the "Corporate Defendant Entities"), then, without further order of the Court, that individual Defendant shall not be subject to the terms of this Decree but shall continue to be liable for such individual Defendant's act(s) or failure(s) to act under this Decree prior to the time such individual ceased to be employed by or to act on behalf of all of the

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

Corporate Defendant Entities. An individual Defendant shall notify FDA within thirty days after said Defendant ceases to be employed by or to act on behalf of all of the Corporate Defendant Entities. Once an individual Defendant ceases to be employed or otherwise act for all of the Corporate Defendant Entities, Corporate Defendants shall petition the Court to formally remove that individual Defendant's name from the caption of this Decree and the United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the individual Defendant to be removed is no longer directly or indirectly working for or with, or in any way influencing, Corporate Defendant Entities. If Defendant Gail Christie's responsibilities are materially reduced, or the position of Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer is eliminated, Corporate Defendants shall petition the Court to substitute for her as an individual Defendant either her successor as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer or the individual vested with responsibility for all quality system functions, as described in paragraph 12 ("Christie Substitute Defendant"). The United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the Christie Substitute Defendant is vested with responsibility for all quality system functions, as described in paragraph 12. If removing an individual Defendant would result in no individual Defendant being subject to this Decree, Corporate Defendants shall designate an individual of similar position and responsibility to be substituted as an individual Defendant ("Substitute Individual Defendant"). Corporate Defendants shall petition the Court to add the Substitute Individual Defendant to the Decree and the United States will not oppose such a motion so long as FDA has sufficient evidence or information regarding the Substitute Individual Defendant's position and responsibilities. The obligations under this Decree of each individual named herein and any Substitute Defendant shall apply only to the extent of his or her

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

authority, responsibilities, and conduct within Maquet Holding B.V. & Co. KG and/or the Corporate Defendant Entities.

31. This Court retains jurisdiction over this action and the parties thereto for the purpose of enforcing and modifying this Decree and for the purpose of granting such additional relief as may be necessary or appropriate.

IT IS SO ORDERED.

DATED: February 3, 2015

UNITED STATES DISTRICT JUDGE

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

We hereby consent to the entry of the foregoing Decree:

FOR THE DEFENDANTS:

HEINZ JACQUI
Individually, and on behalf of Corporate Defendants, as Chief Executive Officer and Managing Director of Maquet Holding B.V. & Co. KG

GAIL CHRISTIE
Individually, and as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet Holding B.V. & Co. KG

JOHN R. FLEDER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

FOR THE PLAINTIFF:

JOYCE R. BRANDA
Acting Assistant Attorney General
U.S. Department of Justice
Civil Division

JONATHAN F. OLIN
Deputy Assistant Attorney General
U.S. Department of Justice
Civil Division

MICHAEL S. BLUME
Director
U.S. Department of Justice
Consumer Protection Branch

DANIEL M. BAEZA
Trial Attorney
Consumer Protection Branch
United States Department of Justice
450 Fifth Street, N.W., 6th Floor
Washington, DC 20001

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

ROBERT A. DORMER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

JAMES G. MCCARNEY
Law Offices of James G. McCarney
29 Broadway, Suite 2700
New York, New York 10006

Attorney for Defendant Heinz Jacqui

RICHARD M. COOPER
Williams & Connolly LLP
725 Twelfth Street, N.W.
Washington, DC 20005

Attorney for Defendant Gail Christie

OF COUNSEL:

WILLIAM B. SCHULTZ
General Counsel

ELIZABETH H. DICKINSON
Chief Counsel, Food and Drug Division

ANNAMARIE KEMPIC
Deputy Chief Counsel for Litigation

SHANNON M. SINGLETON
Associate Chief Counsel
United States Department of
Health and Human Services
Office of the General Counsel
Food and Drug Administration
Building 32, Room 4312
10903 New Hampshire Avenue
Silver Spring, MD 20993

16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☑ No

Section 1: General Information

Facility Name: Baxter Healthcare Corporation

Physical Address: 629 Mt. Carmel Road

City: Byhalia State: MS Zip: 38611

Mailing Address (if different from physical address): 7000 Cardinal Pl, Attn: QRA, Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 901-541-8248 Website: www. baxter.com

Name of Designated Representative (DR): ~~Miriam Estrano~~ Lawrence Davis

Licensing Company Email: licensure@cardinalhealth.com DR Email: miriam_estrano@baxter.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Veterinarians	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	☑	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Baxter International, Inc.

Corporation Name: Baxter Helathcare Corporation

Mailing Address: 629 Mt. Carmel Road

City: Byhalia State: MS Zip: 38611

Telephone: 614-553-3076 Email: licensure@cardinalhealth.com

Contact Person Name: Cynthia Rhodes

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain, Director, Quality Management

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/27/2021

Date

Board Use Only	Date Received: _____	Amount: 500 check # 10795145	Processed 9/1/21

MISSISSIPPI

Board of Pharmacy

Permit #
18304 / 16.5

Drug Facility

Wholesale Distributor (In-State)

Baxter Healthcare Corporation

Permit Holder:
Lawrence (Trey) Davis III

629 Mt. Carmel Road
Byhalia, MS 38611
Marshall

This permit is not transferable or assignable.

Issued: 03/23/2021
Renewed: 03/23/2021
Expires: 12/31/2021

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Baxter Healthcare Corporation

629 Mt. Carmel Road
Byhalia, Mississippi 38611

List of Officers:

Officer Name	Title	Company	Business Address	Percentage of Ownership
Michael A. Cascella, Jr.	Vice President, Tax	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%
Karen L. Leets	Vice President and Treasurer	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%
James K. Saccaro	Vice President and Chief Financial Officer	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%
Giuseppe Accogli	Vice President and President, Americas	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%
Ellen K. Bradford (f/k/a McIntosh)	Vice President and Secretary	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%

Copyright © 2021 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

EXHIBIT A

BAXTER HEALTHCARE CORPORATION

ORDINARY COURSE OF BUSINESS
SIGNATURE AUTHORITY TABLE
(updated September 2017)

JOB CLASSIFICATION	FINANCIAL LIMITATION
Chief Executive Officer, Executive Vice President or any Senior Vice President	**No limitations**
Global Franchise Unit Head	**Up to $10 Million**
Vice President (including General Manager)	**Up to $5 Million**
Director	**Up to $1 Million**

Baxter Healthcare Corporation
629 Mt. Carmel Road
Byhalia, MS 38611

Employees who Handle Drugs

Miriam Estrano

Lawrence (Trey) Davis

Roger Hooker

Lester Ojeda Nieves

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAXTER HEALTHCARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

647024 8300

SR# 20213164573

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204083476

Date: 09-03-21

Section 3: List the top four suppliers:

	Customer Name	Address 1	City	State	Order Type	Qty	UOM
2	KAISER FNDTN HOSP	C/O UPS SUPPLY CHAIN SOL INC	RENO	NV	CU	2100	PK
3	HCA FAR WEST LAS VEGAS DIST CT	6165 S VALLEY VIEW BLVD STE A	LAS VEGAS	NV	CU	315	CA
4	CORAM HC CORP OF NEVADA	DBA CORAM CVS SPEC INF SVCS	HENDERSON	NV	CU	297	CA
5	HENRY SCHEIN INC	255 VISTA BLVD	SPARKS	NV	CU	290	PK
6	CAPS	7061 W ARBY AVE STE 110	LAS VEGAS	NV	CU	273	CA
7	UNIV MED CTR OF SO NEVADA	HOSP RECEIVING WHSE	LAS VEGAS	NV	CU	182	CA
8	ANAZAOHEALTH CORP	7465 W SUNSET RD STE 1200	LAS VEGAS	NV	CU	150	CA
9	OPTION CARE	4708 W SAHARA AVE	LAS VEGAS	NV	CU	114	CA
10	NORTHERN NEVADA MED CTR	2375 E PRATER WAY	SPARKS	NV	CU	110	PK
11	HENRY SCHEIN INC	CALL 4 APPT USE SM PALLET	SPARKS	NV	CU	79	CA
12	VAMC NORTH LAS VEGAS 062982	MCK EDI	NORTH LAS VEGAS	NV	CU	69	CA
13	RENO OUTPATIENT SURG CTR	350 W 6TH ST BSMT	RENO	NV	CU	59	PK
14	SOUTHWEST MED PHARM & HOME MED	6720 PLACID ST	LAS VEGAS	NV	CU	53	CA
15	ST ROSE DOMINICAN HOSP	SAN MARTIN CAMPUS	LAS VEGAS	NV	CU	33	CA

NABP ACCREDITED
DRUG DISTRIBUTOR

Baxter Healthcare - Mt Carmel Global Logistics Center

located at

629 Mount Carmel Rd, Byhalia, MS 60015

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

8/6/2021 - 8/5/2024
Period of Accreditation

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285067561

Application/License No. New Wholesale Application

BAXTER HEALTHCARE CORPORATION (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 629 Mt. Carmel Road Byhalia, MS 38611 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 26, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of August, 2021.

APPLICANT/PRINCIPAL
BAXTER HEALTHCARE CORPORATION

COMPANY

_____
Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Samantha Chierici
Surety Company's Representative

Samantha Chierici, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

SIGNED and SEALED in the presence of:

Corinne Chapman
Witness Corinne Chapman

_____
Witness

Jean Torres
Witness Jean Torres

Countersigned by:
Susan A Welsh
Nevada Resident Agent Susan A. Welsh, Non-Resident Nevada Agent

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205001-285057**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Christina L. Sandoval; Diane M. O'Leary; James B. McTaggart; Jennifer L. Jakaitis; Jessica B. Dempsey; Judith A. Lucky-Eftimov; Kristin L. Hannigan; Samantha Chierici; Sandra M. Nowak; Sandra M. Winsted; Susan A. Welsh

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 10th day of March, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 10th day of March, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 27th day of August, 2021

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285067561

Application/License No. New Wholesale Application

BAXTER HEALTHCARE CORPORATION (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 629 Mt. Carmel Road Byhalia, MS 38611 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 26, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 27th day of August, 2021.

APPLICANT/PRINCIPAL
BAXTER HEALTHCARE CORPORATION

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Samantha Chierici
Surety Company's Representative

Samantha Chierici, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

SIGNED and SEALED in the presence of

Corinne Chapman
Witness Corinne Chapman

Witness

Jean Torres
Witness Jean Torres

Countersigned by

Susan A Welsh
Nevada Resident Agent Susan A. Welsh, Non-Resident Nevada Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205001-285057

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Christina L. Sandoval; Diane M. O'Leary; James B. McTaggart; Jennifer L. Jakaitis; Jessica B. Dempsey; Judith A. Lucky-Eftimov; Kristin L. Hannigan; Samantha Chierici; Sandra M. Nowak; Sandra M. Winsted; Susan A. Welsh

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 10th day of March, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 10th day of March, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 27th day of August, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Baxter Healthcare Corporation

Physical Address: 629 Mt. Carmel Road

City: Byhalia State: MS Zip: 38611

Mailing Address (if different from physical address): 7000 Cardinal Place, Attn: QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 901-541-8248 Website: www.baxter.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Lawrence Middle: Edward Last: Davis III

Alias(es, nicknames, name changes, etc.): Trey Davis

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Gum Tree Cove

City: Cordova State: TN Zip: 38018

Telephone: [redacted] Email: lawrence_davis@baxter.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: [signature]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Skyview Academy		08/74 -05/77	
Address	City	State	Zip
3000 University	Memphis	TN	38134
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Christian Brothers University		8/77 - 5/78	
Address	City	State	Zip
650 East Parkway South	Memphis	TN	38104
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
The University of Memphis		8/78 - 8/81	
Address	City	State	Zip
101 Wilder Tower	Memphis	TN	38152
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/93 - 09/21	[redacted] Gum Tree Cove	Cordova	TN	38018
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Baxter Healthcare Corporation		10/11 - 9/21	
Business Address	**City**	**State**	**Zip**
4835 Mendenhall Road South	Memphis	TN	38018
Phone	**Title**	**Number of Employed Hours**	
901-541-8233	Quality Manager II	20,000	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Lawrence Davis, **certify that as the designated representative for**

Baxter Healthcare, 629 Mt. Carmel Road, Byhalia, MS,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lawrence Davis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-7-2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Davis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-7-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, Lawrence Davis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-7-2021

Date

Subscribed and Sworn to before me this 7th day of September 2021

Notary Public Signature

REGINA E PHIPPS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SHELBY

(Seal)

Applicant's initials

Baxter Healthcare Corporation Disclosures

The corporate owner of the applicant facility is Baxter Healthcare Corporation. Accordingly, as part of this application we have provided disclosures pertaining to state disciplinary actions and charges against Baxter Healthcare Corporation, as well as the specific individuals listed on the application. We cannot answer application questions with respect to all owners and shareholders, given that Baxter Healthcare Corporation is a subsidiary of Baxter International Inc., a publicly traded company listed on the New York Stock Exchange. We also cannot answer with respect to all Baxter Healthcare Corporation employees given the scope of Baxter's US operations.

FDA-related information regarding specific Baxter Healthcare Corporation facilities (e.g., inspection history and enforcement actions) can be found on the FDA website.

State Disciplinary Actions

Georgia, Wholesaler Pharmacy License # PHWH001754, 2017

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice.

Baxter disclosed this issue on a renewal application for a Georgia wholesale license for its Marion, NC facility, and in October 2017, the state of Georgia issued a disciplinary order against that license (PHWH001754) based on the disclosure.

The Ohio Board of Pharmacy opened an investigation (case no. A-2018-0037) into this matter, but dismissed the case in November 2019 without taking any action. The Missouri Board of Pharmacy similarly opened and closed an investigation without taking disciplinary action, but issued a non-disciplinary letter of warning in August 2020 to Baxter that will remain a part of Baxter's licensing file.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities.

Iowa, Nonresident Pharmacy License # 4127, 2014

The Iowa Board of Pharmacy (the "Iowa Board") issued a Stipulation for Baxter's Omaha, Nebraska pharmacy due to improperly delegating final verification of prescriptions for peritoneal dialysis solutions to a pharmacy technician. The Omaha

facility is licensed in Nebraska under a Delegated Dispensing Permit, and utilized multiple quality checks, including retrospective pharmacist review, to ensure proper dispensing of peritoneal dialysis products to patients. Upon request by the Iowa Board, Baxter promptly modified its operations to ensure pharmacist verification of all orders. Baxter has signed the Stipulation and paid the required fine.

Montana, License #2152, 2010

The Montana Board of Pharmacy (the "Montana Board") issued a Stipulation for violations stemming from the failure of Baxter to notify the Montana Board in the requisite time frame of a change in the designated Person-in-Charge for the Waukegan, IL facility. Baxter has signed the Stipulation and paid the required fine.

Alabama, License #191639, 2009

The Alabama Board of Pharmacy found the Buford, GA facility was in violation of Code of Alabama (1975) Section 34-23-32. The facility continued distribution operations during the time between the valid license expired and when the expired license was renewed. Baxter Healthcare renewed the license, signed a Consent Order and paid the applicable fine.

Florida, Non-Resident Drug Manufacturer Permit No.: 26:4672, 2009

The Florida Department of Health (the "Florida Department") alleged that Baxter (Memphis, TN) sold prescription drugs to an unpermitted facility in Florida in violation of Section 499.005(15), F.S. Specifically, the Florida Department alleged that Baxter sold prescription drugs to Invivo at an unpermitted location. Baxter entered into a settlement agreement, whereby it neither admitted nor denied the allegations, and paid a fine.

Louisiana, License #3691, 2008

Louisiana Board of Wholesale Drug Distributors conducted a routine inspection of the facility operated by Baxter's third party logistics provider. Inspectors concluded Baxter (Round Lake, IL) violated Louisiana Administrative Code 46:XCI.311.D, which requires a licensee to maintain copies of current licenses for its customers who are authorized to obtain and possess legend drugs and devices. Baxter obtained customer licenses, signed a Consent Order, and paid the applicable fine.

Missouri, License #2005002668, 2005

The Missouri Board of Pharmacy (the "Missouri Board") issued a restricted drug distributor license to the facility located in Memphis, TN. The Missouri Board determined the facility violated Section 338.333.1 and 338.337.1 RSMo because the facility shipped legend drugs and/or medical devices into the state without being properly licensed. The proper license was obtained. The probationary period was successfully completed on October 21, 2007 and the restriction on the license was removed.

Ohio, Various Licenses (#010026050, 020830400, 010349000, 010010900), 1995

Baxter historically distributed home dialysis drugs to end-stage renal disease patients in their homes under a wholesale distributor model. The Ohio Board of Pharmacy (the

"Ohio Board") maintained that terminal drug distributor licensure was required. The Ohio Board granted terminal drug distributor licenses, imposed a probationary period (which have since long expired), and imposed monetary penalties on Baxter. Only one of the licenses (02083044) remains active.

Other Actions: Dismissed Charge of Drug Law Violation

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities.

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

License #: 18304 Inspection Date: 7-20-2021 Date of Last Inspection: NA

■ WDD 3PL Veterinarian Virtual Email:

Facility Name: BAXTER HEALTHCARE CORP Address: 629 MT. CARMEL ROAD

City: BYHALIA State: MS ZIP: 38611 Phone: 901-541-8248

	PHONE: Yes	No	Comments:
1. Current MBOP license displayed (not initial)	☑	☐	18304-16.5
2. FDA Registered (annual registration required)	☐	☐	
3. Facility is of suitable size and construction	☑	☐	855,000
4. Facility is clean, orderly and staffed	☐	☐	
5. Is there product in the facility	☐	☐	
6. Facility is free from any infestation by insects, rodents, birds, etc. (Has SOP)	☑	☐	CONTRACT WITH ORKIN
7. Storage area provides adequate:	☐	☐	
License Lighting	☐	☐	
Facility Name: BAXTER	☐	☐	
b. Ventilation	☐	☐	
c. Sanitation	☐	☐	
d. Space	☐	☐	
e. Security	☐	☐	

MISSISSIPPI BOARD OF PHARMACY DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments:
f. Equipment	☐	☐	
8. Doors locked and access limited	☐	☐	
9. Sign in and identification required	☐	☐	
10. Storage area has designated and clearly marked quarantine areas	☐	☐	
11. Storage area is clean and well organized	☐	☐	
12. Medical gases stored on open dock area has a working monitored alarm system	☐	☐	
13. Facility is equipped with working security system suitable for protection against theft or diversion of product and tampering with computer or electronic records	☐	☐	
14. Is there a system to track all products by lot number.	☐	☐	
15. Shipping and receiving records readily available for inspection	☐	☐	
16. Perpetual inventories and records of all transactions for all drugs, devices, and/or medical gases are current	☐	☐	
17. Temperature monitoring logs are maintained and current (excluding medical gases only)	☐	☐	
18. Copies of customer licenses verifying authority to purchase drug products on file and current for each state	☐	☐	
19. Has verified that WDD/3PL out of state are Trading Partners and are licensed by MS BOP	☐	☐	

License #: 18304 Inspection Date: 7-20-2021

Facility Name: BAXTER HEALTHCARE CORP

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments
20. Has established and maintains Standard Operating Procedures covering:	☐	☐	
a. Receipt of drugs, and devices	☐	☐	
b. Shipping of drugs and devices	☐	☐	
c. Inventory and distribution	☐	☐	
d. Monitoring & recording of storage temperatures and humidity	☐	☐	
e. Quality inspection of all incoming & outgoing shipments	☐	☐	
f. Product rotation (FIFO)	☐	☐	
g. Product recalls & withdrawals	☐	☐	
h. Return or out of date product Quarantine	☐	☐	
i. Complaints & adverse events	☐	☐	
j. DSCSA transaction report	☐	☐	
k. Security and crisis handling	☐	☐	
l. Validation of customer state licenses and FDA/DEA registration	☐	☐	
m. Notification of theft & diversions; finding of contraband and counterfeit	☐	☐	

License #: 18304 Inspection Date: 7-20-2021

Facility Name: BAXTER HEALTHCARE CORP

MISSISSIPPI BOARD OF PHARMACY DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments:
21. Has Trade/Quality agreements with all trading partners	☐	☐	
22. Is warehouse and storage areas restricted to authorized personnel	☐	☐	
23. Is there a training program for all employees including cGMP training (Records of)	☐	☐	
24. Has current list of responsible persons – owners, officers, directors, and designated rep	☐	☐	
a. List of employees with access to product.	☐	☐	
b. List of employees with access to building after hours (Hours of operation)	☐	☐	
25. Facilities handling controlled substances	☐	☐	NA
a. Has current MS CS registration	☐	☐	NA
b. Has current DEA registration	☐	☐	NA
c. Has CS cage/vault (List of access- emp.)	☐	☐	NA

License #: 18304 Inspection Date: 7-20-2021

Facility Name: BAXTER HEALTHCARE CORP

MISSISSIPPI BOARD OF PHARMACY DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

Notes:

THIS IS A PRE-INSPECTION OF FACILITY NO PRODUCT OR BUSINESS ACTIVITY AT THIS TIME
HAVE ALL AIR AND HEAT REQUIRMENTS IN PLACE INFESTATION IN PLACE SECURITY HANDLED IN HOUSE BADGE ACCESS THROUGH OUT FACILITY.
WILL RETURN WHEN BUSINESS HAS BEEN OPEN FOR 30 DAYS TO PERFORM FULL INSPECTION

The signature of license representative only validates that an inspection took place

Licensee Representative: Miriam Estrano (Print) MIRIAM ESTRANO

Inspection By: Gerald Pugh (Print) GERALD PUGH

License #: 18304 Inspection Date: 7-20-2021

Facility Name: BAXTER HEALTHCARE CORP

Baxter

BAXTER HEALTHCARE CORPORATION

DELEGATION OF AUTHORITY

As contemplated by the resolutions adopted by the Board of Directors of Baxter Healthcare Corporation, a Delaware corporation ("the Corporation"), effective September 15, 2017 ("Resolutions"), a copy of such Resolutions is attached hereto, the undersigned Matthew Rice, Assistant Secretary, an Authorized Employee of Baxter Healthcare Corporation, hereby delegates to Keegan Chamberlain, Director of Quality Management and Cynthia Rhodes, Manager of Quality Management, employees of Cardinal Health 200 LLC, the authority to sign for all documents, applications, submissions and other related instruments required for the state pharmacy, wholesale distribution, and manufacturing licenses and legally required permits filed on behalf of Baxter Healthcare Corporation.

This delegation of authority shall be effective until December 31, 2021 and is subject to revocation by any officer of Baxter Healthcare Corporation at any time and shall occur automatically when Keegan Chamberlain or Cynthia Rhodes ceases to be an employee of Cardinal Health 200 LLC.

The undersigned further approves and ratifies any and all actions taken by Keegan Chamberlain and Cynthia Rhodes prior to this date, solely in connection with the execution of the above-referenced matters.

Effective: May 13, 2020

Baxter Healthcare Corporation

Matthew Rice
Assistant Secretary

BAXTER HEALTHCARE CORPORATION

RESOLUTIONS FOR SIGNING AUTHORITY

September 15, 2017

RESOLVED, that the Corporation's elected officers and employees of the Corporation having the job classifications set forth in Exhibit A (each an "Authorized Signatory") are authorized and directed to sign any documents relating to matters within the Authorized Signatory's respective job responsibilities, commonly necessary and incidental to the Corporation's business and the execution of which is in the best interest of the Corporation;

FURTHER RESOLVED, that each Authorized Signatory shall have the authority to execute such documents that are within the financial limitations as set forth on Exhibit A, which may be updated from time to time without further resolution;

FURTHER RESOLVED, that any Authorized Signatory is authorized to delegate signing authority ("Delegation") to another individual with such limitations as the Authorized Signatory may establish from time to time, provided however, that any such Delegation shall be in writing in the form of Delegation provided by the office of the Secretary of the Corporation and shall be subject to any limits set forth therein by the Authorized Signatory;

FURTHER RESOLVED, that when signing authority is delegated, an original of any such Delegation shall be delivered to the Secretary of the Corporation to be retained as a part of the permanent records of the Corporation;

FURTHER RESOLVED, that the Secretary or an Assistant Secretary of the Corporation is authorized to attest to the signatures of the Authorized Signatories and affix the seal of the Corporation to such documents, however such documents shall be the binding obligation of the Corporation without the necessity of attestation or affixing of the corporate seal; and

FURTHER RESOLVED, that these resolutions supercede and replace resolutions adopted on November 7, 2008, and July 21, 2014 but any documents signed pursuant to the superceded resolutions remain valid until their expiration and any actions taken by an Authorized Signatory that would have been authorized by the foregoing resolutions except that such actions were taken prior to the adoption of the foregoing resolutions are hereby authorized, ratified, confirmed and approved.

16C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler or ☐ Ownership Change (Provide current license number if making changes WH02122 ~~WH02037~~ Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: The Hilsinger Company Parent LLC dba Hilco Vision

Physical Address: 33 W. Bacon Street

City: Plainville State: MA Zip Code: 02762

Telephone Number: 800-955-6544 Fax Number: 508-699-4579

Toll Free Number: 508-699-4406

E-mail: ProjectOptic@licenselogix.com Website: www.hilcovision.com

Facility Manager: Jonathan Richard Costa

Professional qualifications and experience of facility manager: Please See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

☒ Other: Nursing Home Pharmacies, Wholesalers, Repackager, Veterinarians Dentists

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☒ Other: Prescription drugs|Nonprescription drugs|Veterinary drugs|Vitamins|Devices, hypodermic syringes, needles, etc.|Medical cosmetics

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Akorn
Address: 100 N. Field Drive STE 200 Lake Forest IL 60045

Name: Altaire
Address: 311 West Lane, Aguebogue NY 11931

Name: Hub Pharmaceuticals
Address: Junction St., Plymouth MI 48170

Name: Sandoz Inc
Address: 100 College Road West, Princeton NJ 08540

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Janell
Print Name of Authorized Person

9/2/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

Maria Herrera

From: Maria Herrera
Sent: Tuesday, May 18, 2021 10:20 AM
To: 'Kelly Palau'
Subject: RE: Nevada Out-of-State Wholesaler application - The Hilsinger Company Parent, LLC

Hi Kelly,

Thank you for the quick response.

Please note the Certificate of Good Standing has to include the full name as well as the Surety Bond.

Thank you,

Maria H.

From: Kelly Palau <Kpalau@licenselogix.com>
Sent: Tuesday, May 18, 2021 9:56 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler application - The Hilsinger Company Parent, LLC

Maria,

Please send that unsigned fingerprint card to the following address:
LicenseLogix
Attn: Kelly Palau
140 Grand Street, Suite 300
White Plains, NY 10601

We will get that signed and resubmit Jonathan's fingerprints as well. The Dba Hilco Vision is staying on the application. Thank You!

Best,
Kelly

If you have a few minutes, please share your LicenseLogix experience!
Click Here

• • •

licenselogix

Kelly Palau | Account Management Supervisor, Team Redwood
kpalau@licenselogix.com | www.licenselogix.com

140 Grand Street, Suite 300 | White Plains, NY 10601
Phone: 800.292.0909 x313 | Fax: 212.672.1105

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Hilsinger Holdings LLC

Mailing Address: 140 Grand Street STE 300

City: White Plains State: NY Zip: 10601

Telephone: 800-292-0909 ext 323 Fax: 212.672.1105

Contact Person: Joe Vitulli

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Hilsinger Holdings LLC- 100% Owner Parent Company
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Licensee Information

Close Window

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing in adherence to Order of the Commissioner of Public Health rescinding order extending validity of temporary licenses to September 15 2021 (issued June 14, 2021) and Order of the Commissioner of Public Health (COVID-19 Public Health Emergency Order No. 2021-6) authorizing issuance of temporary licenses for certain providers, and renewal or reactivation of certain temporary licenses (issued August 26, 2021).

PLEASE NOTE WHEN REVIEWING THE EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, Perfusionists, and Respiratory Care with an expiration date between March 10, 2020 and December 31, 2021, are current under the Commissioner's order, but will expire on December 31, 2021. If the expiration date is on or after December 31, 2021 for a license in one of these professions, the license is current and will expire on the stated date. MCSRs in these professions with a status of "Current COVID-19" will expire on December 31, 2021.
- Licenses in the professions of Pharmacy, Dentistry, Community Health Workers, Genetic Counselors, Nursing Home Administrators with an expiration date between March 10, 2020 and September 15, 2021, are current under the Commissioner's order, but will expire on September 15, 2021. If the expiration date is on or after September 15, 2021 for a license in one of these professions, the license is current and will expire on the stated date. MCSRs in these professions with a status of "Current COVID-19" will expire on September 15, 2021.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See Emergency Medical Technicians (EMTs) and Paramedics for more information.

Name

Full Name:	The Hilsinger Company Parent LLC, DBA Hilco Vision.	Manager Name:	

License Information

License Number:	WD517		
Profession:	PHARMACY	License Type:	Wholesale Distributor Permit
Issue Date:	1/15/2021	Date of Last Renewal:	10/1/2021
License Status:	Current	Expiration Date:	11/30/2022
Reciprocity State:		Today's Date:	10/15/2021

Address Information

City:	Plainville
State:	MA
Zipcode:	02762
Country:	United States

Education Information

No Education Information

Prerequisite Information

Licensee:	The Hilsinger Company Parent LLC, DBA Hilco Vision.
Relationship:	Self Automatic
License No:	WD517CS

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

Disclaimer: The information contained in this website ("website content") is made available as a public service by the Massachusetts Department of Public Health (the Department). The Department considers this information to constitute primary source verification. Click here for full disclaimer.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE HILSINGER COMPANY PARENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HILSINGER COMPANY PARENT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3630161 8300

SR# 20213260842

Authentication: 204170842

Date: 09-16-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Officer List for The Hilsinger Company Parent LLC:

Kenneth Miranda:
Title: COO
Address: [redacted]Pawtucket Avenue, East Providence, RI 02914
Phone: [redacted]
Email: kmiranda@hilco.com
Date of Birth: [redacted]
Social Security Number: [redacted]
Ownership Percentage: 0%

James Brownlee:
Title: CEO
Address: [redacted]eterborough Rd, London, SW6 3BT, UK
Phone: [redacted]
Email: rbrownlee@hilco.com
Date of Birth: [redacted]
Social Security Number: [redacted]
Ownership Percentage: approx. 1%

Daniel Sutherby:
Title: Chief Financial Officer
Address: [redacted] Black Bear Drive Unit #1123 Waltham, MA 02451
Phone: [redacted]
Email: dsutherby@hilco.com
Date of Birth: [redacted]
Social Security Number: [redacted]
Ownership Percentage: 0%

JONATHAN R. COSTA

[redacted]Rocky Meadow Street
Middleboro, MA 02346
[redacted]

OVERVIEW

Highly motivated and experienced professional with BS/MSM and more than 12 years of industry experience in the operations management. Focusing on high-level project management coupled with in-depth operational experience and cross-functional executive communication. Proven track record in all aspects of management, including the oversight of various sized teams, process improvement, product management/development, controlling expenses and maximizing profitability while maintaining exceptional standards.

EDUCATION

Masters, Business Management, Lasell College
Bachelor of Science, Operations Management, University of Massachusetts Dartmouth

PROFESSIONAL EXPERIENCE

HILCO, Plainville, MA March 2010 to Present
Sr. Manager, North American Operations (10/2018-present)

- Manage day-to-day operations, overseeing 200+ direct and indirect reports in areas including manufacturing production, distribution, inventory and compliance at all facilities throughout US including Massachusetts, Rhode Island, Montana, and Texas
- Ensure staff development including orientation, in-service education, continuing education, and evaluation of staff
- Drive performance management and talent development to create a high performance culture
- Developed continuous improvement and root cause analysis culture; establish practices to drive process improvement mindset to improve efficiency and effectiveness of operational performance
- Manage building and employee security / access
- Oversee product dispositioning and temperature / humidity control monitoring
- Manage all budgeting and planning processes
- Manage and increase the effectiveness and efficiency of cross-functional relationships by fostering an environment that encourages teamwork, good coordination and open communication

Operations Manager (1/2012-10/2018)

- Mergers and Acquisitions
  - Manage / restructure operations of acquired companies
- Developed and manage master planning schedule (MPS) for nine departments
- Primary contact for executives, directors and managers; including plants in the Dallas, UK, Australia and Canada
- Developed SOPs for all manufacturing and inbound / outbound distribution operations
- Implemented 5S practices throughout manufacturing and distribution establishing a lean culture
- Implemented total quality management (TQM) process. Decreased customer complaints to < 1%
- Effectively coordinate inventory and customer orders for facilities in Dallas, UK, Australia and Canada
- Generate operational reports in all areas, including budget, open order, back order, shipping, production and scheduling
- Effectively manage budgets by cutting costs, managing overtime, improving efficiencies and decreasing overhead.
- Manage MRP system based on knowledge of product, customers and trends.
- Develop products to ensure lowest costs are achieved. Approve final product for global submission

Manufacturing Planning Supervisor (11/2010-1/2012)

- Developed goals based on company standards to increase margins across the board
- Developed, implemented, and managed schedules and scrap reports throughout all departments.
- Managed workflow, orders and re-ordering of raw materials in all nine production departments
- Implemented a cycle count process for improved inventory accuracy (94% to 98%)
- Successfully decreased scrap levels in all departments from 4% to <1%.

Production Planner (3/2010-11/2010)

- Scheduled production for the largest product line across departments.

- Managed open order reports, backorders, inventory and raw material needs.

FASTENAL, New Bedford, MA April 2007 to March 2010
Inside Sales Associate

- Effectively closed sales and provided positive resolutions to customer inquiries and issues.
- Performed various credit applications and collections duties.
- Successfully developed and implemented branch promotions to boost sales and profits.
- Assisted with shipping, receiving and inventory duties to ensure efficiency and accountability.
- Elected by District Manager to conduct 2-4 week trainings for all new employees across all eight stores within district.

BEST BUY, North Dartmouth, MA August 2003 to August 2007
Sales Associate/Inventory Control

- Effectively reorganized departments based on corporate requirements to improve efficiencies.
- Oversaw inventory levels and assisted with inventory storage.
- Processed all returns to vendors in a timely fashion.

PROFICIENCY

- Statistical Analysis and Data Mining
- Excellent verbal and written communication skills
- Leadership
- Process development / improvement
- Microsoft office
  - Microsoft Excel – Pivot tables, VLOOKUP, tables, graphs.
  - Microsoft Word
  - Microsoft PowerPoint
  - Microsoft Outlook

Active Employee Listing

NOT Employment Status Code: T

Employee Name (Last Suffix, First MI)	Employment Status Code	Employee Number	Job	Org Level 1	Org Level 2	Org Level 3	Org Level 4
Brissette, Michael	A	009101	Temp - MicroTech	Hilsinger	DISTRIBUTION	RECEIVING	RECEIVING
Coelho, Evan	A	009096	Receiver	Hilsinger	DISTRIBUTION	RECEIVING	RECEIVING
Escamilla, Amelia E.	A	000348	Warehouse II MA	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Hustler, Courtney M.	A	009103	Temp - MicroTech	Hilsinger	DISTRIBUTION	RECEIVING	RECEIVING
Jones, Susan M.	A	000139	Customer Returns Clerk	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Mailhot, David N.	A	000303	Project Coordinator	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Perry, Melissa A.	A	009129	Temp - MicroTech	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Souza, Ed	A	009084	Temp - MicroTech	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Suar, Joel	A	004312	Warehouse II MA	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Telles, Gonzalo	A	004693	Inventory Control	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Violette, Debra H.	A	000481	Inspector II	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Wasag, Jedrzej	A	009142	Distribution Center Lead	Hilsinger	DISTRIBUTION	RECEIVING	RECEIVING
Almanzar, Jennifer	A	009056	Distribution Supervisor	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Barroso, Alazay N.	A	004492	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Burtchell, Cody	A	009124	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Calderon, Yuly	A	004904	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Cicone, Dana J.	A	001086	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Colon, Nilsa I.	A	009133	Temp - MicroTech	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Gauvin, Bryan	A	009150	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Giorgio, Michael	A	009137	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Jones, Monica	A	004735	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Lantigua Marrero, Junior A.	A	009038	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Limburg, Destiny	A	004234	Pick Pack Ship Lead	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Muggle, Donna	A	009070	Temp - MicroTech	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Nieves, Silvia	A	000594	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Peralta, Walter A.	A	004938	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Perez, Pedro L.	A	001103	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Phan, Phath	A	009071	Temp - MicroTech	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Rodriguez, Eliana	A	004211	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Ruiz, Mayeline	A	001102	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Saster, Mario J.	A	001101	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Semedo, Helida R.	A	001082	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Sfeir, Simon	A	009081	Temp - MicroTech	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Shea, James	A	009141	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Soto, Vanessa	A	009073	Temp - MicroTech	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Terrazas-Ortiz, Jose	A	004299	Pick Pack Ship Large	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Thepkaisone, Sherra	A	000127	Pick Pack Ship Lead	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Voeul, Chormnap	A	009138	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING

RLI Surety
A division of RLI Insurance Company

VERIFICATION CERTIFICATE

To be attached to the bond described below:

SURETY: RLI Insurance Company

PRINCIPAL: The Hilsinger Company Parent, LLC

OBLIGEE: State of Nevada

DESCRIPTION: Pharmaceutical Wholesaler

BOND NO.: CMS0247147

BOND AMOUNT: $100,000.00

EFFECTIVE DATE: 05/19/2019

This is to certify that RLI Insurance Company has not terminated its Suretyship under the above described bond and that such bond is still in full force and effect.

Signed and Sealed this 11th day of December, 2019.

RLI Insurance Company

By: Gretchen L. Johnigk
Gretchen L Johnigk, Attorney in Fact

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

POWER OF ATTORNEY

RLI Insurance Company
Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnigk

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

> Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

RLI Insurance Company and **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

> "All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: B. H. W. D.
Barton W. Davis — Vice President

State of Illinois
County of Peoria } SS

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Cherie L Montgomery
Cherie L. Montgomery — Notary Public

"OFFICIAL SEAL"
CHERIE L. MONTGOMERY
NOTARY PUBLIC STATE OF ILLINOIS
COMMISSION EXPIRES 02/02/20

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 11th day of December, 2019

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson
Jean M. Stephenson — Corporate Secretary

A0056817

RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

RIDER

TO BE ATTACHED TO AND FORM PART OF POLICY NO. CMS0247147

It is hereby mutually agreed and understood by the Principal,
The Hilsinger Company

and **RLI Insurance Company** that the
Principal Name

(Identify item(s) to be changed)

on this policy has/have been changed to the following:
The Hilsinger Company Parent, LLC

Nothing contained herein shall vary, alter, waive or extend any of the terms, limits, or conditions of the policy, except as set forth above.

This Rider becomes effective on December 10, 2019, at twelve and one minute o'clock a.m., Standard Time.

Signed this 10th day of December, 2019.

RLI Insurance Company

By Gretchen L Johnigk
Gretchen L Johnigk Attorney in Fact

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

POWER OF ATTORNEY

RLI Insurance Company
Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnigk

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

> Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

RLI Insurance Company and **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

> "All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: B. H. W. D.
Barton W. Davis — Vice President

State of Illinois }
County of Peoria } SS

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Cherie L Montgomery
Cherie L. Montgomery — Notary Public

"OFFICIAL SEAL"
CHERIE L. MONTGOMERY
NOTARY PUBLIC STATE OF ILLINOIS
COMMISSION EXPIRES 02/02/20

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 10th day of December, 2019.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson
Jean M. Stephenson — Corporate Secretary

A0056817

HILCO VISION

January 3, 2020

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509

RE: The Hilsinger Company Inc.
Wholesale Distributor WH02122
Notice of Disciplinary Action

To Whom It May Concern:

On January 2, 2020, The Hilsinger Company entered into a Consent Agreement with the Massachusetts Board of Pharmacy which included a Reprimand on its Massachusetts wholesale distributor license for its Plainville, Massachusetts facility (the "Consent Agreement"). The Consent Agreement concerned the distribution of prescription drugs into Indiana and North Dakota without possessing the requisite out of state wholesale distributor licenses from those jurisdictions and the failure to notify the Massachusetts Board of Pharmacy within seven business days of the Alabama State Board of Pharmacy's discipline against The Hilsinger Company's Alabama wholesale distributor license.

Please find a copy of the fully executed Consent Agreement attached.

If you need any additional information, please contact Joseph Vitulli at ProjectOptic@LicenseLogix.com.

Sincerely,

Paul Janell, CFO

P.O. Box 1538
33 West Bacon Street
Plainville, MA 02762-0538

Tel: (800) 955-6544
Fax: (800) 995-2154
www.hilcovision.com

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Pharmacy
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-973-0960
Fax : 617-973-0980
TTY : 617-973-0988
www.mass.gov/dph/boards/pharmacy

January 2, 2020

By first-class and certified mail no. 7019 0700 0000 1934 5208, return receipt requested
Jon Costa, Sr. Manager, North American Operations
The Hilsinger Company
d/b/a Hilco
33 Beacon Street
Plainville, MA 02762

Re: In the Matter of the Hilsinger Company, Permit No. WD450
Docket No. PHA-2019-0102

Dear Mr. Costa:

Please find enclosed a fully executed Consent Agreement for Reprimand ("Agreement"), effective January 2, 2020. The Agreement constitutes full and final disposition of the above-referenced complaint.

This complaint is now closed. You may contact me at (617) 973-0989 with any questions you have concerning the consent agreement or complaint.

Sincerely,

Samuel Leadholm, Board Counsel
Bureau of Health Professions Licensure

Enclosure

Cc: Neha K. Patel (by electronic mail) (with attachments)

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of	
The Hilsinger Company	**Docket No. PHA-2019-0102**
Permit No. WD450	
Expires November 30, 2020	

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Registrant ("Board") and the Hilsinger Company ("Registrant"), a wholesale distributor registered by the Board, permit number WD450 ("Permit"), do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Registrant's record maintained by the Board:

1. The Registrant acknowledges that the Board opened a complaint against its Permit related to the conduct set forth in Paragraph 2, identified as docket number PHA-2019-0102 ("Complaint").

2. The Board and the Registrant acknowledge and agree to the following:

   a. Registrant distributed prescription drugs into Indiana and North Dakota without possessing the requisite out-of-state wholesale distributor licenses from those respective jurisdictions in violation of 247 CMR 10.03(1)(b); and

   b. Registrant failed to notify the Board within seven business days of the Alabama State Board of Pharmacy's discipline against its Alabama wholesale distributor permit no. 195009 in violation of 247 CMR 10.03(1)(z).

3. The Registrant acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 112, §§ 42A and 61 and under 247 CMR 10.03(1)(b) and (v).

4. The Registrant agrees that the Board shall impose a REPRIMAND on its Permit based on the facts admitted in Paragraph 2, effective as of the date on which the Board signs this Agreement ("Effective Date").

5. The Board agrees that in return for the Registrant's execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. The Registrant understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication the Registrant would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Registrant further understands that by executing this Agreement the Registrant is knowingly and voluntarily waiving its right to a formal adjudication of the Complaint.

7. The Registrant acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

8. The Registrant acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board subject to the Commonwealth of Massachusetts' Public Records Law, M.G.L. c. 4, § 7. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

9. The Registrant understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

10. The individual signing this Agreement certifies that he/she is authorized to enter into this Agreement on behalf of the Registrant, and that he/she has read this Agreement.

12/26/19
Witness (sign and date)

12/26/2019
The Hilsinger Company
(sign and date)

Jon Costa
(print name)

David Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

1-2-2020
Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Registrant on 12/26/2019 **by**

Certified Mail No. 7019 0700 0002 2155 0650

HILCO VISION

July 1, 2020

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509

RE: The Hilsinger Company
Wholesale Distributor WH02122
Notice of Disciplinary Action

To Whom It May Concern:

On June 30, 2020, The Hilsinger Company received a fully-executed Consent Order from the Alabama State Board of Pharmacy requiring the payment of an administrative fine (the "Consent Order"). The Consent Order resolves the same allegations that were the subject of the Massachusetts Board of Pharmacy Consent Agreement we previously disclosed to you in January 2020. Specifically the past distribution of prescription drugs into Indiana and North Dakota without possessing the requisite out of state wholesale distributor licenses from those jurisdictions and the failure to notify the Massachusetts Board of Pharmacy within seven business days of the Alabama State Board of Pharmacy's discipline against The Hilsinger Company's Alabama wholesale distributor license in July 2019. All these issues have been fully resolved with Massachusetts but the reciprocal nature of the Alabama law triggered an additional fine for the same alleged conduct. To avoid the uncertainty and expense of protracted negotiation or a full board hearing, The Hilsinger Company voluntarily entered into this Consent Order and has paid the fine. Consequently, our licenses in Alabama was and remains in good standing.

We would like to assure you that The Hilsinger Company has implemented several corrective and preventive actions to prevent the distribution of prescription drugs into Indiana and North Dakota. Among other things, The Hilsinger Company has implemented processes and automated systems that prevent the shipment of prescription drugs into these states, actively monitors orders and shipments, and re-directs orders received from these states to appropriately licensed entities.

Please find a copy of the fully executed Consent Order attached.

If you need any additional information, please contact Joseph Vitulli at ProjectOptic@LicenseLogix.com.

Sincerely,

Paul Janell
CFO

P.O. Box 1538
33 West Bacon Street
Plainville, MA 02762-0538

Tel: (800) 955-6544
Fax: (800) 995-2154
www.hilcovision.com

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
THE HILSINGER COMPANY d/b/a HILCO	)	**BOARD OF PHARMACY**
	)	
	)	
Wholesale Distributor Permit No. 195009	)	**CASE NO: 20-L-0009**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against The Hilsinger Company d/b/a Hilco (hereinafter referred to as "Hilco") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Hilco violated the applicable provisions based upon the conduct set out in Count One of the Statement.

2. Hilco shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars ($2,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Hilco shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Hilco expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Hilco further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Hilco hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That Hilco agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Hilco acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Hilco acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

DONE this the 20th day of May, 2020.

The Hilsinger Company d/b/a Hilco

By: Paul Janell Paul Janell
Its: CEO

Mahnu V. Davar, Attorney for The Hilsinger Company d/b/a Hilco

DONE this the 26 day of june, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Ralph E Sorrell
Ralph Sorrell, R.Ph., President

By:
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
THE HILSINGER COMPANY d/b/a HILCO	)	**BOARD OF PHARMACY**
	)	
	)	
Wholesale Distributor Permit No. 195009	)	**CASE NO: 20-L-0009**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: The Hilsinger Company d/b/a
Hilco
33 West Bacon Street
Plainville, Massachusetts 02762

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92(11) and (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on May 12, 2020 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate The Hilsinger Company d/b/a Hilco (Hilco) as a Wholesale Distributor should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that Hilco has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

engage in the wholesale distribution of drugs within Alabama. Those minimum factors include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Compliance with the requirements to maintain records required to be maintained.

(c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.

(d) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

COUNT ONE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon the

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

Consent Agreement for Reprimand entered by the Massachusetts Board of Registration in Pharmacy on or about December 26, 2019 attached hereto as Exhibit "A" and/or your distribution of prescription drugs into Indiana and North Dakota without possessing the requisite out of state wholesale distributor license and/or your failure to timely notify the Massachusetts Board of discipline received in the State of Alabama all as more fully set out in the above referenced Agreement.

The Board alleges that each instance of distributing prescription drugs into Indiana and/or North Dakota without the required license is a separate and distinct violation.

Notice is further given that in the event you are found guilty of the allegations contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Final Order entered by the Board on July 22, 2019, said document being attached hereto and made a part hereof as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of January, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

EXHIBIT A

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of The Hilsinger Company Permit No. WD450 Expires November 30, 2020	Docket No. PHA-2019-0102

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Registrant ("Board") and the Hilsinger Company ("Registrant"), a wholesale distributor registered by the Board, permit number WD450 ("Permit"), do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Registrant's record maintained by the Board:

1. The Registrant acknowledges that the Board opened a complaint against its Permit related to the conduct set forth in Paragraph 2, identified as docket number PHA-2019-0102 ("Complaint").

2. The Board and the Registrant acknowledge and agree to the following:

   a. Registrant distributed prescription drugs into Indiana and North Dakota without possessing the requisite out-of-state wholesale distributor licenses from those respective jurisdictions in violation of 247 CMR 10.03(1)(b); and

   b. Registrant failed to notify the Board within seven business days of the Alabama State Board of Pharmacy's discipline against its Alabama wholesale distributor permit no. 195009 in violation of 247 CMR 10.03(1)(z).

3. The Registrant acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 112, §§ 42A and 61 and under 247 CMR 10.03(1)(b) and (v).

4. The Registrant agrees that the Board shall impose a REPRIMAND on its Permit based on the facts admitted in Paragraph 2, effective as of the date on which the Board signs this Agreement ("Effective Date").

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

5. The Board agrees that in return for the Registrant's execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. The Registrant understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication the Registrant would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Registrant further understands that by executing this Agreement the Registrant is knowingly and voluntarily waiving its right to a formal adjudication of the Complaint.

7. The Registrant acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

8. The Registrant acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board subject to the Commonwealth of Massachusetts' Public Records Law, M.G.L. c. 4, § 7. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

9. The Registrant understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

10. The individual signing this Agreement certifies that he/she is authorized to enter into this Agreement on behalf of the Registrant, and that he/she has read this Agreement.

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

12/26/19
Witness (sign and date)

12/26/2019
The Hilsinger Company
(sign and date)

Tom Costa
(print name)

David Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

1-2-2020
Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Registrant on 12/26/2019 **by**

Certified Mail No. 7019 0700 0002 2155 0650

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

DocuSign Envelope ID: B0B9A4D8-B515-4D49-A0C0-C77586490297

EXHIBIT B

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
THE HILSINGER COMPANY d/b/a HILCO	)	BOARD OF PHARMACY
	)	
	)	
Wholesale Distributor Permit Number 195009	)	Case Number 19-L-0043
	)	

FINAL ORDER

On July 15, 2019 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board") on a Complaint against The Hilsinger Company d/b/a Hilco (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Facts

1. The Respondent is a wholesale distributor which the Board issued permit number 195009 and is located at 33 West Bacon Street, Plainville, Massachusetts 02762

2. The Respondent was notified of the charges on April 27, 2019, 2019. Mr. Robert B. Belcher, Director of Operations for the Respondent attended the administrative hearing, but the Respondent was not represented by counsel. (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The South Carolina Board of Pharmacy on February 15, 2017 fined the Respondent Twenty-five Thousand ($25,000.00) for shipping into South Carolina with a permit. (Board's Exhibit One "A")

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

DocuSign Envelope ID: B0B9A4D8-B515-4D49-A0C0-C77586490297

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, Code of Alabama (1975), § 34-23-32, Code of Alabama (1975), § 34-23-32.1, Code of Alabama (1975), § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges and was not represented by counsel at the administrative hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's wholesale distributor permit in the state of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rules 680-X-2.23 (3) (k) (1) and Board Rule 680-X -2.23 (3) (k) (3) and it is not qualified to possess the permit, and/or its operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon it shipping into South Carolina without a permit as set out on a letter dated February 15,2017 from the South Carolina Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is Ordered to pay the Board an administrative fine of One Thousand ($1,000.00) Dollars within thirty (30) days of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE
DocuSign Envelope ID: B0B9A4D8-B515-4D49-A0C0-C77586490297

regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 22nd day of July 2019.

Mr. Kenny Sanders, R.Ph.., President
Alabama State Board of Pharmacy

Copies to:
The Hilsinger Company
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

16D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02097
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: The Hilsinger Company Parent LLC dba Hilco Vision

Physical Address: 4646 S. Overland Drive

City: Tucson State: AZ Zip Code: 85714

Telephone Number: (800)486-6169 Fax Number: 520-321-1267

Toll Free Number: (800)486-6169

E-mail: ProjectOptic@licenselogix.com Website: www.hilcovision.com

Facility Manager: Charles Hicks

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing Home Pharmacies, Wholesalers, Repackager, Veterinarians Dentists

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Prescription drugs|Nonprescription drugs|Devices, hypodermic syringes, needles, etc.
☒ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: BAUSCH HEALTH US LLC
Address: Dallas, TX

Name: ALTAIRE PHARMACEUTICALS, INC
Address: Alquebogue, NY

Name: AKORN, INC.
Address: Chicago, IL

Name: SANDOZ INC.
Address: Dallas, TX

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Paul Janell
Print Name of Authorized Person

1.6.2021
Date

Board Use Only Date Processed:_____ Amount: 500 Check # 033734

Processed. (4/5/21)

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City:_____State:_____Zip: _____

Telephone:_____Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Hilsinger Holdings LLC

Mailing Address: 33 W Bacon St

City: Plainville State: MA Zip: 02762

Telephone: 800-955-6544 Fax: 508-699-4579

Contact Person: Paul Janell

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Hilsinger Holdings LLC - 100% (Name) 33 W Bacon St., Plainville, MA 02762 (Business Address)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.

- Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/17/2021
Receipt Number: 2021112171
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003184

EXPIRES
10/31/2023

Issued to :

Hilco Vision
The Hilsinger Company Parent LLC
140 GRAND STREET STE 300
WHITE PLAINS, NY 10601

Hilco Vision
4646 S. OVERLAND DRIVE
TUCSON, AZ 85714

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : The Hilsinger Company Parent LLC
LICENSE NUMBER : W003184
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE HILSINGER COMPANY PARENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HILSINGER COMPANY PARENT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3630161 8300

SR# 20213260842

Authentication: 204170842

Date: 09-16-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Officer List for The Hilsinger Company Parent LLC:

Kenneth Miranda:
Title: COO
Address: [redacted]awtucket Avenue, East Providence, RI 02914
Phone [redacted]
Email: kmiranda@hilco.com
Date of Birth: [redacted]
Social Security Number: [redacted]
Ownership Percentage: 0%

James Brownlee:
Title: CEO
Address: [redacted] Peterborough Rd, London, SW6 3BT, UK
Phone: [redacted]
Email: rbrownlee@hilco.com
Date of Birth: [redacted]
Social Security Number: [redacted]
Ownership Percentage: approx. 1%

Daniel Sutherby:
Title: Chief Financial Officer
Address: [redacted] Black Bear Drive Unit #1123 Waltham, MA 02451
Phone: [redacted]
Email: dsutherby@hilco.com
Date of Birth: [redacted]
Social Security Number: [redacted]
Ownership Percentage: 0%

Charles Hicks

[redacted]

Current Address:
[redacted] E. Monte Vista #2
Tucson, Arizona 85716
[redacted]

Education/Coursework:

Palo Verde High School, 2003
Tucson, AZ

Qualified as Florida Designated Representative, 2018

Completed California Designated Representative Course, 2018

FedEx HazMat Certified, 2017

Forklift Certifed, 2010

Experience:

1/20-Current **Distribution Center Manager (Tucson & Chicago)- The Hilsinger Company LLC dba Eye Care and Cure, dba Hilco Vision**

- Responsible for all aspects of the Tucson warehouses including managing all warehouse staff
- Serves as main trainer for warehouse functions in Eye Care and Cure facilities
- Leads inventory control and management processes
- Responsible for T3 processes and verification within the receiving process for all pharmaceutical suppliers at Tucson Warehouse.
- Oversees and trains Chicago warehouse receiving team on T3 and verification processes during receiving of all pharmaceutical shipments.
- Serves as distribution lead on key cross-functional projects including cold chain, ERP, WMS, policy and purchasing rationalization
- Represents Chicago and Tucson warehouses in distribution leadership team meetings.

- Represents and serves as the Tucson and Chicago warehouse contact for State and Federal Board of Pharmacy point of contact for regulatory matters.

-Leads and helps organize all pharmaceutical recall processes and procedures.

9/19-1/20 **Distribution Center Lead (Tucson & Chicago) – The Hilsinger Company LLC dba Eye Care and Cure, dba Hilco Vision**

- Responsible for all aspects of the Tucson and Chicago warehouses including managing all warehouse staff
- Serves as main trainer for warehouse functions in Eye Care and Cure facilities
- Leads inventory control and management processes
- Responsible for T3 processes and verification within the receiving process for all pharmaceutical suppliers at Tucson Warehouse.
-Oversees and trains Chicago warehouse receiving team on T3 and verification processes during receiving of all pharmaceutical shipments.
- Serves as distribution lead on key cross-functional projects including cold chain, ERP, WMS, policy and purchasing rationalization
-Represents Chicago and Tucson warehouses in distribution leadership team meetings

12/18-9/19
Distribution Center Lead (Tucson & Chicago) – The Hilsinger Company dba Eye Care and Cure

- Responsible for all aspects of the Tucson and Chicago warehouses including managing all warehouse staff
- Serves as main trainer for warehouse functions in Eye Care and Cure facilities
- Leads inventory control and management processes
- Responsible for T3 processes and verification within the receiving process for all pharmaceutical suppliers at Tucson Warehouse.
-Oversees and trains Chicago warehouse receiving team on T3 and verification processes during receiving of all pharmaceutical shipments.
- Serves as distribution lead on key cross-functional projects including cold chain, ERP, WMS, policy and purchasing rationalization
-Represents Chicago and Tucson warehouses in distribution leadership team meetings

6/15 – 12/18 **Site Manager (Tucson) – Eye Care and Cure**

- Responsible for all aspects of the Tucson warehouse including managing all warehouse staff
- Serves as main trainer for warehouse functions in Eye Care and Cure

- Leads inventory control and management processes
- Responsible for T3 processes and verification within the receiving process for all pharmaceutical suppliers
- Serves as distribution lead on key cross-functional projects including cold chain, ERP, WMS, policy and purchasing rationalization

1/09 – 6/15 **Assistant Warehouse Manager (Tucson) – Eye Care and Cure**

- Served as player/coach for picking and packing medical supplies & pharmaceuticals
- Oversaw quarantine area and processes
- Served as main forklift driver
- Assisted in all aspects of receiving, including pharmaceuticals

1/05 – 1/09 **Warehouse Associate – Eye Care and Cure**

- Picking medical supplies & pharmaceuticals
- Packing medical supplies & pharmaceuticals
- Stocking
- Responsible for all B2C shipments

Skills: - Hazmat - Forklift - Vendor/supplier management - Microsoft Office - Regulatory

Active Employee Listing

NOT Employment Status Code: T

Employee Name (Last Suffix, First MI)	Employment Status Code	Employee Number	Job	Org Level 1	Org Level 2	Org Level 3	Org Level 4
Brissette, Michael	**A**	**009101**	**Temp - MicroTech**	**Hilsinger**	**DISTRIBUTION**	**RECEIVING**	**RECEIVING**
Coelho, Evan	A	009096	Receiver	Hilsinger	DISTRIBUTION	RECEIVING	RECEIVING
Escamilla, Amelia E.	A	000348	Warehouse II MA	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Hustler, Courtney M.	A	009103	Temp - MicroTech	Hilsinger	DISTRIBUTION	RECEIVING	RECEIVING
Jones, Susan M.	A	000139	Customer Returns Clerk	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Mailhot, David N.	A	000303	Project Coordinator	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Perry, Melissa A.	**A**	**009129**	**Temp - MicroTech**	**Hilsinger**	**OPERATIONS**	**RECEIVING**	**RECEIVING**
Souza, Ed	**A**	**009084**	**Temp - MicroTech**	**Hilsinger**	**OPERATIONS**	**RECEIVING**	**RECEIVING**
Suar, Joel	A	004312	Warehouse II MA	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Telles, Gonzalo	A	004693	Inventory Control	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Violette, Debra H.	A	000481	Inspector II	Hilsinger	OPERATIONS	RECEIVING	RECEIVING
Wasag, Jedrzej	A	009142	Distribution Center Lead	Hilsinger	DISTRIBUTION	RECEIVING	RECEIVING
Almanzar, Jennifer	A	009056	Distribution Supervisor	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Barroso, Alazay N.	A	004492	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Burtchell, Cody	A	009124	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Calderon, Yuly	A	004904	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Cicone, Dana J.	A	001086	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Colon, Nilsa I.	**A**	**009133**	**Temp - MicroTech**	**Hilsinger**	**DISTRIBUTION**	**PICK PACK-SHIPPING**	**SHIPPING**
Gauvin, Bryan	A	009150	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Giorgio, Michael	A	009137	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Jones, Monica	A	004735	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Lantigua Marrero, Junior A.	A	009038	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Limburg, Destiny	A	004234	Pick Pack Ship Lead	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Muggle, Donna	**A**	**009070**	**Temp - MicroTech**	**Hilsinger**	**DISTRIBUTION**	**PICK PACK-SHIPPING**	**SHIPPING**
Nieves, Silvia	A	000594	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Peralta, Walter A.	A	004938	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Perez, Pedro L.	A	001103	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Phan, Phath	**A**	**009071**	**Temp - MicroTech**	**Hilsinger**	**DISTRIBUTION**	**PICK PACK-SHIPPING**	**SHIPPING**
Rodriguez, Eliana	A	004211	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Ruiz, Mayeline	A	001102	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Saster, Mario J.	A	001101	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Semedo, Helida R.	A	001082	Pick Pack Ship II	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Sfeir, Simon	**A**	**009081**	**Temp - MicroTech**	**Hilsinger**	**DISTRIBUTION**	**PICK PACK-SHIPPING**	**SHIPPING**
Shea, James	A	009141	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Soto, Vanessa	**A**	**009073**	**Temp - MicroTech**	**Hilsinger**	**DISTRIBUTION**	**PICK PACK-SHIPPING**	**SHIPPING**
Terrazas-Ortiz, Jose	A	004299	Pick Pack Ship Large	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Thepkaisone, Sherra	A	000127	Pick Pack Ship Lead	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING
Voeul, Chormnap	A	009138	Pick Pack Ship I	Hilsinger	DISTRIBUTION	PICK PACK-SHIPPING	SHIPPING

RLI Surety
A division of RLI Insurance Company

VERIFICATION CERTIFICATE

To be attached to the bond described below:

SURETY: RLI Insurance Company

PRINCIPAL: The Hilsinger Company Parent, LLC

OBLIGEE: State of Nevada

DESCRIPTION: Pharmaceutical Wholesaler

BOND NO.: CMS0247147

BOND AMOUNT: $100,000.00

EFFECTIVE DATE: 05/19/2019

This is to certify that RLI Insurance Company has not terminated its Suretyship under the above described bond and that such bond is still in full force and effect.

Signed and Sealed this 11th day of December, 2019.

RLI Insurance Company

By: Gretchen L Johnigk
Gretchen L Johnigk, Attorney in Fact

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

POWER OF ATTORNEY

RLI Insurance Company
Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnigk

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

> Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

RLI Insurance Company and **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

> "All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

CONTRACTORS BONDING AND INSURANCE COMPANY CORPORATE SEAL ILLINOIS

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Barton W. Davis
Barton W. Davis — Vice President

State of Illinois }
County of Peoria } SS

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Cherie L. Montgomery
Cherie L. Montgomery — Notary Public

"OFFICIAL SEAL"
CHERIE L. MONTGOMERY
NOTARY PUBLIC STATE OF ILLINOIS
COMMISSION EXPIRES 02/02/20

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 11th day of December, 2019

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson
Jean M. Stephenson — Corporate Secretary

A0056817

RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

RIDER

TO BE ATTACHED TO AND FORM PART OF POLICY NO. CMS0247147

It is hereby mutually agreed and understood by the Principal,
The Hilsinger Company

and **RLI Insurance Company** that the
Principal Name

(Identify item(s) to be changed)

on this policy has/have been changed to the following:
The Hilsinger Company Parent, LLC

Nothing contained herein shall vary, alter, waive or extend any of the terms, limits, or conditions of the policy, except as set forth above.

This Rider becomes effective on December 10, 2019, at twelve and one minute o'clock a.m., Standard Time.

Signed this 10th day of December, 2019.

RLI Insurance Company

By Gretchen L Johnigk
Gretchen L Johnigk — Attorney in Fact

POWER OF ATTORNEY

RLI Insurance Company
Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Jacqueline M. Bockler, Gretchen L. Johnigk

in the City of Peoria, State of Illinois, its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

> Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnify in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

RLI Insurance Company and **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

> "All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 1st day of March, 2018.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: B. W. D.
Barton W. Davis — Vice President

State of Illinois } SS
County of Peoria }

On this 1st day of March, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Cherie L Montgomery
Cherie L. Montgomery — Notary Public

"OFFICIAL SEAL"
CHERIE L. MONTGOMERY
NOTARY PUBLIC STATE OF ILLINOIS
COMMISSION EXPIRES 02/02/20

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 10th day of December, 2019.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson
Jean M. Stephenson — Corporate Secretary

A0056817

licenselogix.
Streamlined Business Licensing

May 17, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: **The Hilsinger Company Parent LLC.**
Wholesale Distributor License

To Whom It May Concern:

Enclosed please find a **Wholesale Distributor License** for our client, **Northridge Plaza The Hilsinger Company Parent LLC.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenselogix.com
(800) 292-0909

HILCO VISION

January 3, 2020

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509

RE: The Hilsinger Company Inc.
Wholesale Distributor WH02122
Notice of Disciplinary Action

To Whom It May Concern:

On January 2, 2020, The Hilsinger Company entered into a Consent Agreement with the Massachusetts Board of Pharmacy which included a Reprimand on its Massachusetts wholesale distributor license for its Plainville, Massachusetts facility (the "Consent Agreement"). The Consent Agreement concerned the distribution of prescription drugs into Indiana and North Dakota without possessing the requisite out of state wholesale distributor licenses from those jurisdictions and the failure to notify the Massachusetts Board of Pharmacy within seven business days of the Alabama State Board of Pharmacy's discipline against The Hilsinger Company's Alabama wholesale distributor license.

Please find a copy of the fully executed Consent Agreement attached.

If you need any additional information, please contact Joseph Vitulli at ProjectOptic@LicenseLogix.com.

Sincerely,

Paul Janell, CFO

P.O. Box 1538
33 West Bacon Street
Plainville, MA 02762-0538

Tel: (800) 955-6544
Fax: (800) 995-2154
www.hilcovision.com

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Pharmacy
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-973-0960
Fax : 617-973-0980
TTY : 617-973-0988
www.mass.gov/dph/boards/pharmacy

January 2, 2020

By first-class and certified mail no. 7019 0700 0000 1934 5208, return receipt requested
Jon Costa, Sr. Manager, North American Operations
The Hilsinger Company
d/b/a Hilco
33 Beacon Street
Plainville, MA 02762

Re: In the Matter of the Hilsinger Company, Permit No. WD450
Docket No. PHA-2019-0102

Dear Mr. Costa:

Please find enclosed a fully executed Consent Agreement for Reprimand ("Agreement"), effective January 2, 2020. The Agreement constitutes full and final disposition of the above-referenced complaint.

This complaint is now closed. You may contact me at (617) 973-0989 with any questions you have concerning the consent agreement or complaint.

Sincerely,

Samuel Leadholm, Board Counsel
Bureau of Health Professions Licensure

Enclosure

Cc: Neha K. Patel (by electronic mail) (with attachments)

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of **The Hilsinger Company** **Permit No. WD450** **Expires November 30, 2020**	**Docket No. PHA-2019-0102**

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Registrant ("Board") and the Hilsinger Company ("Registrant"), a wholesale distributor registered by the Board, permit number WD450 ("Permit"), do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Registrant's record maintained by the Board:

1. The Registrant acknowledges that the Board opened a complaint against its Permit related to the conduct set forth in Paragraph 2, identified as docket number PHA-2019-0102 ("Complaint").

2. The Board and the Registrant acknowledge and agree to the following:

   a. Registrant distributed prescription drugs into Indiana and North Dakota without possessing the requisite out-of-state wholesale distributor licenses from those respective jurisdictions in violation of 247 CMR 10.03(1)(b); and

   b. Registrant failed to notify the Board within seven business days of the Alabama State Board of Pharmacy's discipline against its Alabama wholesale distributor permit no. 195009 in violation of 247 CMR 10.03(1)(z).

3. The Registrant acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 112, §§ 42A and 61 and under 247 CMR 10.03(1)(b) and (v).

4. The Registrant agrees that the Board shall impose a REPRIMAND on its Permit based on the facts admitted in Paragraph 2, effective as of the date on which the Board signs this Agreement ("Effective Date").

5. The Board agrees that in return for the Registrant's execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. The Registrant understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication the Registrant would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Registrant further understands that by executing this Agreement the Registrant is knowingly and voluntarily waiving its right to a formal adjudication of the Complaint.

7. The Registrant acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

8. The Registrant acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board subject to the Commonwealth of Massachusetts' Public Records Law, M.G.L. c. 4, § 7. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

9. The Registrant understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

10. The individual signing this Agreement certifies that he/she is authorized to enter into this Agreement on behalf of the Registrant, and that he/she has read this Agreement.

12/26/19

Witness (sign and date)

12/26/2019

The Hilsinger Company
(sign and date)

Jon Costa

(print name)

David Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

1-2-2020

Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Registrant on 12/26/2019 **by**

Certified Mail No. 7019 0700 0002 2155 0650

HILCO VISION

July 1, 2020

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, Nevada 89509

RE: The Hilsinger Company
Wholesale Distributor WH02122
Notice of Disciplinary Action

To Whom It May Concern:

On June 30, 2020, The Hilsinger Company received a fully-executed Consent Order from the Alabama State Board of Pharmacy requiring the payment of an administrative fine (the "Consent Order"). The Consent Order resolves the same allegations that were the subject of the Massachusetts Board of Pharmacy Consent Agreement we previously disclosed to you in January 2020. Specifically the past distribution of prescription drugs into Indiana and North Dakota without possessing the requisite out of state wholesale distributor licenses from those jurisdictions and the failure to notify the Massachusetts Board of Pharmacy within seven business days of the Alabama State Board of Pharmacy's discipline against The Hilsinger Company's Alabama wholesale distributor license in July 2019. All these issues have been fully resolved with Massachusetts but the reciprocal nature of the Alabama law triggered an additional fine for the same alleged conduct. To avoid the uncertainty and expense of protracted negotiation or a full board hearing, The Hilsinger Company voluntarily entered into this Consent Order and has paid the fine. Consequently, our licenses in Alabama was and remains in good standing.

We would like to assure you that The Hilsinger Company has implemented several corrective and preventive actions to prevent the distribution of prescription drugs into Indiana and North Dakota. Among other things, The Hilsinger Company has implemented processes and automated systems that prevent the shipment of prescription drugs into these states, actively monitors orders and shipments, and re-directs orders received from these states to appropriately licensed entities.

Please find a copy of the fully executed Consent Order attached.

If you need any additional information, please contact Joseph Vitulli at ProjectOptic@LicenseLogix.com.

Sincerely,

Paul Janell
CFO

P.O. Box 1538
33 West Bacon Street
Plainville, MA 02762-0538

Tel: (800) 955-6544
Fax: (800) 995-2154
www.hilcovision.com

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
THE HILSINGER COMPANY d/b/a HILCO	)	**BOARD OF PHARMACY**
	)	
	)	
Wholesale Distributor Permit No. 195009	)	**CASE NO: 20-L-0009**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against The Hilsinger Company d/b/a Hilco (hereinafter referred to as "Hilco") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Hilco violated the applicable provisions based upon the conduct set out in Count One of the Statement.

2. Hilco shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars ($2,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Hilco shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Hilco expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Hilco further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Hilco hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That Hilco agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Hilco acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Hilco acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

DONE this the 20th day of May, 2020.

The Hilsinger Company d/b/a Hilco

By: Paul Janell Paul Janell
Its: CFO

Mahnu V. Davar, Attorney for The Hilsinger Company d/b/a Hilco

DONE this the 26 day of june, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Ralph E Sorrell
Ralph Sorrell, R.Ph., President

By:
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
THE HILSINGER COMPANY d/b/a HILCO	)	**BOARD OF PHARMACY**
	)	
	)	
Wholesale Distributor Permit No. 195009	)	**CASE NO: 20-L-0009**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: The Hilsinger Company d/b/a Hilco
33 West Bacon Street
Plainville, Massachusetts 02762

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92(11) and (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on May 12, 2020 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate The Hilsinger Company d/b/a Hilco (Hilco) as a Wholesale Distributor should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that Hilco has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

engage in the wholesale distribution of drugs within Alabama. Those minimum factors include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Compliance with the requirements to maintain records required to be maintained.

(c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.

(d) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

COUNT ONE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon the

Consent Agreement for Reprimand entered by the Massachusetts Board of Registration in Pharmacy on or about December 26, 2019 attached hereto as Exhibit "A" and/or your distribution of prescription drugs into Indiana and North Dakota without possessing the requisite out of state wholesale distributor license and/or your failure to timely notify the Massachusetts Board of discipline received in the State of Alabama all as more fully set out in the above referenced Agreement.

The Board alleges that each instance of distributing prescription drugs into Indiana and/or North Dakota without the required license is a separate and distinct violation.

Notice is further given that in the event you are found guilty of the allegations contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Final Order entered by the Board on July 22, 2019, said document being attached hereto and made a part hereof as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of January, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

EXHIBIT A

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of The Hilsinger Company Permit No. WD450 Expires November 30, 2020	Docket No. PHA-2019-0102

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Registrant ("Board") and the Hilsinger Company ("Registrant"), a wholesale distributor registered by the Board, permit number WD450 ("Permit"), do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Registrant's record maintained by the Board:

1. The Registrant acknowledges that the Board opened a complaint against its Permit related to the conduct set forth in Paragraph 2, identified as docket number PHA-2019-0102 ("Complaint").

2. The Board and the Registrant acknowledge and agree to the following:

   a. Registrant distributed prescription drugs into Indiana and North Dakota without possessing the requisite out-of-state wholesale distributor licenses from those respective jurisdictions in violation of 247 CMR 10.03(1)(b); and

   b. Registrant failed to notify the Board within seven business days of the Alabama State Board of Pharmacy's discipline against its Alabama wholesale distributor permit no. 195009 in violation of 247 CMR 10.03(1)(z).

3. The Registrant acknowledges that the foregoing facts warrant disciplinary action by the Board under M.G.L. c. 112, §§ 42A and 61 and under 247 CMR 10.03(1)(b) and (v).

4. The Registrant agrees that the Board shall impose a REPRIMAND on its Permit based on the facts admitted in Paragraph 2, effective as of the date on which the Board signs this Agreement ("Effective Date").

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

5. The Board agrees that in return for the Registrant's execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. The Registrant understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication the Registrant would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Registrant further understands that by executing this Agreement the Registrant is knowingly and voluntarily waiving its right to a formal adjudication of the Complaint.

7. The Registrant acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

8. The Registrant acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board subject to the Commonwealth of Massachusetts' Public Records Law, M.G.L. c. 4, § 7. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

9. The Registrant understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

10. The individual signing this Agreement certifies that he/she is authorized to enter into this Agreement on behalf of the Registrant, and that he/she has read this Agreement.

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

12/26/19
Witness (sign and date)

12/26/2019
The Hilsinger Company
(sign and date)

Tom Costa
(print name)

David Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

1-2-2020
Effective Date of Reprimand Agreement

Fully Signed Agreement Sent to Registrant on 12/26/2019 **by**

Certified Mail No. 7019 0700 0002 2155 0650

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

DocuSign Envelope ID: B0B9A4D8-B515-4D49-A0C0-C77586490297

EXHIBIT B

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
THE HILSINGER COMPANY d/b/a HILCO	)	BOARD OF PHARMACY
	)	
	)	
Wholesale Distributor Permit Number 195009	)	Case Number 19-L-0043
	)	

FINAL ORDER

On July 15, 2019 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board") on a Complaint against The Hilsinger Company d/b/a Hilco (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Facts

1. The Respondent is a wholesale distributor which the Board issued permit number 195009 and is located at 33 West Bacon Street, Plainville, Massachusetts 02762

2. The Respondent was notified of the charges on April 27, 2019, 2019. Mr. Robert B. Belcher, Director of Operations for the Respondent attended the administrative hearing, but the Respondent was not represented by counsel. (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The South Carolina Board of Pharmacy on February 15, 2017 fined the Respondent Twenty-five Thousand ($25,000.00) for shipping into South Carolina with a permit. (Board's Exhibit One "A")

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE

DocuSign Envelope ID: B0B9A4D8-B515-4D49-A0C0-C77586490297

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, Code of Alabama (1975), § 34-23-32, Code of Alabama (1975), § 34-23-32.1, Code of Alabama (1975), § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges and was not represented by counsel at the administrative hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's wholesale distributor permit in the state of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rules 680-X-2.23 (3) (k) (1) and Board Rule 680-X -2.23 (3) (k) (3) and it is not qualified to possess the permit, and/or its operation is not consistent with the public safety or endangers the public health of the citizens of this state based upon it shipping into South Carolina without a permit as set out on a letter dated February 15,2017 from the South Carolina Board of Pharmacy.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is Ordered to pay the Board an administrative fine of One Thousand ($1,000.00) Dollars within thirty (30) days of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that

DocuSign Envelope ID: EDD8C36A-310D-446F-B3CB-BD89A859A7DE
DocuSign Envelope ID: B0B9A4D8-B515-4D49-A0C0-C77586490297

regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 22nd day of July 2019.

Mr. Kenny Sanders, R.Ph.., President
Alabama State Board of Pharmacy

Copies to:
The Hilsinger Company
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

Officer List

Paul Janell—CFO

Ken Miranda--COO

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE HILSINGER COMPANY PARENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HILSINGER COMPANY PARENT, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

*ex?.

Jeffrey W. Bullock, Secretary of State

3630161 8300

SR# 20206550219

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203396183

Date: 08-03-20

17

17A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

✓ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change

(Please provide current license number if making changes: WH_____)

Publicly Traded Corporation – Page 1,2,3,4 Partnership - Page 1,2,3,6,6a

✓ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b Sole Owner – Page 1,2,3,7,7a

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Compass Health Brands Corp.

Physical Address: 9560 N Virginia St

Mailing Address: 6753 Engle Rd., Middleburg Heights, Ohio 44130

City: Reno State: NV Zip Code: 89506

Telephone: (800) 947-1728 Fax: _____

Toll Free Number: (800) 947-1728

E-mail: qualitydept@compasshealthbrands.com Website: www.compasshealthbrands.com

Facility Manager: Jason Derbyshire

Professional qualifications and experience of facility manager: Jason Derbyshire resume attached

Types of licensed outlets or authorized persons firm will serve:

✓ Pharmacies ✓ Practitioners ✓ Hospitals Wholesalers

✓ Other: DME Dealers

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices

Poisons or Chemicals Veterinary Legend Drugs

Controlled Substances (include copy of DEA)

✓ Other: A distributor of Class 1 (non-prescription) and Class 2 (prescription) medical devices that DO NOT contain pharmaceuticals.

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes No ✓
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ✓ No
(If yes, provide a copy of the FDA registration) OH Facility

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No ✓

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.
Devices only, no pharmaceuticals:

1) Dickson Asia
Name Address
Yangwu District, Dalang Town, Dongguan City, Guangdong Provence 523789, P.R.C.
Business

2) Shenzhen Dongdixin
Name Address
Xilibaimang Xusheng Industrial Estate No. 3, Building 518108 Nanshan Shenzhen China
Business

3) Top-Rank Health Care Equipment
Name Address
Checun Village, Dongguan Street Shangyu City, Zhejiang Province, P.R.C. P.O.312352
Business

4) EMG Technology
Name Address
4F-2, No. 210, 38 Road, Taichung Industrial Park, Shituen Chiu, Taichung, 40768 Taiwan
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No ✓

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No ✓

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No ✓

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No ✓

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No ✓

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Stuart Straus
Print Name of Authorized Person

9/17/2020
Date

Board Use Only	Received:_____	Amount: 500.00 New Check Recv. 7/27/21 Check # 224010

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: Compass Health Brands Corp.

Mailing Address: 6753 Engle Rd.

City: Middleburg Heights State: Ohio Zip: 44130

Telephone: 440-268-4802 Fax:

Contact Person: Tracee Wesolowski, Director of Quality/Regulatory Compliance

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) Stuart Straus (Name) 6753 Engle Rd., Middleburg Heights, OH 44130 (Address)

b) Gabriel Wood (Name) 60 E. 42nd St., Suite 5230 New York, NY 10165 (Address)

c) Varun Bedi (Name) 60 E. 42nd St., Suite 5230 New York, NY 10165 (Address)

d) _____ (Name) _____ (Address)

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Per page 5a, FDA registered facility (personal history not required)

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information N/A

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPASS HEALTH BRANDS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPASS HEALTH BRANDS CORP." WAS INCORPORATED ON THE NINETEENTH DAY OF MARCH, A.D. 2014.

Jeffrey W. Bullock, Secretary of State

5501444 8300

SR# 20213021693

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204008130

Date: 08-25-21

COMPASS HEALTH BRANDS CORP.

CORPORATE OFFICER(S) AND DIRECTOR(S)

1. Last Name	First Name	Middle Name	
Straus	Stuart		
Title			
CEO/President			
Address	City	State	Zip Code
6753 Engle Rd.	Middleburg Heights	OH	44130

2. Last Name	First Name	Middle Name	
Wood	Gabriel		
Title			
Secretary			
Address	City	State	Zip Code
60 E. 42nd St., Suite 5230	New York	NY	10165

3. Last Name	First Name	Middle Name	
Bedi	Varun		
Title			
Vice President			
Address	City	State	Zip Code
60 E. 42nd St., Suite 5230	New York	NY	10165

4. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

Reno, NV Employee List (current as of 07/14/2021)

First name	Last name	Location
Alfred	St. Andry	CHB Reno Warehouse
Andrew	Gustason	CHB Reno Warehouse
Anthony	Ray	CHB Reno Warehouse
Dominick	Manochio	CHB Reno Warehouse
Estefani	Arevalo-Augustin	CHB Reno Warehouse
Fatima	Mendoza	CHB Reno Warehouse
Hugo	Marquez	CHB Reno Warehouse
Jason	Derbyshire	CHB Reno Warehouse
Jeannette	Gonzales	CHB Reno Warehouse
Josh	Carmichael	CHB Reno Warehouse
Lorenzo	Bogarin Garcia	CHB Reno Warehouse

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 9/16/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Equipment Distribution
Nature of Pharmacy or Wholesaler

Compass Health Brands Corp. 9 560 N Virginia St, Reno NV 89506
Name and Address of Business for Which Designated Representative is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Derbyshire	Jason	Arthur
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Luciana Dr	Reno	NV 89521
Present Residence Address-Street or RFD	City	State/Zip
9560 N Viginia st	Dates 8/24/2020 Reno	Nevada
Present Business Address	City	State/Zip
Warehouse Manager	Dates 8/24/2020	NV 89506
Present Position with the Pharmacy or Wholesaler		Phone: Residence [redacted]
[redacted]	Flint, Genesee, MI	Business 605-275-0102
Date of Birth	Place of Birth (City, County, State)	
44	[redacted]	MALE
Age	Social Security Number or ITIN	Sex

Blue	Red	White	185		6ft 3 Inches
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial _____

MARITAL INFORMATION-Continued

A. **Current Marriage** 01/25/2008 (Date) Reno, Washoe, Nevada (City, County and State)

Spouse's full name (Maiden) Karina Pegueros SS# or ITIN [redacted]

Date of Birth [redacted] Place of Birth Mexico

Resident address [redacted]uciana Dr (Street) Reno (City) NV (State) 89521 (Zip)

Telephone: Residence [redacted] Business .....

Spouse's employer Scarecrow Stucco Occupation Office

Address of employer [redacted] Barron Way (Street) Reno (City) NV (State) 89511 (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
None				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
None					

3. **FAMILY INFORMATION:**

A. **Children and Dependents**:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Taylor Derbyshire	[redacted]	Elgin, IL	[redacted]uciana Dr Reno NV 89521
Kristel Dimas		ELgin, IL	same
Jose Lechuga		Elgin, IL	same

B. **Child Support Information:**

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial jad

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father				
Mother				
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Lacure Elementry	Clio, MI	1980-1990	Yes ☑ No ☐
High School	Clio High	Clio, MI	1990-1994	Yes ☑ No ☐
College University	DeVry Institute	Phoenix, AZ	1997-2000	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any BSBA

College or university where obtained DeVry

Applicant's initial jad

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☑ No ☐

Branch Marine Corp Date of entry-active service 8/1993

Date of separation 8/1997 Type of discharge Honorable

Rating at separation E3 Serial number 381026081

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☑ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☑ No ☐

County Genesee State MI Date registered 1992

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial jad

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
05/2008-Present	[redacted]Luciana Dr	Reno	NV Washoe

Applicant's initial jad

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
08/2020	Compass Health Brands	220
Title	**Description of Duties**	**Name of Supervisor**
DC Manager	Manage Facility Reno, NV	Ray Ardire
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/2004	MacPhersons Reno, NV	17 Years
Title	**Description of Duties**	**Name of Supervisor**
DC Manager	Managed Facility	Jim Simetakel
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial jad

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Allen Auernheimer	Home	Reno	NV		[redacted]	6
Employer MacPhersons	Business	Distribution - Whse Manager				
Name Jason Hobbs	Home	Reno, NV			[redacted]	11
Employer MacPhersons	Business	Distribution - WMS Specialist				
Name Robert Hunter	Home	Reno, NV			[redacted]	8
Employer MacPhersons	Business	Distribution - Whse Manager				
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

.....

If yes to the above, state where, when and for what reason:

.....

.....

Applicant's initial jad

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☑

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☑ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☑ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☑ No ☐

Date of photograph 9/17/2020

Applicant's initial jad

STATE OF Nevada

ss.

COUNTY OF Washoe

I, Jason Arthur Derbyshire, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

State of Nevada, County of Washoe

Subscribed and Sworn to before me this 30 day of June 2021, by Jason Arthur Derbyshire.

Notary Public

EMILY JEAN LONGTAIN
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 20-2818-02 - Expires March 11, 2024

(seal)

Applicant's initial JAD

STATE OF Nevada

ss.

COUNTY OF Washoe

I, Sarah Arthur Derbyshire, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of September 2020

Tara Johnson
Notary Public

(Seal)
TARA JOHNSON
Notary Public - State of Nevada
County of Washoe
APPT. NO. 14-13897-2
My App. Expires June 5, 2022

Applicant's initial jad

ADDITIONAL INFORMATION

none

Applicant's initial jad

Jason A Derbyshire
[redacted] • Email: [redacted] • Reno, NV 89521

DC MANAGEMENT, WMS SYSTEMS/INTEGRATION, ECOMM FULFILLMENT

Fulfillment and Operations Excellence, High Performance Teams

Accomplished and experienced Distribution Manager with an **18+ year record** of distinct accomplishments improving distribution and fulfillment operations for eCommerce and Brick and Mortar retail operations; **implementing new technologies, developing personnel, improving communications, continuous improvement, cost-savings, higher productivities and customer satisfaction.** Team leader with track record of leading teams to higher productivity and efficiency by establishing and instilling **accountability, goal-setting, best practices and continuous improvement.**

COMPENTENCIES

Manhattan WMS
Voice Picking Software
IBM Cognos Business Intelligence
Software Integration & Project Management
MS Office Expert (Word, Excel)
Total Quality Management
DC Operations Expert
ECOMM, Brick & Mortar, B2C Fulfillment
Large Retail Customer Onboarding
Establish Operational Capacities
Develop, gain alignment, and motivate personnel
Build Culture of Exceeding Expectations

EXPERIENCE

SENIOR DISTRIBUTION OPERATIONS MANAGER & WMS TEAM MANAGER - MacPherson's, Reno, NV July, 2004 to Present

- Direct daily management for all Inbound and Outbound distribution operations. These areas include Picking, Packing, Shipping, Receiving, Replenishments, Slotting and Receiving
- Provide operational leadership and coaching to all assistant managers, supervisors and leads on the floor. Manage headcount of 70 employees at the Reno facility
- Manage and set distribution KPIs that support all company goals for customer fulfillment requirements, operational efficiency and expense control. Develop and manage DC budget to support and align with company goals for Sales and profitability forecasts
- Conduct all DC hiring, develop cost analysis for compensation levels, incentive programs and manage temp labor for peak season
- Manage and direct all floor operations and processors to ensure safe and error free work environment. Detailed understanding for safe work habits with lifting, repetitive motion and forklift operations
- Project manager for DC implementation for Manhattan Scale WMS software for both Reno and Atlanta locations, successfully integrated software with Vocollect voice-picking and third-party transportation management rating programs
- As WMS Team Manager lead all projects to design and fulfill all customer fulfillment requirements for EDI, labeling, packing and on-time deliveries. These customers include Amazon, Walmart, Michael's, Joanns, Zullily and several other eCommerce accounts
- Direct management of all LTL and parcel shipping vendors which include Ontrac, UPS, Fedex and USPS
- Two-time Commitment to Excellence winner given to the top performing manager at MacPherson's
- Direct reporting to the CEO and COO

Promotions Timeline at MacPherson's
DC Manager: 07/04 – 05/06
Senior DC Manager: 05/06 - Present
WMS Team Manager: 10/17 - Present

IMPLEMENTATIONS AND IMPROVEMENTS MANAGER – USF Processors, Dallas TX Oct., 2000 to Oct., 2003

- Direct daily management for all Inbound and Outbound distribution operations. These areas include Picking, Packing, Shipping, and Receiving. (Phoenix, Detroit, Chicago)
- Responsible for the implementation of new customer contracts.
- Train new DC Management and provided management support when needed.
- Perform an on-site analysis on the least productive facilities to determine, and make recommendations/changes. Objective was to improve efficiency by 20%

EDUCATION

DeVry UNIVERSITY, *Phoenix, AZ*

Bachelor of Science in Business Administration

- Coursework included Computer Science, Finance, Supply Chain Management, Operations Management, Strategic Analysis, and Logistics
- Graduated with honors. GPA 3.5

SPECIAL SKILLS

- Excellent customer service skills
- Expert process mapping and documentation skills
- Experienced manager with proven track record of hiring and personnel development
- Applications Skills: Manhattan Scale(WM5), Vocollect(Voice-picking)FDM4 (ERP), IRMS (Warehouse Management System), Lucas Systems (Voice-picking software), ProShip
- Other software applications: Cognos, CorVu, Crystal, Waypoint
- Expert knowledge of warehouse management software
- Strong analytical skills including quantitative analysis

PROFESSIONAL ACTIVITIES

- Warehouse Education Resource Council (WERC), Northern California Chapter
- Partners in Leadership – Certificate in Accountability

I, Jason Derbyshire, **certify that as the designated representative for** Compass Health Brands,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jason Derbyshire
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-13-21
Date

Applicant's initials JD

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

3236

Date 3/25/24

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesaler Distributor License
Nature of License

Compass Health Brands, 9560 N. Virginia St. Suite 150 Reno, NV 89506
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Bedi	Varun	
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted]Myrtledale Road, Scarsdale, NY 10583 2012-Present

Present Residence Address-Street or RFD | City | State/Zp

6753 Engle Road, Middleburg Heights, Ohio 44130 Dates 2013-Present

Present Business Address | City | State/Zip

Director Dates 2013-Present 212-457-1132

Occupation | Phone: Residence [redacted]

[redacted] Chandigarh, India Business 212-457-1132

Date of Birth | Place of Birth (City, County, State)

50 [redacted] M

Age | Social Security Number or ITIN | Sex

Brown	Black	Brown	170	Medium	5'9"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ➔ No ➔ If alien, registration No

If naturalized, certificate No 25282202 Date 04/19/2000

Place New York, NY (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ➔ Married ➔ Separated ➔ Divorced ➔ Widowed ➔ Engaged ➔

Applicant's initial

A. **Current Marriage** 10/24/1998 (Date) Whippany, NJ (City, County and State)

Spouse's full name (Maiden) ~~Karnani~~ SS# or ITIN [redacted]

Date of Birth [redacted] Place of Birth Mumbai, India

Resident address [redacted] Myrtledale Road (Street) Scarsdale (City) NY (State) 10583 (Zip)

Telephone: Residence [redacted] Business 9178583926

Spouse's employer BAV Consulting Occupation Consultant

Address of employer (Street) (City) (State) (Zip)

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Isha Bedi	[redacted]	New York, NY	[redacted] Myrtledale Road, Scarsdale, NY 10583
Ria Bedi	[redacted]	New York, NY	[redacted] Myrtledale Road, Scarsdale, NY 10583

B. Child Support Information:

Please mark the appropriate response:

- [redacted] am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial [redacted]

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Per conversation with Nevada BOP, this section is not required.			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Per conversation with Nevada BOP, this section is not required.			

4. EDUCATION:

	Name of School	Location	Dates Attended	
Grammar School	United Nations International School	New York, NY	1979-1982	Yes ☚ No ☚
High School	Hunter College High School	New York, NY	1982-1988	Yes ☚ No ☚
College University	Haverford College	Haverford, PA.	1988-1992	Yes ☚ No ☚
Other	Harvard Business School	Boston, MA.	1995-1997	Yes ☚ No ☚

Type of degree obtained, if any BA, MBA

College or university where obtained Haverford College/ Harvard Business School

Applicant's initial _____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial_____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ← No ← (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ← No ← If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2012-present	[redacted] Myrtledale Road	Scarsdale	New York
2007- present	6 Gatehouse Road	Scarsdale	New York
2001-2007	145 West 67 street, 10G	New York	New York
1998-2001	300 Mercer Street	New York	New York

Applicant's initial [signature] 11/19/2021

8. EMPLOYMENT: Per conversation with Nevada BOP, only 10 yr. history is required.

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	
2010-Present	Tenex Capital, 60 East 42 street, Suite 5230, New York, NY 10165	
Title	Description of Duties	Name of Supervisor
Managing Director	Investment Management	Michael Green

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Anish Rajparia	Home	[redacted] Mohawk Road, Short Hills, NJ			[redacted]	25
Employer Self	Business	see above				
Name Greg Hebner	Home	[redacted] Santa Monica Blvd Los Angeles, CA 90025			[redacted]	25
Employer Arixa	Business	10960 Wilshire Blvd #1050, Los Angeles, CA 90024				
Name Hans Pompen	Home	[redacted] Edgewood Rd, Redwood City, CA 94062-1716, USA			[redacted]	25
Employer Unlimited Innovations	Business	see above				
Name Josh Leibowitz	Home	[redacted] North Hills Drive, Hollywood, FL 33021-1802,USA			[redacted]	25
Employer Seaboum	Business	450 3rd Ave. W., Seattle, WA 98119			800-442-4448	
Name Sarat Sethi	Home	[redacted] 3rd Ave Fl 38, New York, NY 10017-1424,USA			[redacted]	25
Employer Douglas C. Lane	Business	777 3rd Ave # 38, New York, NY 10017-1401				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes (No)
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes (No)
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada (Yes) No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Professional Employment Organization license in Florida (granted; expired since we sold the company we were investors in)

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ~~No~~

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ~~No~~

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ~~No~~

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ~~No~~

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ~~No~~

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ~~No~~

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ~~No~~

Date of photograph_____

Applicant's initial_____

STATE OF New York
ss.

COUNTY OF Westchester

I, Varun Bedi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

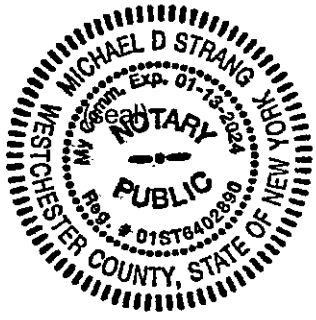
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 26th day of March, 2021

Michael Strang

Notary Public



Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 6/2/21

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesaler Distributor License
Nature of License

Compass Health Brands, 9560 N. Virginia St. Suite 150 Reno, NV 89506
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Wood | Gabriel | McCravey
Last Name | First Name | Middle Name

Gabe
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Reid Lane NW | Atlanta | GA 30327
Present Residence Address-Street or RFD | City | State/Zp

60 East 42nd St, Suite 5230 | 2015-Present | New York | NY 10165
Present Business Address | Dates | City | State/Zip

Private Equity | Dates April 2017-Present
Occupation

Phone: Residence [redacted]

Business 212 457 6055

[redacted]
Date of Birth

Memphis, TN
Place of Birth (City, County, State)

37
Age

[redacted]
Social Security Number or ITIN

Male
Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Hazel	Bland	White	200	lean	6'3"

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial GW

MARITAL INFORMATION-Continued

A. **Current Marriage** May 24 2014 (Date) Jackson, WY (City, County and State)

Spouse's full name (Maiden) Catharine Lesley Sutej SS# or ITIN [redacted]

Date of Birth [redacted] Place of Birth Johannesburg, South Africa

Resident address [redacted] Reid Lane NW (Street) Atlanta (City) GA (State) 30327 (Zip)

Telephone: Residence [redacted] Business none

Spouse's employer none Occupation mother

Address of employer none (Street) (City) (State) (Zip)

B. **Previous Marriages**: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Paul Alexander McCravey Wood	[redacted]	Atlanta, GA	[redacted] Reid Lane NW Atlanta, GA
Madelyn Bridges Wood	[redacted]	Atlanta, GA	[redacted] Reid Lane NW, Atlanta, GA

B. Child Support Information:

Please mark the appropriate response:

- [x] I am not subject to a court order for the support of child.
- [ ] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial GW

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name_____

Address N/A

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Alan Bridges Wood	[redacted]	[redacted] Mallard Rd. Jackson, WY 83001	Doctor (retired)
Mother	Martha Alice McCravey	[redacted]	[redacted] Mallard Rd. " "	Doctor (retired)
Father-in-Law	Paul Sutej	[redacted]	[redacted] Mt. Vernon Estates Drive Atlanta, GA 30338	Doctor
Mother-in-Law	Linda Conkerink	[redacted]	[redacted] Nicklaus Close, Sandton, Kuysna, South Africa 6570	N/A

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Gillian Wood	[redacted]		Social Worker
Spouse	N/A			
	Micah Wood	[redacted]	[redacted] Slade Street 304 Carlsbad, CA	IT Consultant
Spouse	N/A			
	Caitlin Wood	[redacted]	[redacted] Sudbury Road Glenmont, NY 12077	Doctor
Spouse	Christian Parrott			
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	
Grammar School	Annie Wright School	Tacoma, WA	'87-'98	Yes / No
High School	Phillips Exeter Academy	Exeter, NH	'98-'02	Yes / No
College University	Middlebury College	Middlebury, VT	'02-'06	Yes / No
Other	Columbia Business School	NY, NY	'11-'12	Yes / No

Type of degree obtained, if any Bachelor of Arts / Masters in Business

College or university where obtained Middlebury / Columbia

Applicant's initial GW

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial GW

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
(Yes) → No ← (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Various minor corporate disputes for companies I have been on the board of. No cases specifically involving me, but just ~~corporate~~ cases at the company level that I have been involved in				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
(Yes) → No ← If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Multiple miscellaneous corporate disputes for companies that I have been on the board of directors, mostly as plaintiff but some as defendant as well.		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Jul '20 - Present	[redacted] Reid Lane NW	Atlanta	GA
Feb '20 - Jul '20	53 Barbara Lane	Atlanta	GA
Jul '15 - Feb '20	4582 Runnemede Rd NW	Atlanta	GA
Jun '14 - Jul '15	211 North End Ave	NY	NY
Aug '08 - Jun '14	10 West 15th St.	NY	NY
Jul '06 - Aug '08	236 West 16th St	NY	NY
Sep '02 - June 06	Middlebury College	Middlebury	VT
Sep '98 - June '02	Phillips Exeter Academy	Exeter	NH
Prior to Sep '98	45 N. Summit Rd	Tacoma	WA

Applicant's initial GU

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
April 2012	Tenex Capital Management 60 East 42nd St. Suite 5230 NY, NY 10165	
Title	**Description of Duties**	**Name of Supervisor**
Managing Director	Private Equity	Mike Green
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
~~July~~ 2008	Clayton Dubilier & Rice 375 Park Avenue 18th Floor NY, NY 10152	Business School ~~Better Job~~
Title	**Description of Duties**	**Name of Supervisor**
Associate	Private Equity	Derek Strum
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
June 2006	Morgan Stanley 1585 Broadway, 36th Floor NY, NY 10036	Better Job
Title	**Description of Duties**	**Name of Supervisor**
Analyst	Investment Banking	~~Bill~~ Sanders
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
June 2004	Russell Investment Group 1301 Second Ave Seattle, WA 98101	Better Job
Title	**Description of Duties**	**Name of Supervisor**
Summer Intern	Investments	Ron Bagar
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial GW

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Max VanPoelvtz	Home	Hong Kong			[redacted]	23
Employer Self	Business	Nosh				max. [redacted]
Name Fletcher Maffett	Home	Asheville, NC				15
Employer Encor Solar	Business					
Name Robert Lesley	Home	Charlotte, NC				10
Employer Fidus Investments	Business					
Name Mark Flores	Home	Boston, MA				23
Employer State Street	Business					
Name Jon Sisto	Home	Greenwich, CT				19
Employer Credit Suisse	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ~~No~~ **If yes, complete the following:**

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ~~No~~

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ~~No~~

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial GW

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Date of photograph 6/2/21

Applicant's initial GW

ADDITIONAL INFORMATION

Applicant's initial_____

STATE OF _____

ss.

COUNTY OF _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of Jun, 2021

Andrea E. Hernandez

Notary Public

(seal)

Applicant's initial GW

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

3256

Date_____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand comer. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesaler Distributor License
Nature of License

Compass Health Brands, 9560 N. Virginia St. Suite 150 Reno, NV 89506
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name STRAUS | First Name STUART | Middle Name JAY

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A

[redacted] WINTERBERRY LANE | MORELAND HILLS | OH 44022 7/17-pres
Present Residence Address-Street or RFD | City | State/Zp

6753 ENGLE RD Dates MIDDLEBURG HEIGHTS OH 44130
Present Business Address | City | State/Zip

CEO Dates 6/16 to present
Occupation

Phone: Residence [redacted]

[redacted] Business 440-572-1962
Date of Birth

MIAMI, FL, DADE COUNTY
Place of Birth (City, County, State)

59 [redacted] M
Age | Social Security Number or ITIN | Sex

GREEN | BRONN | WHITE/FAIR | 160 | SLIM | 5'9"
Color of Eyes | Color of Hair | Complexion | Weight | Build | Height

Scars, tattoos or distinguishing marks and/or characteristics NO

Are you a citizen of the United States? (Yes) No If alien, registration No_____

If naturalized, certificate No_____ Date_____

Place_____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial JWS

A. **Current Marriage** 6/22/2000 (Date) NAPA, NAPA, CA (City, County and State)

Spouse's full name (Maiden) ROBERTA CALDERONE SS# or ITIN [redacted]

Date of Birth [redacted] Place of Birth FAIRFIELD, CA

Resident address [redacted] WINTERBERRY LANE (Street) MORELAND HILLS (City) OH (State) 44022 (Zip)

Telephone: Residence [redacted] Business —

Spouse's employer N/A Occupation —

Address of employer N/A (Street) (City) (State) (Zip)

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Donna Schwartz	1998	FL	Divorce	Wheaton, Ridge, IL

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Donna Silverman	[redacted]	7E. Peregrine,	Tucson,	AZ	85739

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place		Residence Address
Matthew Ryan Straus	[redacted]	Miami, FL	[redacted]	W. Aldine Ave, Chicago, IL 60657
Lindsay	[redacted]	Orlando, FL	[redacted]	E. Avalon Dr., Phoenix, AZ 85014

B. **Child Support Information:**

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial RS

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Norman Straus	[redacted]	[redacted] S.W. 11 Ct., Pembroke Pines, FL 33027	Retired
Mother	Judith Straus	[redacted]	" "	Retired
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Harriet Straus	[redacted]	[redacted] Hampton Landing Dr., Jacksonville, FL 32256	Accountant
Spouse	Michael Stuart	"	"	Retired
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	
Grammar School	Treasure Island	Miami	1965-1972	Yes No
High School	Miami Beach High	Miami	1976-1978	Yes No
College University	Univ. of Florida	Gainesville	1979-1982	Yes No
Other				Yes No

Type of degree obtained, if any BSBA

College or university where obtained University of Florida

Applicant's initial JP

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ~~No~~

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ~~No~~ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ~~No~~

County Dade State FL Date registered 1979

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ~~No~~ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ~~No~~ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ~~No~~

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ~~No~~

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ~~No~~

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ~~No~~
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ~~No~~
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ~~No~~
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No →) (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No →) If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
7/2017 - present	[redacted] Winterberry lane	Moreland Hills, OH	44022 Cuyahoga
6/2016 - 4/2017	[redacted] Thurloe place	Orlando, FL	32827 Orange
10/2014 - 6/2016	[redacted] Blandford Rd	Orlando, FL	32827 Orange
8/2013 - 3/2015	[redacted] Clarendon Crest	Bloomfield Hills, OH	48302 Oakland
6/2011 - 10/2013	[redacted] Linda knolls	Bloomfield Hills, OH	48304 Oakland
8/2016 6/2011	[redacted] Shipwatch Dr.	Jacksonville, FL	32225 Duval
9/2006 - 8/2010	[redacted] Jackson Ave	Naperville, IL	60540 DuPage
6/2005 - 9/2006	[redacted] W. Superior	Chicago, IL	60654 Cook
12/1999 - 12/2004	[redacted] Lafayette Ave	Cincinnati, OH	45220 Hamilton
11/1994 - 12/1999	[redacted] Hamilton Lane	Naperville, IL	60540 DuPage

Applicant's initial SJS

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	
6/2016-Pres.	Compass Health 6753 Engle Rd, Middleburg Hts, OH 44130	
Title	**Description of Duties**	**Name of Supervisor**
CEO	Gen. Management	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/2014-6/2016	Sun + Skin Care Research - Ocoee, FL	Bus. Sold
Title	**Description of Duties**	**Name of Supervisor**
CEO	Gen. Management	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2011-4/2014	Personal Care Products llc - Troy, MI	Opportunity
Title	**Description of Duties**	**Name of Supervisor**
CEO	Gen. Management	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2010-5/2011	Glosser - Jacksonville, FL	Opportunity
Title	**Description of Duties**	**Name of Supervisor**
VP	Sales + Marketing	Vanessa Soloman

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2004-2010	Beautology/PZ Cussons	Bus. closed
Title	**Description of Duties**	**Name of Supervisor**
GM/owner	Gen. Management	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997-2004	Rao Brands - Cincinnati, OH	Opportunity
Title	**Description of Duties**	**Name of Supervisor**
VP	Sales	Bill Gentner

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1987-1997	Helene Curtis - Chicago, IL	opportunity
Title	**Description of Duties**	**Name of Supervisor**
Director	Sales	Bob Shipley

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1984-1987	L'OREAL - NY, NY	Opportunity
Title	**Description of Duties**	**Name of Supervisor**
Sales Manager	Sales	Dave Vilmure

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial SJS

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Chad Spooner	Home	Stamford, CT			[redacted]	5
Employer Bic Corp	Business					
Name Todd Riggs	Home	Cocoa, FL			[redacted]	7
Employer N/A	Business					
Name David Vilmure	Home	Tampa, FL			[redacted]	37
Employer N/A	Business					
Name Bryan Ferrara	Home	Strongsville, OH			[redacted]	3
Employer Synergy FX	Business	Middleburg, OH				
Name Suzanne Ewen	Home	Cincinnati, OH			[redacted]	29
Employer N/A	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ~~No~~ **If yes, complete the following:**

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ~~No~~

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ~~No~~

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes (No)

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes (No)

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes (No)

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes (No)

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes (No)

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes (No)

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes (No)

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph_____

Applicant's initial_____

STATE OF Ohio
ss.

COUNTY OF Cuyahoga

I, Stuart Straus, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of February, 2021

Melinda J. Rainey

Notary Public

(seal)

NOTARIAL SEAL
STATE OF OHIO

MELINDA J. RAINEY
Notary Public, State of Ohio
My Commission Expires:
December 16, 2024

Applicant's initial

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 37BSBIF8891

Application/License No. _____

Compass Health Brands Corp (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6753 Engle Road, Middleburg Heights, OH 44130 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155-0001 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 9, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of April, 20 20th.

APPLICANT/PRINCIPAL
Compass Health Brands Corp

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Debra J. Scarborough, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent ~~Non-Resident~~ Debra J. Scarborough
License No. 611240

POWER OF ATTORNEY

Direct Inquiries/Claims to: 3267
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: LOCKTON COMPANIES LLC
Agency Code: 37-272106

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Christy M. Braile, Laura M. Buhrmester, Jeffrey C. Carey, Mary T. Flanigan, Tahitia M. Fry, Rebecca S. Leal, Charissa D. Lecuyer, Kellie A. Meyer, Patrick T. Pribyl, Debra J. Scarborough, Evan D. Sizemore, C. Stephens Griggs, Charles R. Teter, III of KANSAS CITY, Missouri

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 9, 2020.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

INCREASE RIDER

To be attached to and form a part of Bond Number 37BSBIF8891 in the amount of Twenty Five Thousand and 00/100 ($25,000.00) Dollars issued by Hartford Fire Insurance Company on behalf of Compass Health Brands Corp. in favor of The State of Nevada and The Nevada State Board of Pharmacy.

It is understood and agreed that the bond described above is hereby modified to increase bond amount:

FROM: Twenty Five Thousand and 00/100 Dollars ($25,000.00)

TO: One Hundred Thousand and 00/100 Dollars ($100,000.00)

It is further expressly understood and agreed that the aggregate liability of the company under said bond to the obligee herein mentioned shall not exceed the amount stated above. Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or limitations of the above mentioned bond, other than as above stated.

To be effective the 21st day of July, 2021.

Signed, Sealed, and dated this 22nd day of July, 2021 .

ATTEST:

Compass Health Brands Corp.
Principal

ATTEST:

Hartford Fire Insurance Company
Surety

Veronica Lawver, Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: LOCKTON COMPANIES LLC
Agency Code: 37-272106

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Christy M. Braile, Jeffrey C. Carey, Mary T. Flanigan, Tahitia M. Fry, Veronica Lawver, Rebecca S. Leal, Charissa D. Lecuyer, Kellie A. Meyer, Patrick T. Pribyl, Debra J. Scarborough, Lauren Scott, Evan D. Sizemore, C. Stephens Griggs, Charles R. Teter, III of KANSAS CITY, Missouri

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of July 22nd, 2021.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property, Surety

DEBRA J SCARBOROUGH

444 W 47TH ST STE 900
KANSAS CITY, MO 64112-1906

is authorized to transact business as described above

License No: 611240 Issue Date: 08-15-2008 Expiration Date: 09-01-2020

Generated by Sircon 152481144

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

DEBRA J SCARBOROUGH
444 W 47TH ST STE 900, KANSAS CITY, MO 64112-1906

LICENSE NUMBER: 611240

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property, Surety

Issue Date: 08-15-2008 Expiration Date: 09-01-2020

Generated by Sircon 152481144

17B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☒ Nevada ☐ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☒ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: J.W Welding Supplies and Tools

Physical Address: 1155 Taylor Place

City: Fallon State: NV Zip: 89406

Mailing Address (if different from physical address): P O Box 1416

City: Fallon State: NV Zip: 89407

Telephone: 775-423-4774 Website: WWW.JWWELDINGSUPPLY.COM

Name of Designated Representative (DR): John Craig

Licensing Company Email: _____ DR Email: _____

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☒ Others: Medical Oxygen USP

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Messer Gases
Address: 200 Somerset Corporate Blvd St # 7000 City: Bridgewater State: NJ Zip: 08807
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: J.W. Welding Supplies and Tools
Mailing Address: P.O. Box 1416
City: Fallon State: NV Zip: 89407
Telephone: 775 423-4774 Email: ben@jwweldingsupply.com
Contact Person Name: John Craig

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John S. CRAIG
Print Name of Authorized Person Submitting Application

John S Craig
Original signature of Authorized Person (copies or stamps not accepted)

12-8-21
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 12346

ap@jwweldingsupply.com

From: noreply@gln.com
Sent: Tuesday, November 30, 2021 3:27 AM
To: AP@JWWELDINGSUPPLY.COM
Subject: Messer POD Notification For Customer: J W WELDING Account: 2348193 POD: 565404515

MESSER Gases for Life

565404515

Delivery Number

Liquid Bulk Electronic Proof of Delivery

Messer LLC

Bridgewater, New Jersey 08807

↑Refer to this number on all correspondence

Customer Info

Customer Number:	**2348193**	Customer Name:	**J W WELDING SUPPLIES & TOOLS**		
Address:	**1155 TAYLOR PLACE**				
City:	**FALLON**	State:	**NV**	Zip Code:	**89406**
Installation Number:	**2348193-01**	Installation Name:	**J W WELDING**		

Product Info

Product Name:	**OXYGEN USP, REFRIGERATED LIQUID**	Product Code:	**25001102**
Lot Number:	**6719-112921-01**	Safety Data Sheets:	**www.messer-us.com/LOXSDS**
Certificate of Analysis:	**LOX 1 - CERTIFICATE OF ANALYSIS**		
Conformance Statement:	**This product meets the specifications described in QVLs B & Cof CGA G-4.3 and the Messer LOX1 spec of: Min Purity/Assay => 99.5 %, Odor = None**		

Delivery Info

Delivery Method: **Flow Meter** Conversion Factors: Oxygen: 1 GAL = 115.1 SCF; 1 LB = 12.08 SCF

Delivered Amount:	2524	GAL	Delivered Amount:	290,512	SCF	Delivered Amount:	24,049	LBS

Tank Levels(in installed tank gauge unit of measure)

Tank 1 Gauge Level In	2	IN
Tank 1 Gauge Level Out	146	IN

Trip Info

Trip Number:	301690	Driver Name:	LEE REED
Arrival Time:	11/30/2021 - 02:19 AM	Departure Time:	11/30/2021 - 02:33 AM

Delivery Special Instructions

TANK ID # 250-341 or 165-1740

IN EVENT OF ANY EMERGENCY CONCERNING THE CHEMICALS IN THIS SHIPMENT CALL CHEMTREC TOLL FREE NUMBER 800-424-9300

For Customer Service Inquires Please Call: 1-800-755-9277 or E-mail: ask.messer@messer-us.com

Certificate of Program Authorization

This is an Authorization Certificate For

JW WELDING
SUPPLIES & TOOLS

This certificate authorizes the above referenced firm to utilize the B&R Compliance Associates Beverage and Food Safety Program materials for the time period shown on this license. This license shall be kept with the program materials

Registered Sites

Fallon, NV

Total Solutions For Compliance

License Issued By
B&R Compliance Associates, LLC
P.O. Box 190
Placida, Fl. 33946

Randal Ball

Authorized By

Date of Issue
July 1, 2021

Valid Through
July 1, 2022

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/4/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Patriot Risk & Insurance Services 2415 Campus Drive, Suite #200 Irvine, CA 92612 www.patrisk.com 0K07568	CONTACT NAME: PHONE (A/C, No, Ext): (949) 486-7900 FAX (A/C, No): E-MAIL ADDRESS:
INSURED JW Welding Supplies & Tools 1155 Taylor Place Fallon NV 89431	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Indemnity Insurance Company of N A — 43575 INSURER B: ACE American Insurance Company — 22667 INSURER C: Great American E & S Insurance Company — 37532 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 64385837 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY			D37719869	3/15/2021	3/15/2022	EACH OCCURRENCE	$1,000,000
	☐ CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	☐ POLICY ✓ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	☐ OTHER:							$
B	AUTOMOBILE LIABILITY			H08518439	3/15/2021	3/15/2022	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	✓ Comp. Ded $2,000 Coll. Ded $2,000							$
C	✓ UMBRELLA LIAB ✓ OCCUR			XS 3288663-01	3/15/2021	3/15/2022	EACH OCCURRENCE	$5,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$5,000,000
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

*30-day notice of cancellation / 10-days for non-payment of premium.

CERTIFICATE HOLDER

Proof of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dave Jacobson

© 1988-2015 ACORD CORPORATION. All rights reserved.

Certificate of Program Conformance

JW WELDING
SUPPLIES & TOOLS

This Certificate Verifies That
B&R Compliance Associates, LLC

Has conducted a review of the program requirements for this Medical Gas Compliance Program against relevant FDA cGMP requirements and industry consensus standards. This program is in conformance with applicable requirements at the time of this review.

Relevant Program Standards

21 CFR Parts 210 & 211
21 CFR Parts 820 & 860
FDA Medical Gas Guidance Document (2003)
Applicable CGA Standards M-Series
Applicable CGA P Series & G Series Publications
United States Pharmacopecia/National Formulary Monographs

B&R Compliance Associates, LLC
P.O. Box 190
Placida, Fl. 33946
(610) 868-7183

Date of Review
July 15, 2021

Valid Through
July 15, 2022

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

J W WELDING SUPPLIES & TOOLS

JW Welding Supplies & Tools

Nevada Business Identification # NV20101622016
Expiration Date: 08/31/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/18/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202108181921077
You may verify this certificate online at http://www.nvsos.gov

LIC. NO. **16417**

COUNTY OF CHURCHILL

IN THE STATE OF NEVADA

NOT TRANSFERABLE

ACCT. NO. **0156**

BUSINESS LICENSE

J W WELDING SUPPLIES & TOOLS

HAS PAID TO THE COUNTY OF CHURCHILL, THE LICENSE FEE OF $ 125.00, AS REQUIRED BY THE PROVISIONS OF CHURCHILL COUNTY CODES, CHAPTER 5, AND IS HEREBY LICENSED TO CONDUCT A WELDING-SUPPLIES BUSINESS, FROM 1155 TAYLOR PL, DOING BUSINESS IN CHURCHILL COUNTY, NEVADA, BEGINNING JANUARY 1, 2021 AND ENDING DECEMBER 31, 2021.

Churchill County Planning Dept.
Business Licensing
155 N. Taylor Street, Suite 194
Fallon, NV 89406

AUTHORIZED SIGNATURE

12.16.20

DATE

J. W. Welding Supplies & Tools

P.O. Box 1416/1155 Taylor Place
Fallon, Nevada 89406-7877
775 423-4774 Fax 775 423-0600

900 Industrial Way
Sparks, Nevada 89431
775 331-4774 Fax 775 331-4806

Employee Name	Position
John Craig	Owner/Partner
Benjamin Craig	Fallon Store Manager
Heidi Spackman	AP/IT/Office Manager
Chrystal Morgan	Purchasing/Receiving
Pam Craig	Accounting
Thomas Godwin	Long Haul Driver
Forest Shelley	Fallon Driver
Steve Cole	Outside Sales
Bryan Dockery	Dock Supervisor
Mark Humphrey	Dock
Ron Preston	Sparks Store Manager
Wayne Eisele	Outside Sales
James Gordon	Sparks Driver
Troy Olivieri	Supervisor

11/30/21

JW Welding Supplies and Tools
1155 Taylor Place Fallon NV 89406

List of Partnership

Name	Percent
John S Craig	50%
Deborah L Myers	8.33%
Edna K Davis	8.33%
Robert C Craig	8.33%
Kenneth G Craig	8.33%
Melody R Anderson	8.33%
Heather C Weakland	8.33%

Registration & DPL Profile

JW Welding Supplies & Tools

The Links below will take you to the FDA website where you can view your current status and verify, your information:

To check on the status of your facility registration go to http://www.accessdata.fda.gov/scripts/cder/drls/default.cfm . In the search box enter your company's name. Make sure the expiration date shows current year.

To check on the status of your drug listings go to http://dailymed.nlm.nih.gov/dailymed/index.cfm . In the search line enter your 5 digit NDC labeler code number. All the drug listings for that NDC labeler code should appear. In each listing check the section for basis of approval. The listing should show an NDA number. If it still shows un-approved medical gas your listing needs to be updated.

Drug Establishment Current Registration Status

Firm Name	FEI	Duns	Business Operations	Address	Expiration Date
JW Welding Supplies & Tools	3010515924	102836251	MANUFACTURE;	1155 Taylor Pl, Fallon, Nevada (NV) 89406, United States (USA)	12/31/2022
National Drug Code Query-Company/Labeler Name			**NDC Number**		59336

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100622803

Application/License No. _____

JW WELDING SUPPLIES AND TOOLS (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1155 TAYLOR PLACE FALLON, NV, 89406 (Address of Applicant/Principal), as PRINCIPAL, and AMERICAN CONTRACTORS INDEMNITY COMPANY (Surety Company), a corporation organized under the laws of the state of California (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/6/2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of December, 2021.

AMERICAN CONTRACTORS INDEMNITY COMPANY INCORPORATED SEPT. 25, 1990 CALIFORNIA

APPLICANT/PRINCIPAL

JW WELDING SUPPLIES AND TOOLS

John S Craig

Authorized Representative

SURETY

AMERICAN CONTRACTORS INDEMNITY COMPANY

Surety Company's Representative

BLAKE BRANDENBURG, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

TOKIO MARINE HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:
That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

BLAKE BRANDENBURG

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number 100622803, issued in the course of its business and to bind the Company thereby, in an amount not to exceed Twenty-five thousand and 00/100 ($25,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 1st day of June, 2018.

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

State of California
County of Los Angeles

AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____
Adam S. Pessin, President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On this 1st day of June, 2018, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2239479
My Comm. Expires Apr 23, 2022

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 6th day of December, 2021.

Bond No. 100622803

Agency No. 11728

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

_____
Kio Lo, Assistant Secretary

TOKIO MARINE HCC

Bond Summary

Principal Name: JW WELDING SUPPLIES AND TOOLS
Bond Number: 100622803
License Number:

Bond Information

Description: PHARMACEUTICAL WHOLESALER BOND
State: NV
Bond Amount: $25,000.00
Execution Date: 12/6/2021
Bonding Company: American Contractors Indemnity Company
801 S. Figueroa Street, Suite 700
Los Angeles, CA 90017

Payment Information

Payment Type: BILL ON STATEMENT
Amount Received: $250.00
Charged By: BLAKE BRANDENBURG
Reference ID: RI100622803
Process Date: 12/6/2021

Agent Information

E.H. HURSH, INC.
295 S. MAINE STREET
FALLON, NV, 89406
775-423-6501

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler J W Welding Supplies and Tools

Physical Address 1155 Taylor Place

City Fallon State NV Zip 89406

Mailing Address (if different from physical address) P.O Box # 1416

City Fallon State NV Zip 89407

Telephone 775-423-4774 Website www.jwweldingsupply.com

Licensing Company Email www.jwweldingsupply.com

Section 2: Personal Information

First John Middle Strauther Last CRAIG

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address PO Box [redacted]

City FALLON State NV Zip 89406

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 10-1972 to: 10-1977

Military Occupation/Specialty AIR CRAFT CREW CHIEF

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☒ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Applicant's initials JSC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Churchill County High school.			
Address	City	State	Zip
	Fallon.	NV	89406
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1987 - 2021	[redacted] AMBER WAY	Fallon	NV	89406
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TBC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: JW welding Supplies & Tools			From - To (MM/YY – MM/YY): 1978 – To Current
Business Address: 1155 TAYLOR PLACE	City: FALLON	State: NV.	Zip: 89406
Phone: 775-423-4774	Title: PARTNER.		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JBC

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials TSC

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John S. CRAIG

Print Name (First, Last)

John S Craig — 12-08-21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Churchill

I, John S. CRAIG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John S Craig — 12-08-21

Original Signature — **Date**

Subscribed and Sworn to before me this 8 day of Dec 2021

Susanna Payne

Notary Public Signature

SUSANNA PAYNE
Notary Public - State of Nevada
Appointment Recorded in Churchill County
No: 04-87008-4 - Expires February 1, 2024

(Seal)

Applicant's initials JSC

11/30/21

J W Welding Supplies and Tools
1155 Taylor Pl
Fallon NV 89406

We are requesting a Temporary Wholesar License to sell too our current hospitals and practioners that we currently sell to.

Our company has had MDEG License since 2003. We did not know that we had to have a Wholeser Licensi until our inspection on November 23. 2021 by inspector Mui Lee.

John S Craig

18

Kristopher Mangosing

From: David Wuest
Sent: Thursday, November 4, 2021 9:45 AM
To: Kristopher Mangosing
Cc: Yenh Long; [redacted]
Subject: FW: per your request
Attachments: BOP Application for Remote work as a Pharmacist.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Kris,

Please put Ms. Palazovaa on the January or March Board meeting.

Thanks,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Anja Palazova <[redacted]>
Sent: Wednesday, November 3, 2021 7:45 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Re: per your request

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Mr Wuest,

Please see attached the Application for Remote work as a Pharmacist.

My employer for now is OptumRx Nevada, but I want to keep open the chance for collaboration with Aspen in the future if possible.
Let me know if anything else is needed.

What is the best way to update my employer with the Boards of Pharmacy of Nevada in the future?

Thank you for all your help.

Regards,

Anja Palazova

On Mon, Nov 1, 2021 at 11:35 AM David Wuest <dwuest@pharmacy.nv.gov> wrote:

Email is fine.

Dave

J. David Wuest

Executive Secretary

Nevada State Board of Pharmacy

From: Anja Palazova <palazovaa@gmail.com>
Sent: Monday, November 1, 2021 11:28 AM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Re: per your request

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Mr Wuest,

Thank you for your reply. What is the preferred form of communication, a mail or an email is ok?

Regards,

Anja

Sent from my iPhone

On Nov 1, 2021, at 11:18 AM, David Wuest <dwuest@pharmacy.nv.gov> wrote:

Anja,

Thank you for your email. Below are the item that you must supply to the Board for consideration;

(a) The name of the pharmacist;
(b) A description of the services that the pharmacist intends to provide at the site;
(c) The location at which the pharmacist will provide the services;
(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;
(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;
(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;
(g) The days and hours during which the pharmacist intends to provide the services;
(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;
(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;
(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and
(k) A description of the business plan for the services provided.

It may be challenging to answer these questions within having employment or a contract.

Sincerely,

Dave

J. David Wuest

Executive Secretary

Nevada State Board of Pharmacy

<image001.gif>

From: Anja Palazova <palazovaa@gmail.com>
Sent: Saturday, October 30, 2021 9:01 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Re: per your request

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Mr Wuest,

Despite the fact that my full time employer is OptumRx located in Las Vegas, Nevada and I am not currently working for Aspen RX Health, located in Tampa, Florida, I would still like to submit an application required for pharmacists to engage in pharmacy practice at sites other than licensed pharmacies, due to possible future professional engagement with this company.

Per NAC 639.403, section 1, I should submit an application on a form prescribed by the Board. Can you please provide me with one or refer me to where I can find the required form.

Thank you for your response and time.

Regards,

Anja Palazova

On Fri, Oct 22, 2021 at 10:59 AM Anja Palazova <palazovaa@gmail.com> wrote:

Hi Mr. David,

I was able to confirm with my future employer for which location I will be working. The address is as follows:

Optum Rx

2716 N TENAYA WAY

Las Vegas, NV 89128

Please let me know if any action on my end is required.

Regards,

Anja Palazova

Sent from my iPhone

> On Oct 21, 2021, at 8:19 AM, David Wuest <dwuest@pharmacy.nv.gov> wrote:
>
> Ms. Palazovaa,

Here are the items you requested during today's call;

3. Partial Waiver - Remote Site Operation in Response to COVID-19 exp 12.31.21.pdf (nv.gov)

And

NAC 639.403 Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy; exemption for pharmacists who administer immunizations. (NRS 639.070)

1. Except as otherwise provided in subsection 2, a registered pharmacist may apply to the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy by submitting an application on a form prescribed by the Board. An application must be approved before a pharmacist may commence any practice pursuant to this section. The application must include, without limitation:

(a) The name of the pharmacist;

(b) A description of the services that the pharmacist intends to provide at the site;

(c) The location at which the pharmacist will provide the services;

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;

(g) The days and hours during which the pharmacist intends to provide the services;

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and

(k) A description of the business plan for the services provided.

2. A registered pharmacist may not submit an application pursuant to subsection 1 if he or she provides services:

(a) Pursuant to the provisions of NAC 449.15347;

(b) Pursuant to the provisions of NAC 449.6138;
(c) Pursuant to the provisions of NAC 449.722;
(d) Pursuant to the provisions of NAC 449.74531;
(e) Pursuant to the provisions of NAC 449.9905 and 639.4996;
(f) Pursuant to the provisions of subsection 2 of NAC 639.465;
(g) Pursuant to the provisions of NAC 639.690;
(h) Voluntarily or without compensation, regardless of whether the services are provided individually or through an employer; or
(i) Pursuant to a medication therapy management program approved pursuant to 42 C.F.R. § 423.153(d).

3. A registered pharmacist who administers immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive, is not required to submit an application pursuant to this section for purposes of administering the immunizations at the authorized location.

(Added to NAC by Bd. of Pharmacy by R180-07, eff. 9-18-2008)

Respectfully,

Dave

J. David Wuest

Executive Secretary

Nevada State Board of Pharmacy

<image001.gif>

(a) The name of the pharmacist;

Anja Palazova

(b) A description of the services that the pharmacist intends to provide at the site;

Ensuring the best therapeutic outcomes for patients. MTM (Medication Therapy Management) and CMR (Comprehensive Medication Review) services include five core elements: medications therapy review, a personal medications record, a medications-related action plan, intervention or referral, and documentation and follow-up.

(c) The location at which the pharmacist will provide the services;

Remote workplace, dedicated home office, physically isolated with a door. The address is as follows: [redacted] Lake East Drive [redacted], Las Vegas, Nevada, 89117.

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;

CMR and MTM services are especially effective for patients with multiple chronic conditions, complex medication therapies, high prescription costs, and multiple prescribers.

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;

Aspen RxHealth provides clinical pharmacy services to health plans and other risk-bearing providers via a mobile-based technology platform which intelligently matches pharmacists with patients to enrich the patient-pharmacist experience and drive better outcomes.

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;

Aspen RxHealth pharmacists are integentlly matched with patients via mobile application, Aspen RX App, to drive down cost while improving medication adherence, Medicare Star Ratings and CAHPS measures, member experience, and overall health outcomes.

(g) The days and hours during which the pharmacist intends to provide the services;

Monday-Sunday 8am - 8 pm, 7 days a week.

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;

Aspen Rx has a pool of over 5000 Registered Pharmacists. If a certain Pharmacist is unavailable, the patient is matched with another RPh from within the pool.

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;

The pharmacist doesn't maintain physical/ paper records at the location where the services are provided. All the patient's personal information is saved in the Aspen Rx application, which is accessed only with username and password, specific to each pharmacist.

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy;

No, the services provided are not related to a licensed pharmacy.

and

(k) A description of the business plan for the services provided.

Aspen RxHealth provides clinical pharmacy services to the five biggest health plans in the USA and other risk-bearing providers via a mobile-based technology platform.

Respectfully,

RPh Anja Palazova

19

19A

Bea Andrea Belarmino
[redacted] Bristle Branch Dr
Sparks, NV 89434
[redacted]

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 28, 2021

To Whom It May Concern,

I am writing this letter to request an appearance before the board to ask for permission to retake the NAPLEX in Nevada. I am a foreign pharmacy graduate who has passed the TOEFL, FPGEE and MPJE. However, I was unable to pass the NAPLEX after five attempts. I would like to present my case before the board; therefore, I am asking your good office for guidance and consideration.

I have wanted to become a pharmacist since high school. Before migrating to the States in 2006, I had been planning to get a university degree in pharmacy. After the sudden move, I attended a career college in Sparks for a Diploma Program to be a pharmacy technician. This made my passion for the field grow even stronger that I decided to continue my studies in the Philippines to pursue being a pharmacist in 2010. After earning a degree in BS Clinical Pharmacy, I came back to Sparks and passed the FPGEE, TOEFL, and MPJE between 2016-2020. I started taking the NAPLEX in 2019 and was disappointed to fail it five times.

During that period up until present time, I have been working as a pharmacy technician, honing my skills, and gaining experience in the field. I believe I have what it takes to be a pharmacist given my current knowledge and skillset. Being granted an audience to the board may give me the opportunity to take this exam a final time.

Thank you for taking the time to consider my request. Please contact me by email or phone should you have any questions.

Respectfully,

Bea Andrea Belarmino
IN04693

Date	Score
3/26/2019	59
7/17/2019	74
10/19/2019	68
10/24/2020	74
3/11/2021	Fail (see attached report)

19B

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy Ste 206
Reno Nevada 89521

March 23, 2021

To Whom It May Concern,

I'm writing to you requesting an appearance before the Board to ask permission to retake the NAPLEX.

I have been informed by the National Association of Boards of Pharmacy that permission to take the NAPLEX exam after the allotted 5 remains under the purview of the Board of Pharmacy of the state the test is to be applied.

I am employed by a company that is requiring me to obtain a license to work in Nevada. I am currently licensed in California and was previously licensed in Nevada from 1988 to 1990 but I allowed it to lapse.

I would greatly appreciate being given the opportunity to re-take the NAPLEX in Nevada. Thank you for your consideration and I await your reply.

Sincerely,

Arnold A. Castro, PharmD

[redacted] Las Palmeras Ave.
La Mirada, CA 90638

arnold.castro@cardinalhealth.com

First Name	Middle Nar	Last Name	Exam Date	Exam Nam	Pass/Fail
ARNOLD	A	CASTRO	9/12/2013	NAPLEX	FAIL
ARNOLD	A	CASTRO	10/17/2016	NAPLEX	FAIL
ARNOLD	A	CASTRO	1/23/2018	NAPLEX	FAIL
ARNOLD	A	CASTRO	10/1/2018	NAPLEX	FAIL
ARNOLD	A	CASTRO	5/13/2019	NAPLEX	FAIL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

Y

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Arnold Middle: Aquirre Last: Castro

Mailing Address: [redacted] Las Palmeras

City: La Mirada State: CA Zip Code: 90638

Telephone [redacted] E-mail Address: arnold.castro@cardinalhealth.com

Date of Birth: [redacted] Place of Birth: Los Angeles , CA

SS# or ITIN: [redacted] Sex: ☒ M or ☐ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: 06/01/1988 (mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Southern California School of Pharmacy

Location of School: Los Angeles , CA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 Check # 1290 Entity #: _____

Email _____ NAPLEX _____ MPJE _____

To Whom It May Concern :

September 21, 2021

As clarified in email received from Candy M. Nally on 06/29/21. Enclosed is the completed Nevada Application by Examination as a Pharmacist and application fee that was required for requesting an appearance before the Board to ask permission to retake the NAPLEX.

Thank you for your consideration.

Sincerely,

Arnold A. Castro

Arnold A. Castro, Pharm D
Staff Pharmacist, Remote Pharmacy Services, CA Team
Innovative Delivery Solutions
184 Technology Dr. Irvine, CA 92618
877.244.5774 direct | 949.453.8690 fax
arnold.castro@cardinalhealth.com

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
CA	41890	Yes ☑ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state	☒	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date:	Case #:
	CA	04 / 10 / 09	AC200600303600 BY HEARING DECISION: ACCUSATION DISMISSED

Criminal Action:	State	Date:	Case #:	County	Court
	CA	10/20/1988	88M01360	Los Angeles	Malibu District (FINE+PROBATION)
	CA	/ / 11/29/1994	94M09780	Los Angeles	Downey (FINE+PROBATION)

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Arnold A Vistas — Sept. 21, 2021

Original Signature, no copies or stamps accepted — Date

19C

September 27, 2021

I am writing to you today to explain my case and hope for consideration to take the NAPLEX one more time. As you are reading this, you are probably wondering if it is actually worth your time to make this consideration. Let me give you a bit of background to my situation. I originally come from Ethiopia and have come to the states for my education and freedom of religion. I have been successful, by my hard work as well as the grace of God, to have achieved my goal of obtaining my bachelor's followed by my Doctor of Pharmacy degree. I am so grateful to have been able to successfully complete pharmacy school after getting married shortly prior to my first year and then go through my first pregnancy later that year and into the second year.

After graduation, I had focused, as any graduate student would, on passing my board exams to becoming a licensed pharmacist. It was hard on me to see that I had failed the first attempt but knew that somehow I will improve and pass it the next try. That had obviously not happened and I then was pregnant with my second child and trust me, it is not an easy job to do to study, be a full time mother and wife and prepare for an exam that will determine your future. This past year has been quite hard on all of us but as I was preparing for this last exam, I had lost six members of my family back home due to COVID also my husband lost his mother and that was quite devastating for all of us. I had found out that I was pregnant, as you know life cannot stop due to an exam, unfortunately the stress of this pregnancy has been a heavy weight on me as well in addition to all my other family obligations.

I am not asking for sympathy but rather, understanding of the situation as well as acknowledging that I have significantly been improving in my results. I know test taking is my great weakness and that I have great hope and confidence in passing the exam, because as you can see, I will not give myself the choice to ever give up on a goal/dream and for me to get this far and give up is not a good example I want to set for my children. I am doing my best and know the steps I have to take in order to be re-qualified to take the exams again if NOT granted this one more time by the board. But imaging the financial struggle I will have to endure during that year that I cannot work as well as have to complete the required units at a local pharmacy school. I want to be given this chance if you may, I have been preparing and even purchased a study course to aid me in the process.

Thank you for your time and consideration with my case.

Sincerely,

Tsigereda Mulugeta

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Tsigereda Middle: GETACHEW Last: Mulugeta

Mailing Address: [redacted] E Cameron Ave Apt [redacted]

City: Visalia State: CA Zip Code: 93277

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Ethiopia

SS# or ITIN: [redacted] Sex: ☐ M or ☒ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: 05/18/2018 (mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: California Health Science University (CHSU)

Location of School: Clovis, CA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Check # 1309

Processed: 4-27-21 Amount: 250 Entity #:

Email 5/6 NAPLEX 5/5 MPJE

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
none		Yes ☐ No ☐			Yes ☐ No ☐
none		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state		X
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date: / /	Case #:

Criminal Action:	State	Date: / /	Case #:	County	Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

04/19/2021

Date

20

3496

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (06/24/2021)

Type of Facility

☒ Ambulatory Surgical Center (ASC)

☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 4, 7,8)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8)

Section 1: General Information

ASC/RC Name: Comprehensive Surgical Care of Reno-Tahoe, LLC

Physical Address: 5443 Kietzke, LN Suite 110

City: Reno State: NV Zip: 89511

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 775-446-0800 Fax: 775-900-3164

Contact Email: erin.brown@ciccenters.com Website

Nevada Business License # NV20201789086 Entity # E6847442020-9

Employed/Contracted Pharmacist Name: Lounit Kaur NV Pharmacist License #: 20668

Medical Director Name: Brian Evans

Days of Operation

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Comprehensive Surgery Care of Reno-Tahoe, LLC

Mailing Address: 112 North Curry ST.

City: Carson City State: NV Zip: 89703

Telephone: 775-446-0800 Email: erin.brown@ciccenters.com

Contact Person Name: Erin Brown

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☒ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

9/27/21
Date

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Lovoit Isaac Pharmacist License #: 20668

As the employed/contracted pharmacist, for (ASC/RC Name): Comprehensive Integrated Care of Reno-Tahoe LLC

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

3500

Section 8: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Rainwater

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation) NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9-15-21

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 3808

Comprehensive Surgical Care of Reno-Tahoe, LLC
5445 Kietzke Ln
STE 110
Reno, NV 89511-1088

TIN: 85-1492944
NPI: 1376159228

Board Menager: Joel RainWater

Administrator: Erin Brown

Management Company
HealthCrest Surgical Management, LLC
81-3933873
3540 S Boulevard
STE 225
Edmond, OK 73013

OWNERSHIP	% Ownership	Indirect Ownership in Comperhensive Surgical Care of Reno - Tahoe, LLC		5% > Indirect Owner Name, DOB, SS#, State of Birth:
***Regen Management Reno-Tahoe, LLC**	***67%**		**Regen Management of Reno-Tahoe, LLC**	**Joel Richard Rainwater, MD**
Indirect Owner ofRegen Management Reno-Tahoe LLC:			4001 E. Baseline Rd	[redacted]
**Joel Rainwater, MD*	*100%*	**67%*	Suite 107	Texas
			Gilbert, AZ 85234	
			TIN: 85-3656094	
***Limbic, LLC**	***5%**		**Limbic, LLC**	**Mark Berner**
Indirect Owner of Comprehensive Surgical Care of Reno-Tahoe, LLC			990 Wheatland Ct Reno, NV 89511	[redacted]
****Dr Mark Berner***	*100%*	**5%*	TIN: 86-1496989	Alaska
***Summit Interventional, LLC**	***5%**		**Summit Inverventional, LLC**	**Brian Evans**
Indirect Owner of Comprehensive Surgical Care of Reno-Tahoe, LLC			116 Southcreek CIR Folsom, CA 95630	[redacted]
****Dr Brian Evans***	*100%*	**5%*	TIN: 83-0962906	Arizona
***Advanced Cardiac & Vascular, INC**	***5%**		**Advanced Cardiac & Vascular Institute, INC**	**Inder Singh**
Indirect Owner of Comprehensive Surgical Care of Reno-Tahoe, LLC			9210 Silverwood Court Granite Bay, CA 95746	[redacted]
****Dr Inder Singh***	*100%*	**5%*	TIN: 84-4060809	Punjad, India
***Kyle T Yamamoto, MD LTD**	***5%**		**Kyle T Yamamoto MD, LTD**	**Kyle T. Yamamoto, MD**
Indirect Owner of Comprehensive Surgical Care of Reno-Tahoe, LLC			[redacted] Rio Pinar Dr Reno NV 89509	1/29/1981
****Dr Kyle Yamamoto***	*100%*	**5%*	TIN: 47-3966707	392-88-0982
				Wisconsin

***Wesley Hall**	***5%**	*5%*	**Wesley Hall** [redacted]Fairview Rd, Reno, NV 89511 SSN: [redacted]	**Wesley Hall** [redacted] NC, USA
***Scott Wrye**	***5%**	*5%*	**Scott Wrye** [redacted] Cawena Canyon Tr, Reno, NV 89511 SSN: [redacted]	**Scott Wrye** [redacted] CA, USA
***Charles P Virden**	***2%**	*2%*	Charles Verden MD 5480 Cypress Point Dr Reno, NV 89509 [redacted]	
***F Keith Nebeker**	***1%**	*1%*	Franklin Keith Nebeker 10463 Double R Blvd, Suite 100 Reno 89521 TIN: 47-5326912	

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Comprehensive Surgical Care of Reno-Tahoe, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/26/2020, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/30/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202107301878902
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

05/27/2020

Work Order Item Number:	W2020052700263-593591
Filing Number:	20200684784
Filing Type:	Initial List
Filing Date/Time:	5/26/2020 4:04:00 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E6847442020-9

Entity Name: Comprehensive Surgical Care of Reno-Tahoe, LLC

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

Corporation Service Company

112 North Curry St., Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Comprehensive Surgical Care of Reno-Tahoe, LLC

Nevada Business Identification # NV20201789086
Expiration Date: 05/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/27/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200527815168
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Comprehensive Surgical Care of Reno-Tahoe, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one).

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number **E6847442020-9** Filing Number **20200684784** Filed On **5/26/2020 4:04:00 PM** Number of Pages **2**

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☒ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box
Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No – no additional form is required

☐ Yes – the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**** Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF:		Title: Manager	
Regen Management Reno-Tahoe, LLC			United States
Name			Country
4001 E. Baseline Rd, Suite 107	Gilbert		AZ 85234
Address	City		State Zip/Postal Code
CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF:		Title: Manager	
HealthCrest Surgical Holdings, LLC			United States
Name			Country
3540 S. Boulevard, Suite 225	Edmond		OK 73013
Address	City		State Zip/Postal Code
CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF:		Title:	
Name			Country
Address	City		State Zip/Postal Code
CORPORATION, INDICATE THE DIRECTOR:			
Name			Country
Address	City		State Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X _____

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED.*

Organizer
Title

05/18/2020
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/13/21

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy License

Comprehensive Nature of License

~~Comperensive~~ Surgical Care of Reno -Tahoe,LLC

Name and Address of Establishment for Which License Is Requested

5443 Kietzke LN. Suite 110 Reno NV 89511

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Evans (Last Name) | Brian (First Name) | Tracy (Middle Name)

none

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Southcreek Circle (Present Residence Address-Street or RFD) | Folsom (City) | CA 95630 (State/Zip)

Present Business Address | City | State/Zip

Interventional Radiologist (Occupation) Dates - current

Phone: Residence [redacted]

Business (775) 502-1660

[redacted] (Date of Birth) | Scottsdale, Maricopa, Arizona (Place of Birth (City, County, State))

45 (Age) | [redacted] (Social Security Number) | Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Green	Brown	Fair	170	Average	5'8"

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes ■ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ■ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

A. **Current Marriage** Date Tell City, Co County and State

Spouse's full name (Maiden) Vivian Lum S.S. No

Date of Birth [redacted] Place of Birth Hong Kong

Resident address
Street City State Zip

Telephone: Residence Business 520 780 3698

Spouse's employer — Occupation Homemaker

Address of employer —
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Reed Evans	[redacted]		
River Evans			

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Chris Evans		[redacted] E Rowel Rd Scottsdale, Az	Gen. Contract.
Mother	Marsha Evans		[redacted] E. Rowel Rd. Scottsdale, Az.	Homemaker
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Victoria Evans			
Spouse	Paul Malcangio			
	Kevin Evans			
Spouse	Joie Evans			
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Laguna Elementary	Scottsdale Az.		Yes ■ No ☐
High School	Saguaro High School		- 1995	Yes ■ No ☐
College University	University of Arizona (undergrad)			Yes ■ No ☐
Other	George Washington (Med school)			Yes ■ No ☐

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial.....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ■ No ☐

Branch Navy Date of entry-active service 2003

Date of separation 2011 Type of discharge honorable

Rating at separation Lt. Commander Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ■ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ■ No ☐

County Maricopa State Arizona Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ■ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ■

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ■

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ■

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ■
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ■
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ■
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/16 - Current:	[redacted] SouthCreek Circle	Folsom	CA
5/14 - 7/16:	126 Feather Falls Circle	Folsom	CA
7/12 - 5/14:	134 Gilded Rock Circle	Folsom	CA
7/11 - 7/12:	6537 5th Ave.	Seattle	WA

Applicant's initial.....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2012 - current	Mercy Radiology	current
Title	**Description of Duties**	**Name of Supervisor**
Physician	Interventional Radiology	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2020 - current	Comprehensive Integrated Care	current
Title	**Description of Duties**	**Name of Supervisor**
Medical Director	Quality program	Dr. Joel Rainwater

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial [initials]

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Marc Berner	[redacted] Toos Ranch Ct. Home	Reno,	NV	89511	[redacted]	
Employer Renown Hosp.	P.O. Box 7055 Business	Reno,	NV	89510	(855) 386-0188	6 years
Name Stan Batiste	[redacted] Data Dr. Fl 2 Home	Rancho Cordova,	CA	95670	[redacted]	
Employer Dignity Health	1380 Lead Hill Blvd Business	Roseville,	CA	95661	(916) 535-3020	5 years
Name Tim Nolan	[redacted] Data Drive Fl 2 Home	Rancho Cordova,	CA	95670	[redacted]	
Employer Dignity Health	2315 Stockton Blvd Business	Sacramento,	CA	95817	(916) 734-3011	5 years
Name David LoPresti	Home					5 years
Employer Mountain Vista Care	Business 4921 S. Alma School Rd	Chandler,	AZ	85248	(480) 750-1986	5 years
Name Nicholas Carlevato	Home					5 years
Employer Tahoe Carson Rod.	Business 2874 N. Carson St.	Carson City,	NV	89706	(775) 888-1180	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ■
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ■ No ☐
If yes, state type, where and years held

Doctor NV, CA, AZ, NM
Pilot, CA, 2003

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ■
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ■

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ■

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ■

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ■

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ■

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ■

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ■

Date of photograph.....

Applicant's initial.....

STATE OF Nevada
ss.

COUNTY OF Washoe

I, Brian Evans, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 13th day of September 2021

Cheryl Price
Notary Public

CHERYL PRICE
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 16-3356-2 - Expires August 15, 2024

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial .....

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/14/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy License

Comprehensive ~~Comprehensive~~ Surgical Care of Reno -Tahoe,LLC

Nature of License

Name and Address of Establishment for Which License Is Requested

5443 Kietzke LN. Suite 110 Reno NV 89511

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Virden	Charles	Patrick

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
[redacted] Sleepy Hollow Dr.	Reno	NV 89502

Present Business Address	Dates	City	State/Zip
960 Caughlin Crossing N. Suite 101		Reno	NV 89502

Occupation	Dates	Phone: Residence
Plastic & Reconstructive Surgeon	1995	[redacted]

Business 775-348-9798

Date of Birth	Place of Birth (City, County, State)
[redacted]	Whittier, LA County, California

Age	Social Security Number	Sex
63	[redacted]	Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Green	Grey	White	215	Medium	5'11

Scars, tattoos or distinguishing marks and/or characteristics Chest scar

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** July 1, 1984 (Date) Palos Verdes, LA County California (City, County and State)

Spouse's full name (Maiden) Lynnsey Carter S.S. No. [redacted]

Date of Birth [redacted] Place of Birth Downy, CA

Resident address [redacted] Sleepy Hollow Dr. (Street) Reno (City) NV (State) 89502 (Zip)

Telephone: Residence [redacted] Business 775-348-9798

Spouse's employer Aestheticare, Charles P. Virden, MD Occupation Patient Care Coordinator

Address of employer 960 Caughlin Crossing N. Suite 101 (Street) Reno, NV (City) (State) 89519 (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Matthew Virden	[redacted]	Downy, CA	[redacted] Deer Mountain, Reno NV 89523
Trent Virden		San Diego, CA	[redacted] Skyline Blvd Reno, NV 89509

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial CV

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Thomas Lloyd Virden Father	[redacted]	Deceased	
Alice Murray Stanton Mother		Deceased	
James Carter Father-in-Law		Deceased	
Mary Lynn Carter Mother-in-Law		[redacted] Neighborhood Way Spanish Springs, NV 89441	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Thomas Lloyd Virden, Jr Spouse N/A	[redacted]	[redacted] Singing Wood Dr. Reno, NV 89519	Car Salesman
Frank Albert Virden Spouse Debbie Virden		[redacted] Matinal Circle San Diego, CA 92127 [redacted] Matinal Circle San Diego, CA 92127	Building Inspector Bank Manager
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Lake Marie Elementary	Whittier, CA	1963-1968	Yes ☑ No ☐
High School	Sierra High School	Whittier, CA	1973-1977	Yes ☑ No ☐
College University	Rio Hondo College 1978 Occidental College 1980 Autonomous University of Guadalajara 1982-1984			Yes ☑ No ☐
Other	Medical College of Pennsylvania 1984-1985 University of Southern California 1985-1987			Yes ☑ No ☐

Type of degree obtained, if any MD--Medical Doctor

College or university where obtained University of California, San Diego

Applicant's initial.....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☑ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☑ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial .....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☑ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
see attached malpractice claim sheets and supporting documents				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2020-Current	[redacted] Sleepy Hollow Dr.	Reno, NV	
2017-2020	5400 Cypress Point Dr.	Reno, NV	
2012-2017	1850 Trail Creek Way	Reno, NV	
2006-2012	1080 W. 12th Street	Reno, NV	
2000-2006	601 Jakes Hill Ct.	Reno, NV	
1995-2000	230 Edgewater Pkwy	Reno, NV	

Applicant's initial _____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Please see attached CV for complete educational and work history		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Laurence McClish	Home	PO Box 20616 Reno, NV 89515			775-303-4828	13
Employer Self	Business	MD--Medical Doctor				
Name Joseph Gilbert	Home	7535 Briargate, Reno, NV 89523			775-741-1000	5
Employer Self	Business	Lawyer				
Name Mark Knobel	Home	4165 Powderkeg Cir, Reno, NV 89519			775-233-5555	14
Employer Self	Business	Lawyer				
Name Scott Wrye	Home	6330 Galena Canyon Trail, Reno, NV 89511			775-746-5986	14
Employer Self	Business	MD--Medical Doctor				
Name Wesley Hall	Home	3720 Fairview Rd. Washoe County, NV 89511			775-843-8182	14
Employer Self	Business	MD--Medical Doctor				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐
If yes, state type, where and years held

MD--Medical Doctor license held in California since 1988 and Nevada since 1995

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☑ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Bella Lago Aesthetics, 10800 Donner Pass Rd. Suite A-103, Truckee, CA--Medical Spa Practice.

Applicant's initial CW

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☑ No ☐

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:
Appeared before the California State Medical Board to address administrative disciplinary actions

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

Date of photograph 9/14/21

Applicant's initial

STATE OF NEVADA
ss.

COUNTY OF WASHOE

I, CHARLES P. VIRDEN, M.D., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 15TH day of SEPTEMBER, 2021

Notary Public

PATRICK JOHN MCKERNAN MOYLE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-27-25
Certificate No: 21-3116-02

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial_____

CURRICULUM VITAE

NAME: Charles P. Virden, M.D.

BIRTH: [redacted]
Whittier, CA

ADDRESS: [redacted] Cypress Pt.
Reno, NV 89502
[redacted]

960 Caughlin Crossing
Suite #100
Reno, NV 89519
(775) 348-9798

MARITAL STATUS: Spouse—Lynnsey Virden
Children—Matthew
Tyler
Trenton

EDUCATION:

1978	Rio Hondo College, Whittier, CA
1980	Occidental College, Los Angeles, CA
1982-1984	Autonomous University of Guadalajara Jalisco, Mexico
1984-1985	Medical College of Pennsylvania Philadelphia, PA
1985-1987	M.D., University of Southern California Los Angeles, CA
1987-1988	Internship, UCSD Medical Center San Diego, CA
1988-1990	Resident, General Surgery, University of California, San Diego
1990-1991	Research Fellow, Division of Plastic Surgery University of California, San Diego
1991-1992	Senior Resident, General Surgery University of California, San Diego
1992-1993	Chief Resident, General Surgery University of California, San Diego
1993-1995	Fellow, Division of Plastic Surgery University of California, San Diego

CURRICULUM VITAE

MEDICAL LICENSURE:	California—G065828—1988 Nevada—7420—1995
BOARD CERTIFICATION:	2/94 American Board of Surgery 3/99 American Board of Plastic Surgery
AWARDS/GRANTS:	1990 Plastic Surgery Educational Foundation Research Grant--$25,000 1990 San Diego Burn Institute--$12,500 1990 American Society of Aesthetic Plastic Surgery--$3,000 Project: Sub Clinical Infection of the Silicone Breast Implant Surface as a Possible Cause of Capsular Conracture 1990 American Society of Aesthetic Plastic Surgery--$3,000 Project: Contractile Activities of Silicone Implant Tissue Fibroblasts
PROFESSIONAL AFFILIATIONS:	Diplomat, American Board of Medical Examiners American College of Surgeons—Fellow American Society of Plastic and Reconstructive Surgeons—Member Christian Medical and Dental Society Reno Surgical Society—Board Reno Surgical Society—President (2001-2003) Aesthetic Society—Member Association for the Advancement of Wound Care—Member

CURRICULUM VITAE

FACULTY/COURSE INSTRUCTOR:

May 1994	Wound Management Workshop, 16th Year, University of California, San Diego, School of Medicine
Sept 1994	Endoscopic Plastic Surgery and Beyond, Division of Plastic Surgery, UCSD, School of Medicine
Oct 1994	Wound Management Workshop, 16th Year, University of California, San Diego School of Medicine
Feb 1995	Endoscopic Plastic Surgery and Beyond, Division of Plastic Surgery, UCSD, School of Medicine
Apr 1995	Endoscopic Plastic Surgery and Beyond, Division of Plastic Surgery, UCSD, School of Medicine
May 1995	Wound Management Workshop, 17th Year, University of California, San Diego, School of Medicine
July 1995	International Symposium on Endoscopic Plastic Surgery: The Next Step, PSEF/ASAPS, Newport Beach, CA
Sept 1998	Trauma Conference; Washoe Medical Center Lecture: Burn Reconstruction; The Challenges
Sept 1999	Trauma Conference; Washoe Medical Center Managing Facial Trauma
March 2005	Contour Threads – Center of Excellence – Course Instructor
May 2005	Contour Threads – Center of Excellence – Course Instructor
Oct. 2005	Contour Threads – Center of Excellence – Course Instructor
March 2012	Sciton Luminary and Advanced Laser, Kirkland, WA – Course Instructor
June 2012	Sciton Luminary, 2012 WSPS Annual Meeting, Campbells Lake, WA – Course Instructor
September 2012	Sciton Luminary, Los Angeles, CA – Course Instructor
November 2012	Sciton User Summit, Las Vegas, NV – Course Instructor
February 2013	Sciton Luminary, NWSPS 51st Annual Scientific Meeting, Maui, HI – Course Instructor

CURRICULUM VITAE

February 2013	Sciton Luminary, Houston, TX – Course Instructor
March 2013	Sciton Luminary, St. Louis, MO – Course Instructor
September 2013	Sciton Luminary, Texas Society of Plastic Surgery, Bastrup, TX – Course Instructor
November 2013	Sciton Luminary, Chicago Educational Seminar, Chicago, IL – Course Instructor

PUBLICATIONS/IN PROGRESS:

1. Virden, C.P., Wahlstrom, E.H. Torsion of the Nongravid Uterus: A Rare Cause of an Acute Abdomen. Contemporary Surgery 41:26-28, 1992.

2. Cornacchia, L.G., Virden, C.P., Wahlstrom, E.H. Meckel's Diverticulum: A Rare Cause of Acute Abdomen. Hospital Practice, April 24, 1991.

3. Virden, C.P., Lynch, F.P. Infantile Hemangiopericytoma: A Rare Cause of a Soft Tissue Mass. Journal of Pediatric Surgery 28 (5): 741-743, 1993.

4. Dobke, M.K., Virden, C.P., Fisher, J.C., Intermingled Auto/Allografting of the Skin for Treatment of Extensive Burn Wound. In preparation.

5. Virden, C.P., Dobke, M., Stein, P., Parsons, C.L., Frank, D.H. Subclinical Infection of the Silicone Breast Implant Surface as a Possible Cause of Capsular Contracture. Aesthetic Plastic Surgery 16:173-179, 1992.

6. Virden, C.P., Hoyt, D.B., Neuman, T., Powers, A. Determinants of Mortality Following Necrotizing Fasciitis: A Re-evaluation. In press.

7. Virden, C.P., Dobke, M.K. Immunolocalization of Endo and Exogenous EGF and TGF-Beta Growth Factors in the Mosaic Auto/Allogeneic Rate Model. In preparation.

8. Landon, B.N., Dobke, M.K., Grzybowski, J., Virden, C.P., Dobak, J., Steinsapir, E.S. Enhanced Activity of Lysosomal Beta-Galactosidase Following Silicone Implantation: An Experimental Study on Rats. J Lab Clin Med 121:742-750, 1993.

9. Parson, C.L., Stein, P., Dobke, M.K., Virden, C.P., Frank, D.H. Diagnosis And Therapy of Subclinically Infected Prosthesis. Surg Gyn Obstet 177:504-506, 1993.

10. Virden, C.P., Lynch, F.P., Hansbrough, J.F. Invasive Necrotizing Phycomycoses. Complications in Surgery – Infections in Surg 12 (6): 30-33, 1993.

CURRICULUM VITAE

11. Virden, C.P., Holmes, R.E. Endoscopy and Facial Fractures. In Preparation.

PRESENTATION/ABSTRACTS:

1. Dobke, M., Bao, W., Steinsapir, E., Virden, C.P., Fisher, J.C. Further Studies of the Composite Auto/Allograft Protective Phenomenon, 39th Annual Meeting of the California Society of Plastic Surgeons, Inc., Maui, Hawaii, May 3-8, 1989.

2. Dobke, M., Bao, W., Steinsapir, E., Virden, C.P., Fisher, J.C. Further Studies of the Composite Auto/Allograft Protective Phenomenon. 28th Annual Plastic Surgery Senior Resident's Conference, Indianapolis, Indiana, April 30 – May 2, 1989.

3. Virden, C.P., Hoyt, D.B., Neuman, T., Mackersie, R.C., Davis, J., Dobke, M.K. Determinants of Mortality Following Necrotizing Fasciitis: A Re- evaluation. 44th Annual Meeting, The Southwestern Surgical Congress, Scottsdale, AZ, April 26-28, 1992.

4. Landon, B.N., Dobke, M.K., Grzybowski, J., Virden, C.P., Dobak, J.D. Enhanced Activity of Lysosomal Beta-galactosidase Following Silicone Implantations: An Experimental Study on Rats. 37th Annual Meeting, Plastic Surgery Research Council, Toronto, Canada, April 28 – May 2, 1992.

5. Virden, C.P., Holmes, R.E. Rigid Fixation of the Endoscopic Forehead Lift. Advanced Course in Craniomaxillofacial Reconstruction, AO/ASIF, Steamboat Spring, Colorado, January 13-17, 1995.

6. Virden, C.P., Bonaldi, L.A. Bilateral Breast Reconstruction Pedicled vs. Free Tram. Senior Resident's Conference, Ann Arbor, Michigan, April 19-25, 1995.

7. Virden, C.P. Endoscopy and Facial Fractures. PSEF/ASAPS International Symposium on Endoscopic Plastic Surgery, Newport Beach, California, July 20-23, 1995.

September 2, 2020

Question 80

A. Dr. Virden was issued two letters of Public Reprimand by the Nevada State Board of Medical Examiners on December 14, 2017.

As Dr. Virden is licensed in California, he was subject to reciprocal discipline in California due to the public letters of reprimand issued against him in Nevada. California Medical Board issued a single Public Letter of Reprimand on June 7, 2018.

Explanation

Dr. Virden settled a medical malpractice action entitled Brown v. Virden in approximately March, 2016. This case concerned an upper and lower lid bilateral blepharoplasty. In addition, Dr. Virden settled a medical malpractice action entitled Sanford v. Virden in approximately March, 2016. This case concerned an upper lid bilateral blepharoplasty. On May 17, 2016 the Nevada State Board of Medical Examiners filed a Complaint against Dr. Virden alleging he had violated provisions of the Nevada revised statutes and the Nevada administrative code because he was guilty of "malpractice" in addition, at the same time the Board filed a Complaint against Dr. Virden alleging violations of the Medical Practice Act arising out of services provided at a Medical Spa.

An administrative hearing was held as to the first complaint in mid 2017. The Board's expert was a semi retired ophthalmologist who admitted she did not know what the standard of care was for board-certified plastic surgeons. During the hearing Dr. Virden called two board-certified plastic surgeons who testified his care was entirely within the standard of care and he did not cause the injuries at issue.

On December 1, 2017 The Board held an Adjudication regarding the first complaint. The Board ignored the evidence and announced its decision to issue a public reprimand, which was formalized December 14, 2017

Dr. Virden subsequently filed a Petition for Judicial Review. On November 8, 2018, the Court issued a final order as to the Petition for Judicial Review concluding the Board was within its authority to issue the public reprimand.

As to the second complaint, upon the advice of counsel Dr. Virden stipulated to a settlement with the Board for a public reprimand. The settlement was as to medical record violations only. That stipulated settlement was accepted by the Board on December 1, 2017

which issued an order issuing the public reprimand December 14, 2017.

As Dr. Virden is licensed in California, he is subject to reciprocal discipline in California due to the public reprimands issued against him in Nevada. Dr. Virden accepted a single Public Letter of Reprimand based on the above action; this PLR was issued by the California Medical Board June 7, 2018.

B. Dr. Virden relinquished his medical staff membership at Tahoe Forest Hospital District on April 13, 2018. Dr. Virden resigned his privileges at Truckee Surgery Center on April 23, 2018.

Explanation

In approximately January, 2018 Dr. Virden submitted an application for recredentialing at Tahoe Forest Hospital District. Dr. Virden mistakenly did not correctly fill out the application in that he did not describe the aforementioned Nevada public reprimands. He was informed TFHD had initiated an investigation. As Dr. Virden had not utilized TFHD in several years and because he was closing his Truckee office, he elected to resign from the Medical Staff and relinquish clinical privileges. This was done on April 13, 2018 while these issues were still under review by Tahoe Forest Hospital.

Dr. Virden resigned his privileges at Truckee Surgery Center; however this resignation was based upon the fact that he was closing his office in Truckee. To his knowledge there was no investigation pending at the time of his resignation. This information is being provided for transparency and full disclosure although it is not required by virtue of the question asked.

C. Dr. Virden relinquished his privileges at Tahoe Forest Hospital District on April 13, 2018.

Explanation

See response to 80.B.

D. Dr. Virden relinquished his medical staff membership at Tahoe Forest Hospital District on April 13, 2018.

Explanation

See response to 80.B.

E. The TriWest Healthcare Alliance Credentialing Committee denied Dr. Virden's application for privileges to provide services.

Explanation

Dr. Virden believes this denial is based on the two lawsuits described above in 80.A.

F. The TriWest Healthcare Alliance Credentialing Committee denied Dr. Virden's application for privileges to provide services.

Explanation

Dr. Virden did not "voluntarily or involuntarily relinquish his membership or contractual affiliation. This question was answered "yes" in an effort to be over inclusive and transparent with regard to the fact that TriWest denied Dr. Virden's application for privileges to provide services. As stated above, Dr. Virden believes this denial was based on the two lawsuits described above in 80.A.

G. On June 29, 2018, the American Board of Plastic Surgery issued a private letter of reprimand.

Explanation

Dr. Virden was informed he was issued a private letter of reprimand based on the actions of the Nevada State Board of Medical Examiners described above in 80.A.

H. The TriWest Healthcare Alliance Credentialing Committee denied Dr. Virden's application for privileges to provide services.

Explanation

Dr. Virden believes this denial is based on the two lawsuits described above in 80.A.

I. Dr. Virden was issued two letters of Public Reprimand by the Nevada State Board of Medical Examiners on December 14, 2017.

As Dr. Virden is licensed in California, he was subject to reciprocal discipline in California due to the public letters of reprimand issued against him in Nevada. California medical Board issued a single Public Letter of Reprimand on June 7, 2018.

Explanation

Please see response to 80.A.

J. After Dr. Virden consented to settle the two lawsuits described above; he was informed by his malpractice carrier The Doctors Company that it declined to renew his coverage. His policy was not cancelled.

K.

Gottschalk v. Virden	CV 99-05978
Stimac v. Virden	CV99-06134
Brown v. Virden	CV13-01676
Sanford v. Virden	CV13-02716

M. On June 29, 2018, the American Board of Plastic Surgery issued a private letter of reprimand. (See 80.G)

Explanation

Dr. Virden was informed he was issued a private letter of reprimand based on the actions of the Nevada State Board of Medical Examiners described above in 80.A.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Charles P. Virden

1. Patient Name [redacted]
2. Diagnosis See # 5
3. Your involvement in the case (attending, consulting, etc.) Surgeon
4. Allegation(s) corneal injury
5. Clinical Case Summary (Include additional pages or inserts if necessary) Patient underwent upper lid blepharoplasty 12/28/12. 3½ weeks later the patient complained of vision blurriness and a corneal injury
6. Patient Outcome Corneal scar
7. Other Pertinent Details retrospectively it appeared the surg. tech assisting Dr. Virden may have caused the injury which Dr. Virden was out of the room
8. Date of Incident 12/28/12 Date Filed 12/26/13 Date Closed 4/13/16
9. Resolution of Case (dismissed, settled out of court, litigated, other) **NOTE: All cases litigated must include legal documentation.**
   settled $125,000
   Complaint and dismissal attached
10. Settlement amount paid on your behalf, if any
11. Professional liability insurer involved:
    A. Name of Insurer The Doctors Company
    B. Address of Insurer: Napa CA
    C. Policy Number pli # 312512

Name: Charles P. Virden, MD

Signature [signature] Date 5/4/20

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

FILED
Electronically
CV13-02716
2016-04-13 11:33:10 AM
Jacqueline Bryant
Clerk of the Court
Transaction # 5463632

PETER D. DURNEY, ESQ.
Nevada State Bar No. 57
DURNEY & BRENNAN, LTD.
6900 S. McCarran Blvd.
Suite 2060
Reno, NV 89509
(775) 322-2923

ATTORNEYS FOR PLAINTIFFS

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

[redacted] and [redacted] individually and as husband and wife, Plaintiffs, vs. CHARLES P. VIRDEN, M.D.; and DOES I - X, inclusive, Defendants.	Case No.: CV13-02716 Dept. No. 8

STIPULATION AND ORDER FOR DISMISSAL WITH PREJUDICE

IT IS HEREBY STIPULATED and agreed by and between the parties hereto, by and through undersigned counsel, that the above entitled matter, been fully compromised and settled, be dismissed with prejudice, and that each party shall bear their own attorney's fees and cost.

IT IS FURTHER STIPULATED that the jury fees previously posted on behalf of the any party be returned to counsel for that party.

AFFIRMATION

Pursuant to NRS 239B.030, the undersigned hereby affirm that the preceding document does not contain the social security number of any person.

//

//

//

DATED: 4/04 2016.

PETER D. DURNEY, ESQ.
Durney & Brennan, Ltd.
6900 So. McCarran Blvd
Suite 2060
Reno, Nevada 89509
Attorney for Plaintiffs

DATED: March 14 2016.

9965

DOMINIQUE A. POLLARA, ESQ.
Pollara Law Group
3600 American River Dr
Sacramento, CA 95864
Attorney for Defendant

ORDER

Upon stipulation of the parties and good cause appearing therefore,

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the above entitled matter having been fully compromised and settled; that this matter be dismissed with prejudice and that each party shall bear their own attorney's fees and cost;

IT IS FURTHER ORDERED that the Court Clerk shall return the jury fees on deposit by any party to counsel for that party.

DATED this 13th day of ~~March~~ April, 2016.

DISTRICT COURT JUDGE

CERTIFICATE OF SERVICE BY SERVICE

Pursuant to NRCP 5(b), I hereby certify I am an employee of Reno Carson Messenger and that on 12th day of April, 2016, I caused the foregoing **STIPULATION AND ORDER FOR DISMISSAL WITH PREJUDICE** to be served on all parties in this action by:

XX placing an original or true copy thereof in a sealed envelope, postage prepaid, in the United States mail at Reno, Nevada.

____ personal delivery.

____ facsimile (courtesy copy).

____ electronically served by the Court upon filing of document(s).

____ email (courtesy copy).

____ UPS/Federal Express or other overnight delivery.

fully addressed as follows:

Attorney	Representing	Phone/Fax/E-Mail
Peter D. Durney, Esq. Durney & Brennan, Ltd. 6900 So. McCarran Blvd., Suite 2060 Reno, NV 89509	Plaintiff	(775) 322-2923 (775) 322-3014

Christina Saulsbury
An employee of RENO CARSON MESSENGER

Pollara

4085

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

[redacted], individually and as husband and wife,

Plaintiffs,

vs.

CHARLES F. VIRDEN, M.D.; and DOES I - X, inclusive,

Defendants.

Case No.: CV13-02716
Dept. No. 8

SUMMONS

TO THE DEFENDANT: YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND IN WRITING WITHIN 20 DAYS. READ THE INFORMATION BELOW VERY CAREFULLY.

A civil complaint or petition has been filed by the plaintiff(s) against you for the relief as set forth in that document (see complaint or petition). When service is by publication, add a brief statement of the object of the action. See Nevada Rules of Civil Procedure, Rule 4(b).
The object of this action is breach of contract.

1. If you intend to defend this lawsuit, you must do the following within 20 days after service of this summons, exclusive of the day of service:
   i. File with the Clerk of the Court, whose address is shown below, a formal written answer to the complaint or petition, along with the appropriate filing fees, in accordance with the rules of Court, and;
   ii. Serve a copy of your answer upon the attorney of plaintiff(s) whose name and address is shown below.
2. Unless you respond, a default judgment will be entered upon application of the plaintiff(s) and this Court may enter a judgment against you for the relief demanded in the complaint or petition.

DATED this ____ day of JAN 23 2014, 20____.

Issued on behalf of Plaintiff(s):
Durney & Brennan, Ltd.
Peter D. Durney, Esq.,
190 W. Huffaker Suite 190
Reno, NV 89511

JOEY ORDUNA HASTINGS
CLERK OF THE COURT

BY: Y. Viloria
DEPUTY CLERK
SECOND JUDICIAL DISTRICT COURT
75 Court Street
Reno, Nevada 89501

Law Offices of
DURNEY & BRENNAN, LTD.
190 W. Huffaker Ln., Ste. 406
Reno, Nevada 89511
(775) 322-2023

FILED
Electronically
12-26-2013:11:59:27 AM
Joey Orduna Hastings
Clerk of the Court
Transaction # 4219900

1 $1425
PETER D. DURNEY, ESQ.
2 Nevada State Bar No. 57
DURNEY & BRENNAN, LTD.
3 190 W. Huffaker Ln., Ste. 406
Reno, NV 89511
4 (775) 322-2923

5 ATTORNEYS FOR PLAINTIFFS

6

7 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

8 IN AND FOR THE COUNTY OF WASHOE

9 [redacted] individually and as husband and
10 wife,

11 Plaintiffs,

12 vs.

13 CHARLES P. VIRDEN, M.D.; and DOES I - X, inclusive,

14 Defendants.

15

Case No. CV13-02716
Dept. No. 8

COMPLAINT

16 COMES NOW the Plaintiffs above-named, by and through undersigned counsel, and for their
17 claims for relief against the Defendants aver and allege as follows:

18 I.

19 Plaintiffs [redacted] and [redacted] are residents of the County of
20 Washoe, State of Nevada. At all times material hereto, they have been, and continue to be, husband
21 and wife.

22 II.

23 Defendant CHARLES P. VIRDEN, M.D., is a physician duly licensed to practice medicine
24 in the State of Nevada pursuant to the revisions of Chapter 630 of the Nevada Revised Statutes and
25 a resident of the State of Nevada.

26 III.

27 Plaintiffs do not know the true names and capacities or involvement, whether individual,
28 corporate or otherwise, of the Defendants named herein as DOES I through X, inclusive. Plaintiffs

are informed and believe and thereon alleged were medical providers whose substandard care is not presently known because of the inability to conduct investigation and informal discovery, as well as persons and entities by which the presently named Defendants are otherwise known, to include the successors and assigns of the presently named Defendants, the surgical facility, as well as others who were, in some fashion or another, involved in the care and treatment of Plaintiff DEBRA SANFORD. These unknown Defendants include all those who were the agents, service, employees, partners, joint venturers and/or franchisees of each of the other Defendants, each of which was at all times acting within the course and scope of such agency, service, employment, partnership, joint venture and/or franchise.

Plaintiffs pray leave to amend this Complaint to show the true names and capacity of these fictitiously named Defendants when the same have been determined.

IV.

On December 28, 2012, the Defendants, and each of them, were negligent in the care and treatment rendered to Plaintiff DEBRA SANFORD, and as more particularly set forth in the Declaration of Lee D. Robinson, M.D., a board certified physician specializing in plastic surgery and one whose background, training and experience as a medical practitioner qualifies him to express the opinions as forth in his attached Declaration. Dr. Robinson's Declaration is attached hereto and marked as Exhibit "1" and incorporated in this Complaint as if set forth in its entirety.

V.

Upon information and belief, each of the named Defendants herein was the agent, service, employee, partner, joint venturer and/or franchisee of each of the other Defendants, and each was acting within the course and scope of such agency, service, employment, partnership, joint venture and/or franchise.

VI.

Upon information and belief, Defendant CHARLES P. VIRDEN, M.D. had an ownership interest in Defendant SUMMIT SURGERY CENTER, an interest which was not disclosed to the Plaintiffs.

////

VII.

The Defendants, and each of them, failed to properly inform the Plaintiffs of the risks and alternatives to the surgical procedure so as to allow the Plaintiffs to make an informed decision as to whether or not they wanted to accept the risks, as well as whether or not they wanted the named Defendants, or any of them, to perform the procedure.

VIII.

As a direct and proximate result of the negligence, gross negligence, and wrongful conduct, the Defendants, and each of them as aforesaid, Plaintiff DEBRA SANFORD has suffered and will continue to suffer into the future permanent personal injuries and emotional injuries, including, without limitation thereto, physical pain, mental anguish, and other general damages in a just and reasonable amount in excess of TEN THOUSAND DOLLARS ($10,000.00).

IX.

As a further direct and proximate result of the negligence, gross negligence, and wrongful conduct, the Defendants, and each of them as aforesaid, Plaintiff DEBRA SANFORD has suffered and will continue to suffer into the future significant medical expenses, lost earnings and lost earning capacity, and other special damages to be more particularly proved at the time of trial.

X.

As a further direct and proximate result of the negligence, gross negligence, and wrongful conduct, the Defendants, and each of them as aforesaid, Plaintiff ROBERT SANFORD has lost probable support, companionship, society, comfort and consortium of his wife, all to his past and future general damage in a just and reasonable amount in excess of TEN THOUSAND DOLLARS ($10,000.00).

XI.

As a further direct and proximate result of the negligence, gross negligence, and wrongful conduct, the Defendants, and each of them as aforesaid, Plaintiffs have been required to retain the services of an attorney to prosecute this action and are entitled to reasonable attorney's fees, if any be allowed by law, as well as costs of suit.

///

WHEREFORE, Plaintiffs, while expressly reserving their right to amend this Complaint up to and including the time of trial, to include additional Defendants, additional theories of recovery, and items of damage not yet ascertained, demand judgment against the Defendants, and each of them, as follows:

1. For general damages to Plaintiffs in a sum in excess of TEN THOUSAND DOLLARS ($10,000.00), each;

2. For special damages according to proof;

3. For attorney's fees if any be allowed by law;

3. For prejudgment interest according to law;

4. For costs of suit incurred herein; and

5. For such other and further relief as the Court deems appropriate.

The undersigned affirms that this document does not contain the social security number of any person.

DATED this 26th day of December, 2013.

DURNEY & BRENNAN, LTD.

By: Peter D. Durney
PETER D. DURNEY
190 West Huffaker Lane
Suite 406
Reno, Nevada 89511
ATTORNEYS FOR PLAINTIFFS

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Charles P. Virden, MD

1. Patient Name [redacted]
2. Diagnosis Lee #5
3. Your involvement in the case (attending, consulting, etc.) Surgeon
4. Allegation(s) corneal injury
5. Clinical Case Summary (Include additional pages or inserts if necessary) Patient underwent upper/lower blepharoplasty and other proc. 4/13/12. Was referred to opthal. 4/18/12 due to persistent blurriness and was dx w/ corneal inj.
6. Patient Outcome corneal scar
7. Other Pertinent Details retrospectively it appeared the surg. tech assisting Dr. Virden may have caused the injury while Dr. Virden was out of room
8. Date of Incident 4/13/12 Date Filed 3/21/13 Date Closed 4/4/16
9. Resolution of Case (dismissed, settled out of court, litigated, other) NOTE: All cases litigated must include legal documentation.
   settled. See Complaint and Stip and Order of Dismissed
10. Settlement amount paid on your behalf, if any $300,000.00
11. Professional liability insurer involved:
    A. Name of Insurer The Doctors Company
    B. Address of Insurer Napa, CA
    C. Policy Number file # 295462A

Name: Charles P. Virden, MD

Signature [signature] Date 8/4/20

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

FILED
Electronically
CV13-01676
2016-04-04 09:18:49 AM

[3990]
DOMINIQUE A. POLLARA, Nevada SBN 5742
JASON S. BARNAS, Nevada SBN 9965
POLLARA LAW GROUP
3600 American River Drive, Suite 160
Sacramento, California 95864
(916) 550-5880 - telephone
(916) 550-5066 - fax

KIM MANDELBAUM
Nevada Bar No. 318
MANDELBAUM ELLERTON & MCBRIDE
2012 Hamilton Lane
Las Vegas, Nevada 89106
(702) 367-1234
Email: filing@memlaw.net

Attorneys for Defendant CHARLES VIRDEN, M.D.

RECEIVED
APR 18 2016
By

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

[redacted] individually,

Plaintiff,

vs.

CHARLES P. VIRDEN, M.D., individually; VIRDEN LLC, a Nevada corporation; DOES I through X, and ROE Corporations I through X, inclusive, et al.,

Defendants.

CASE NO. CV-13-01676
DEPT. NO. 8

STIPULATION FOR DISMISSAL WITH PREJUDICE

IT IS HEREBY STIPULATED, by and between counsel for their respective parties, that the above-entitled action may be dismissed with prejudice with each party to bear their own attorney's fees and costs incurred herein.

///

///

///

IT IS FURTHER STIPULATED that the jury fees posted by Plaintiff LILLIAN BROWN, individually, be returned to GERALD I. GILLOCK & ASSOCIATES, attorneys for said Plaintiff.

IT IS FURTHER STIPULATION that the jury fees posted by Defendant CHARLES VIRDEN, M.D., be returned to POLLARA LAW GROUP, attorneys for Defendant.

AFFIRMATION

The undersigned do affirm, pursuant to NRS 239B.030, that the foregoing document does not contain the social security number of any person.

DATED this 18th day of March, 2016

GERALD I. GILLOCK & ASSOCIATES

By: _____
GERALD I. GILLOCK, ESQ.
Nevada Bar No. 51
428 South Fourth Street
Las Vegas, NV 89101
Tel: (702) 385-1482
Attorney for Plaintiff

DATED this 21st day of March, 2016

POLLARA LAW GROUP

By: _____
DOMINIQUE A. POLLARA, ESQ.
Nevada Bar No. 5742
3600 American River Drive, Ste. 160
Sacramento, CA 95864
Tel: (916) 550-5880
Attorney for Defendant

ORDER

Pursuant to the foregoing Stipulation, and good cause showing therefore;

IT IS ORDERED that the above-captioned and numbered action be, and the same is hereby dismissed with prejudice, with all parties to bear their own attorney's fees and costs.

IT IS FURTHER ORDERED the jury fees posted by the parties will be returned to the counsel for their respective parties,

DATED this 4th day of April, 2016.

_____
DISTRICT COURT JUDGE

DISTRICT COURT

CLARK COUNTY, NEVADA

* * * *

[redacted] Individually,

Plaintiff,

vs.

CHARLES P. VIRDEN, M.D., Individually; VIRDEN LLC, A Nevada Corporation; DOES I through X, and ROE CORPORATIONS I through X, inclusive

Defendants.

CASE NO A-13-678635-C
DEPT. NO. XIX

SUMMONS

NOTICE! YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE INFORMATION BELOW.

TO THE DEFENDANT: VIRDEN, LLC.

A Civil Complaint has been filed by the Plaintiff against you for relief set forth in the Complaint

1. If you intend to defend this lawsuit, within 20 days after this Summons is served to you, exclusive of the day of service, you must do the following.
   a. File with the Clerk of this Court, whose address is shown below, a formal written response to the Complaint in accordance with the rules of the Court, with the appropriate filing fees.
   b. Serve a copy of your response upon the attorney whose name and address is shown below.
2. Unless you respond, your default will be entered upon application of the Plaintiff and this Court may enter a judgment against you for the relief demanded in the Complaint, which could result in the taking of money or property or other relief requested in the Complaint.
3. If you intend to seek the advise of an attorney in this matter, you should do so promptly so that your response may be filed on time.
4. The State of Nevada, its political subdivisions, agencies, officers, employees, board members, commission member and legislators, each have 45 days after service of this summons within which to file an answer or other responsive pleading to the Complaint.

Issued at the request of:

GERALD I. GILLOCK, ESQ.
Nevada Bar No. 000051
JOHN C. FUNK, ESQ.
Nevada Bar No. 009255
428 South Fourth Street
Las Vegas, Nevada 89101
Attorney for Plaintiff

Clerk of Court: Steven D. Grierson
WALTER ABREGO-BONILLA

By: _____
Deputy Clerk

DISTRICT COURT SEAL

MAR 2 1 2013

Date Issued: _____
Clark County Courthouse
200 Lewis Avenue
Las Vegas, Nevada 89155

GERALD I GILLOCK & ASSOCIATES
428 South Fourth Street · Las Vegas, Nevada 89101
Telephone (702) 385-1182 Facsimile (702) 385-2601

Electronically Filed
03/20/2013 09:50:09 AM

CLERK OF THE COURT

COMP
GERALD I. GILLOCK, ESQ.
Nevada Bar No. 000051
JOHN C. FUNK, ESQ.
Nevada Bar No. 009255
GERALD I. GILLOCK & ASSOCIATES
428 South Fourth Street
Las Vegas, NV 89101
(702) 386-0000
Email: gillock@gmk-law.com
jfunk@gmk-law.com

Attorneys for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

* * * *

[redacted] Individually,

Plaintiff,

vs.

CHARLES P. VIRDEN, M.D., Individually; VIRDEN LLC, A Nevada Corporation; DOES I through X, and ROE CORPORATIONS I through X, inclusive

Defendants.

CASE NO. A-13-678635-C
DEPT. NO. XIX

PLAINTIFF'S COMPLAINT

Arbitration Exempt
Medical Malpractice/Wrongful Death

GERALD I. GILLOCK & ASSOCIATES
428 South Fourth Street, Las Vegas, Nevada 89101
Telephone (702) 386-0000 Facsimile (702) 386-9848

COMES NOW Plaintiff, LILLIAN BROWN, individually, by and through her attorneys of record, of the law firm of GERALD I. GILLOCK & ASSOCIATES, P.C., and for her causes of action against the Defendants, and each of them, complain and allege as follows:

GENERAL ALLEGATIONS

1. That LILLIAN BROWN, at all times relevant herein, was and is a resident of Douglas County, Nevada.

2. Defendant, CHARLES P. VIRDEN, M.D., individually, (hereinafter "VIRDEN") is, and was at all times relevant hereto, a plastic surgeon licensed to practice medicine in the State of Nevada pursuant to N.R.S. Chapters 634.

3. Defendant, VIRDEN LLC, is a Nevada Corporation and, upon information and belief, is licensed to do business in Nevada as a medical care provider pursuant to NRS Chapter 449 and is

vicariously liable for its employees, agents and/or servants and their actions.

4. At all times relevant, the Defendants, DOES I through X, inclusive, were and now are anesthesiologists, chiropractors, physicians, surgeons, registered nurses, licensed vocational nurses, practical nurses, registered technicians, aides, attendants, physician's assistants, physical therapists, occupational therapists or paramedical personnel holding themselves out as duly licensed to practice their professions under and by virtue of the laws of the State of Nevada, and were and are now engaged in the practice of their professions in the State of Nevada; that the true names, identities, or capacities, whether individual, corporate, associate, or otherwise, of the Defendants, DOES I through X, inclusive, are presently unknown to the Plaintiff, who therefore sues said Defendants by such fictitious names; that the Plaintiff is informed and believes, and thereupon alleges, that each of the Defendants sued herein as DOES I through X, are responsible in some manner for the injuries of LILLIANBROWN which thereby proximately caused the injuries and damages to the Plaintiff as alleged herein; that when the true names and capacities of such Defendants become known, Plaintiff will ask leave of this Court to amend this Complaint to insert the true names, identities, and capacities, together with proper charges and allegations.

5. At all times relevant, Defendants, ROE CORPORATIONS I through X, inclusive, were and now are corporations, firms, partnerships, associations, other medical entities involved in the care, treatment, diagnosis, surgery, and/or other provision of medical care to the Plaintiff herein; that the true names, identities, or capacities whether individual, corporate, associate or otherwise of the Defendants, ROE CORPORATIONS I through X, inclusive, are presently unknown to Plaintiff, who therefore sues said Defendants by such fictitious names; that the Plaintiff is informed and believe and therefore allege that each of the Defendants sued herein as ROE CORPORATIONS are responsible in some manner for the injuries of LILLIAN BROWN, which thereby proximately caused the injuries and damages to the Plaintiff as alleged herein; that when the true names and capacities of such Defendants become known, Plaintiff will ask leave of this Court to amend this Complaint to insert the true names, identities, and capacities, together with proper charges and allegations.

6. At all times relevant, the Defendants, and each of them, were the agents, servants, employees, employers, partners, co-owners/joint venturers, of each other and of their Co-defendants, and

GERALD I GILLOCK & ASSOCIATES
421 South Fourth Street · Las Vegas, Nevada 89101
Telephone (702) 382-1587 Facsimile (702) 385-2804

16, 2013.

13. On April 10, 2012, the Plaintiff had her first post operative visit with VIRDEN where Plaintiff continued to complain of persistent ongoing problems, including but not limited to blurriness in the right eye to VIRDEN. VIRDEN prescribed Plaintiff Maxitrol and closed the eye with a patch and sent Plaintiff home. VIRDEN did not refer Plaintiff out for further treatment to an Ophthalmologist or other specialist. (Ex. 1.)

14. On April 18, 2012 VIRDEN again saw Plaintiff who continued to have persistent ongoing problems and complaints regarding her vision being compromised, stemming from the April 13, 2012 surgery. VIRDEN eventually referred Plaintiff to Ophthalmologist Stanley Larry Plecha, Jr., M.D., where VIRDEN was notified that Plaintiff was found to have an "ocular laceration with prolapse or exposure of intra ocular tissue". Plaintiff required immediate surgery by Dr. Plecha to close the laceration. (Ex. 1.)

15. As a direct and proximate result of the negligence of VIRDEN in his care and treatment, which fell below the appropriate standard of care and delay in referring Plaintiff to an Ophthalmologist Plaintiff underwent a delayed surgery and healed with a scar on her cornea with a synechie of the lens and resulting iris defect. As a direct and proximate result of VIRDEN's negligence Plaintiff has a permanent visual disturbance of light during the day and night with halo formation around lights, residual scarring of the cornea, tissue loss of the right iris, and a sector cataract at the point of injury. (Ex. 1.)

16. As a direct and proximate result of the negligence of VIRDEN in causing these injuries to Plaintiff the Plaintiff is unable to work, perform her daily activities and function normally. Plaintiff will require further surgery on her cornea and a cataract removal with lens placement in the future. (Ex. 1.)

17. As a direct and proximate result of the negligence and gross negligence of VIRDEN, an injury occurred to the globe of Plaintiff's eye since there was no eye globe protection used by VIRDEN during the Plaintiff's surgery. VIRDEN did not appreciate the injury either during the procedure or after in the recovery room. On the first post-operative visit, VIRDEN decided to attempt to treat Plaintiff's complaints instead of referring her directly to an Ophthalmologist for full evaluation, despite knowing

GERALD I. GELLOCK & ASSOCIATES
Las Vegas, Nevada 89101
Telephone (702) 382-1170 Facsimile (702) 382-1169

that blurring of the vision in one eye after surgery without undo swelling is not a normal finding. A third deviation in the standard of care by VIRDEN was failing to disclose to the Plaintiff in the written informed consent that blindness could occur and how it could occur during the eye lift procedure. (Ex. 1.). VIRDEN acted with reckless and wanton disregard for the health, safety and welfare of Plaintiff in failing to use an eye shield.

18. VIRDEN deviated from the acceptable standards of care that a reasonably prudent physician would follow by failing to protect the globe of the eye during the surgical procedure performed on April 13, 2013 despite reasonably knowing that such an injury could occur. VIRDEN failed to follow up in a timely and appropriate manner after complaints were made by Plaintiff to VIRDEN of the injury to the eye and failing to refer Plaintiff out to an Ophthalmologist. Had VIRDEN referred Plaintiff to an Ophthalmologist sooner, resulting in earlier surgical intervention to repair the laceration Plaintiff's recovery would have, more likely than not, resulted in a better recovery as opposed to permanent injury. VIRDEN failed to alert Plaintiff of this potential problem during the giving of the informed consent. (Ex. 1.). As a result of this gross negligence Plaintiff is entitled to recover punitive damages for the reckless, wanton disregard for the health, safety and welfare of Plaintiff's serious and now permanent eye condition.

19. As a result of the negligence of Defendants, Plaintiff has suffered permanent injury to her eye, will require future surgical intervention, loss of employment, and pain and suffering. (Ex. 1.)

20. Plaintiff's claims arise out of errors and omissions of each of the Defendants and their failure to timely and appropriately evaluate, assess and treat Plaintiff after causing serious injury which resulted in this permanent injury.

21. Defendants, VIRDEN, LLC, and ROE CORPORATIONS I through X, and/or its nurses, technicians, physicians assistants, physical therapists, occupational therapists, employees, agents, contractors, representatives and/or assigns failed to appropriately and timely assess, monitor and treat Plaintiff causing her permanent physical injuries. (Ex. 1.)

22. Defendants, VIRDEN LLC, and ROE CORPORATIONS I through X and/or its employees, individually, and under the direction and control of Defendants and each of them, failed to properly supervise, monitor, review and/or otherwise implement quality control procedures to review

GERALD J. GILLOCK & ASSOCIATES
Las Vegas, Nevada 89101
Telephone: (702) 243-1930 Facsimile: (702) 243-7059

facts and as stated in Plaintiff's expert's affidavit attached hereto and incorporated herein by reference. (Ex. 1.)

29. That as a result of Defendants' negligence and grossly negligent acts and/or omissions, Plaintiff required emergency surgery and suffered severe permanent injury with her eye, as well as pain and suffering and will require future surgery to her cornea and a cataract removal with lens placement in the future, as well as other physical ailments which have not yet been discovered. (Ex. 1.)

30. That as a further result of Defendants' negligence and grossly negligent acts and/or omissions as outlined in paragraphs 1-29 above, Plaintiff has suffered general and special damages and damages including, but not limited to, emotional distress, pain and suffering, lost income, future loss of earning capacity and medical damages in accordance with the recovery allowed her pursuant to NRS Section 41.085 in an amount in excess of TEN THOUSAND DOLLARS ($10,000).

31. As a further proximate result of the negligence and grossly negligent acts of Defendants, and each of them, Plaintiff has incurred loss of earnings that Plaintiff will continue to suffer such loss for an indefinite time in the future, and that her earning capacity in the future has been greatly reduced, all to Plaintiffs' further special damages; the full nature and extent of said loss of earning are not known to Plaintiff but are in an amount in excess of TEN THOUSAND DOLLARS ($10,000) and leave is requested to amend this complaint to conform to proof at the time of trial.

32. That as a further result of Defendants' negligence and grossly negligent acts and/or omissions, Plaintiff has had to retain the services of an attorney and therefore seeks reimbursement for attorneys' fees and costs of suit as well as punitive damages for the reckless and wanton disregard for the health, safety and welfare of Plaintiff as set forth in the affidavit of Plaintiff's expert and in failing to use an eye shield in an amount in excess of TEN THOUSAND DOLLARS ($10,000)..

PLAINTIFFS' SECOND CAUSE OF ACTION
RES IPSA LOQUITOR

33. Plaintiff hereby adopts and incorporates by reference Paragraphs 1 through 32 of this Complaint as though fully set forth herein.

34. Defendants had a duty to exercise reasonable care in their treatment of Plaintiff consistent with the degree of skill and learning possessed by other physicians, technicians, aides and/or nurses

GERALD I GILLOCK & ASSOCIATES
[illegible]

specializing in the field of medicine and/or nursing and practicing in the community.

35. That Plaintiff presented to Defendants for care and treatment of her eye lids.

36. That but for the negligence of Defendants, Plaintiff suffered permanent injury to her eye which was not directly involved in the care and treatment of for which she sought treatment from Defendants.

37. As a result of Defendants' conduct, including but not limited to failing to use an eye shield, Plaintiff is entitled to a rebuttable presumption of injury due to negligence pursuant to N.R.S. 41A.100(1)(d) and (e) and that but for the negligence of Defendants, Plaintiff would not have suffered the aforementioned injuries.

38. That as a further result of Defendants' negligent acts and/or omissions, Plaintiff has suffered damages including, but not limited to emotional distress, pain and suffering, and medical damages in accordance with the recovery allowed her pursuant to NRS Section 41.085 in an amount in excess of TEN THOUSAND DOLLARS ($10,000).

39. As a further proximate result of the negligence and grossly negligent acts of Defendants, and each of them, Plaintiff has incurred loss of earnings and will continue to suffer such loss for an indefinite time in the future, and that his earning capacity in the future has been greatly reduced, all to Plaintiff's further special damages; the full nature and extent of said loss of earning are not known to Plaintiff but are in an amount in excess of TEN THOUSAND DOLLARS ($10,000) and leave is requested to amend this complaint to conform to proof at the time of trial.

40. That as a further result of Defendants' negligent acts and/or omissions, Plaintiff has had to retain the services of an attorney and therefore seeks reimbursement for attorneys' fees and costs of suit.

PLAINTIFFS' THIRD CAUSE OF ACTION
CORPORATE NEGLIGENCE/VICARIOUS LIABILITY

41. Plaintiff hereby adopts and incorporates by reference Paragraphs 1 through 40 of this Complaint as though fully set forth herein.

42. Defendants VIRDEN LLC and ROE CORPORATIONS I through X are vicariously liable for damages resulting from its employees, agents and/or servants negligent actions against plaintiff

GERALD I GILLOCK & ASSOCIATES
418 South Fourth Street · Las Vegas, Nevada 89101
Telephone (702) 385-1412 Facsimile (702) 385-7604

during the scope of employment.

43. Defendants, and each of them, by and through their employees, agents and/or servants breached their duty of care to Plaintiff as set forth above.

44. As a result of Defendants' negligence, Plaintiff suffered severe permanent injury to her eye and will require future medical care and treatment for her condition as outlined in Plaintiff's expert's affidavit attached hereto as Exhibit 1. Defendants are liable for its employees, agents and/or servants breach of duty to the Plaintiff.

45. As a result of Defendants' negligence, Plaintiff incurred medical and hospital expenses, the full extent of said expenses are not known to Plaintiff and leave is requested to amend this complaint.

46. As a further result of Defendant's breach, Plaintiff incurred great pain and suffering, mental anguish, emotional distress and inconvenience in an amount in excess of TEN THOUSAND DOLLARS ($10,000.00).

47. As a further proximate result of the negligence of Defendants, and each of them, Plaintiff incurred loss of earnings, and that Plaintiff will continue to suffer such loss for an indefinite time in the future, and that plaintiff's earning capacity in the future has been greatly reduced, all to Plaintiff's further special damages; the full nature and extent of said loss of earnings are not known to Plaintiff but are in an amount in excess of TEN THOUSAND DOLLARS ($10,000) and leave is requested to amend this complaint to conform to proof at the time of trial.

48. That as a further result of Defendants' negligent acts and/or omissions, Plaintiff was forced to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees and costs.

WHEREFORE, Plaintiff prays for relief from the Defendants, and each of them, as to all causes of action, as follows:

1. For general damages in an amount in excess of TEN THOUSAND DOLLARS ($10,000);

2. For special damages in an amount in excess of TEN THOUSAND DOLLARS ($10,000);

3. For punitive damages, where applicable, in an amount in excess of TEN THOUSAND DOLLARS ($10,000);

4. For Plaintiffs' costs and disbursements of this suit;

GERALD I GILLOCK & ASSOCIATES
[illegible] Las Vegas, Nevada 89101
Telephone: (702) 243-1933 Facsimile: (702) 385-7000

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Charles Virden

1. Patient Name [redacted]
2. Diagnosis need for corneal local loan resurfacing
3. Your involvement in the case (attending, consulting, etc.) attending
4. Allegation(s) negligence in performing loose resurfacing
5. Clinical Case Summary (include additional pages or inserts if necessary) PK, had proc 5/16/96 Sl ulcer later dx w/ corneal abrasion which was treated with steroids by other providers
6. Patient Outcome corneal scarring due to steroid pressure
7. Other Pertinent Details
8. Date of Incident 5/16/96 Date Filed 1999 Date Closed Oct 2, 2002
9. Resolution of Case (dismissed, settled out of court, litigated, other) NOTE: All cases litigated must include legal documentation.
   jury trial - unanimous defense verdict
10. Settlement amount paid on your behalf, if any 3420
11. Professional liability insurer involved:
    A. Name of Insurer The Doctors Company
    B. Address of Insurer Napa Ca
    C. Policy Number unknown

Name: Charles P. Virden MD

Signature [signature] Date 9/6/20

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Charles Virden

1. Patient Name Stmac
2. Diagnosis seen for cosmetic procedure
3. Your involvement in the case (attending, consulting, etc.) attending
4. Allegation(s) negligence in performing laser resurfacing
5. Clinical Case Summary (include additional pages or inserts if necessary) pt had procedure cosmetic - laser resurf - date unknown - Botox will get injury by others and treated
6. Patient Outcome lip drying after facial procedure
7. Other Pertinent Details
8. Date of Incident unknown Date Filed 3/8/2001 Date Closed 11/21/2002
9. Resolution of Case (dismissed, settled out of court, litigated, other) NOTE: All cases litigated must include legal documentation.
   case was assessed with prejudice
10. Settlement amount paid on your behalf, if any zero
11. Professional liability insurer involved:
    A. Name of Insurer The Doctors Company
    B. Address of Insurer Napa Ca
    C. Policy Number unknown

Name: Charles P. Virden, MD

Signature [signature] Date 9/6/20

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8.31.2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: ASC Pharmacy License
(Nature of License)

Comperensive Surgical Care of Reno -Tahoe,LLC
(Name and Address of Establishment for Which License Is Requested)

5443 Kietzke LN. Suite 110 Reno NV 89511
(If applicable, Name Under Which It Is Now Operated)

1. PERSONAL INFORMATION:

Nebeker (Last Name) | Franklin (First Name) | Keith (Middle Name)

F. Keith Nebeker (Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise))

[redacted] Cervino Ct (Present Residence Address-Street or RFD) | Reno (City) | NV 89521 (State/Zip)

10463 Double R Blvd (Present Business Address) | Dates 7/1/2015 - Current | Reno (City) | NV 89521 (State/Zip)

Podiatry (Occupation) | Dates 5/2012 - Current

Phone: Residence [redacted]

Business 775-350-2542

[redacted] (Date of Birth) | Twin Falls, Twin Falls, Idaho (Place of Birth (City, County, State))

39 (Age) | [redacted] (Social Security Number) | M (Sex)

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Hazel	brown	White	190		5'10"

Scars, tattoos or distinguishing marks and/or characteristics: N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial FKN

MARITAL INFORMATION-Continued

A. **Current Marriage** 12-29-2004 (Date) Logan, Cache, UT (City, County and State)

Spouse's full name (Maiden) Julianne Shibley S.S. No [redacted]

Date of Birth [redacted] Place of Birth Ogden UT

Resident address [redacted] (Street) Cervino CT (City) Reno (State) NV (Zip) 89521

Telephone: Residence [redacted] Business

Spouse's employer Doral Academy Occupation P.E. Teache

Address of employer 3725 Butch Cassidy Dr. (Street) Reno (City) NV (State) 89511 (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
	N/A			

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Jasson Neseke	[redacted]	Lewiston, ID	[redacted] Cervino CT Reno Nevada 89521
Kennadie Neseke		Cleveland OH	
Keelie Neseke		Wyandotte MI	
James Neseke		Reno NV	
Lexie Nebeker		Reno NV	

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial FKN

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father				
	N/A			
Mother				
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
	N/A			
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	GIBBONS Elementary	Gooding ID		Yes ☒ No ☐
High School	Gooding High School	" "	1996-2000	Yes ☒ No ☐
College University	Lewis-Clark State College	Lewiston ID	2000-2008	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any BS

College or university where obtained Lewis-Clark State College

Applicant's initial EMA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Daniel Shirley	Brother-in-law	Drugs	Idaho	2019

Applicant's initial FKN

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
Nov. 2015 - Oct. 2020	10630 Vista Altra Dr.	Reno	NV
June 2012 - Nov. 2015	3525 Electric Ave	Lincoln Park	MI
June 2008 - June 2012	13525 Woodward Blvd	Garfield Heights	OH
2003 - 2008	Park St	Lewiston	ID
2001 - 2003	?	Goiania	Brazil
Birth - 2000	202 E 1750 S.	Gooding	ID

Applicant's initial FKW

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2016	F. Keith Nesekar DPM	
Title	**Description of Duties**	**Name of Supervisor**
owner	Podiatrist	Self
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
July 2012	Henry Ford Wyandotte Hospital	Graduated
Title	**Description of Duties**	**Name of Supervisor**
DPM	Resident	Dr. Chris Olevech
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Aug. 2004	Precision Signs	Medical school
Title	**Description of Duties**	**Name of Supervisor**
Manufacturer	Build Signs	John Larson
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial FKN

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Tim Mooney	Home				[redacted]	5
Employer N. Nevada Hosp	Business	2385 E Prater Way #205	Sparks	NV	89434	
Name Tom McMeekin	Home				[redacted]	5
Employer Reno VA	Business	975 Kirman Ave	Reno	NV	89502	
Name Doug Doxey	Home				[redacted]	5
Employer Boise VA	Business	500 Fort Worth St	Boise	ID	83702	
Name Josh Wray	Home				[redacted]	13
Employer Self	Business	815 S. Maple St.	North Platte,	NE	69101	
Name Trevor Haynes	Home				[redacted]	13
Employer Self	Business	10373 NE Hancock St # 118	Portland	OR	97220	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
(Doctor)	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held
Michigan - Four years - 2012 to 2016
Nevada - 2015 to Present

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial TFKN

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

A

Date of photograph 9.3.2021

Applicant's initial FKN

STATE OF NEVADA

ss.

COUNTY OF WASHOE

I, BENJAMIN D. COX, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 1ST day of SEPTEMBER 2021

Notary Public

(seal)

[illegible] Cox
NOTARY PUBLIC
STATE OF NEVADA
No. 16-2056-2
My Appt. Expires March 20, 2023

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial FKN

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8/30/21

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: ASC Pharmacy License
(Nature of License)

Comperensive Surgical Care of Reno -Tahoe,LLC
(Name and Address of Establishment for Which License Is Requested)

5443 Kietzke LN. Suite 110 Reno NV 89511
(If applicable, Name Under Which It Is Now Operated)

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Yamamoto	Kyle	Takeshi

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Rio Pinar Dr.	5/1121-present	Reno	NV 89509
Present Residence Address-Street or RFD	Dates	City	State/Zip
3614 Lakeside Dr ste 110		Reno	NV 89509
Present Business Address		City	State/Zip
Physician	2009 - present		
Occupation	Dates		

Phone: Residence [redacted]

Business 775-525-1712

Date of Birth	Place of Birth (City, County, State)
[redacted]	Madison, Dane, Wisconsin

Age	Social Security Number	Sex
40	[redacted]	M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
brown	brown	white	5'9" 160	medium	5'9"

Scars, tattoos or distinguishing marks and/or characteristics: no

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial KY

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/26/13 (Date) Buffalo, Erie, NY (City, County and State)

Spouse's full name (Maiden) Carrie Lynn Oekoski S.S. No [redacted]

Date of Birth [redacted] Place of Birth Bad Axe, MI

Resident address [redacted] Rio Pinar Dr. (Street) Reno (City) NV (State) 89509 (Zip)

Telephone: Residence [redacted] Business 775-352-5300

Spouse's employer Northern Nevada Medical Gr Occupation Nurse Practitioner

Address of employer ~~5203~~ 23675 E Prater Way (Street) Sparks (City) NV (State) 89434 (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Tanner Yamamoto	[redacted]	Reno, NV	[redacted] Rio Pinar Dr. Reno, NV 89509
Conner Yamamoto	[redacted]	Reno, NV	"

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial KY

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Dennis Yamamoto	[redacted]	[redacted] Lakewood Ct Reno, NV 89509	Physician
Mother	Mary Oberski			Homemaker
Father-in-Law	Terry Dekoski		[redacted] Polk Rd Ruth, MI 48470	Farmer
Mother-in-Law	Debra Wisneski			Homemaker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Jill Yamamoto	[redacted]	[redacted] N 30th St	Attorney
Spouse	Andrew Buffington		Tacoma WA 98407	Attorney
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Huffaker	Reno	1990-1995	Yes ☑ No ☐
High School	Reno	Reno	1995-1999	Yes ☑ No ☐
College University	Dartmouth	Hanover, NH	1999-2003	Yes ☑ No ☐
Other	Nevada Medical School	Reno	2005-2009	Yes ☑ No ☐

Type of degree obtained, if any Dartmouth - BA Nevada - MD

College or university where obtained .....

Applicant's initial KY

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☑ No ☐

County Washoe State NV Date registered 1999

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial KY

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2015 - present	[redacted] Rio Pinar	Reno	NV
2014 - 2015	305 Brookhaven Ave NE	Atlanta	GA
2009 - 2014	91 Ivy Lea	Buffalo	NY
2005 - 2009	4595 Lakewood Ct	Reno	NV
2003 - 2005	703 Orion Dr	Colorado Springs	CO
1999 - 2003	Dartmouth College	Hanover	NH

Applicant's initial KY

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1999-2003	College student at Dartmouth College	
Title Sept June	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2003-2005	United States Golf Association Colorado Springs office - now closed	Completed 2 year fellowship
Title July June	Description of Duties	Name of Supervisor
grants fellow	non-profit grant giving	Judy Beil

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
~~2005-2009~~	Resident in Otolaryngology at U of Buffalo	graduated
Title	Description of Duties	Name of Supervisor
2009-2014 June June	School of Medicine - 1237 Delaware Ave Buffalo NY 14223	David Sherris MD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2005-2009	UNR Medical School 1664 N. Virginia St Reno NV 89557	graduated
Title July June	Description of Duties	Name of Supervisor
	Medical student	Dean of Medical school Dr Cheryl Hug

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2014-2015	~~Fell~~ Emory School of Medicine	graduated
Title June July	Description of Duties	Name of Supervisor
	facial plastic surgery fellow	Louis DeJoseph MD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2015 - present	Kyle T. Yamamoto MD Ltd 3614 Caliente Dr. Reno NV 89509	Current
Title	Description of Duties	Name of Supervisor
physician	self-employed facial plastic surgeon	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial KY

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Luke Peterson, MD	Home	La Crosse	WI		[redacted]	12
Employer	Business	Otolaryngology				
Name Joe Uavere	Home	Reno NV			[redacted]	30
Employer	Business	real estate				
Name Louis DeJoseph MD	Home	Atlanta GA			[redacted]	8
Employer	Business	facial plastic surgeon				
Name Sidney Starkman MD	Home	Scottsdale, AZ				
Employer	Business	facial plastic surgeon			507-226-2427	10
Name Stephen Collins	Home	Chicago, IL			[redacted]	17
Employer	Business	attorney				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐
If yes, state type, where and years held

New York - 2009-2014, Georgia 2014-2015, Nevada - 2015 - current

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial KY

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

Date of photograph 8/20/21

Applicant's initial KV

STATE OF Nevada

ss.

COUNTY OF Washoe

I, Kyle Takeshi Yamamoto, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 9/1/21st day of September 2021

Notary Public

ASHLEIGH TAYLER BROCKMAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 03-19-24
Certificate No: 21-9053-02

(seal)

Applicant's initial KY

ADDITIONAL INFORMATION

Applicant's initial KY

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9-15-21

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy License

Comprehensive Nature of License

~~Comprehensive~~ Surgical Care of Reno -Tahoe, LLC
Name and Address of Establishment for Which License Is Requested

5443 Kietzke LN. Suite 110 Reno NV 89511
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Hainwater — Last Name
Joel — First Name
Richard — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] E. Mockingbird Lane — Present Residence Address-Street or RFD
Paradise Valley — City
AZ 85253 — State/Zip

5493 Kietzke Lane Ste 110 — Present Business Address
12-18-20 — Dates
Reno, NV 89511 — City, State/Zip

Medical Doctor — Occupation
July 1991 - PRESENT — Dates

Phone: Residence [redacted]

[redacted] — Date of Birth
Atlanta, Fulton GA — Place of Birth (City, County, State)
Business 775-502-1660

55 — Age
[redacted] — Social Security Number
Male — Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BLU	Braun	Fair	180	Avg	5'9"

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☒

Applicant's initial

MARITAL INFORMATION-Continued

A **Current Marriage** NA (Date) (City, County and State)

Spouse's full name (Maiden) ..... S S No .....

Date of Birth ..... Place of Birth .....

Resident address ..... (Street) (City) (State) (Zip)

Telephone: Residence ..... Business .....

Spouse's employer ..... Occupation .....

Address of employer ..... (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Amanda Rainwater	2009	Atlanta GA 1998	Divorce	Scottsdale AZ

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Amanda Rainwater	[redacted] E Flathorn Drive	Scottsdale	AZ	85255	[redacted]

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Kendall Rainwater	[redacted]	Scottsdale	[redacted] E Flathorn Dr Scottsdale AZ 85255
Pierce Rainwater	[redacted]	Scottsdale	[redacted] E Flathorn Dr. Scottsdale AZ 85255

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

Applicant's initial dr

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Joel Rainwater	[redacted]	PO BOX [redacted] ROME GA 30164	Retired.
Mother	Eileen Tabor - Rainwater	[redacted]	← deceased	
Father-in-Law	X			NA
Mother-in-Law	X			NA.

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Julie Rainwater		[redacted] State Hwy 110	Reiki healer
Spouse	DJ Jeter		(Same address) Tyler TX 7504	RN.
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	LAKE VIEW	SUGAR LAND TX	1970 - '80	Yes ☒ No ☐
High School	PALESTINE	PALESTINE TX	1980 - '83	Yes ☒ No ☐
College University	BAYLOR	WACO TX	1983 - '87	Yes ☒ No ☐
Other	U.T. SOUTHWESTERN	DALLAS TX	1987 - '91	Yes ☒ No ☐

Type of degree obtained, if any M. D. ; B.S.

College or university where obtained U.T. SOUTHWESTERN - M.D. BAYLOR - B.S.

Applicant's initial JR

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Plaintiff - Joel Rainwater		No charge = civil	Maricopa county	2018-2021

Applicant's initial JR

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☑ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies.

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
PLAINTIFF	2018	MARICOPA	PHOENIX AZ	SETTLED 2021

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
CIC	PLLC	SAME AS ABOVE

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/2006 - 9-11-21	[redacted] N. 110th Way	Scottsdale	AZ
11/2005 - 8-2016	9820 E THOMPSON PEAK	SCOTTSDALE	AZ
7/98 - 11/2005	STONEGATE	SCOTTSDALE	AZ

Applicant's initial ____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/80-7/87	CIRCLE CAFE WACO TX	GRADUATED SCHOOL
Title	**Description of Duties**	**Name of Supervisor**
CHEF/SERVER	SAME	UNK

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/87-9/89	CHILI'S RESTAURANT DALLAS TX	SCHOOL
Title	**Description of Duties**	**Name of Supervisor**
CHEF	COOKING	UNK

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/97-3/2013	ARL MESA AZ	NEW JOB
Title	**Description of Duties**	**Name of Supervisor**
PHYSICIAN	ATTENDING DOCTOR	NONE

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2013-PRESENT	CIC GILBERT AZ	STILL EMPLOYED
Title	**Description of Duties**	**Name of Supervisor**
CMO/FOUNDER	OWNER/PHYSICIAN	NONE

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JR

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Kelly Vare	Home	[redacted]	W. Cheery Lynn Rd	Avondale	AZ	85392
Employer Angiodynamics	Business	[redacted]				Known since 1998
Name Adele Balfer	Home	[redacted]	N. 102nd st	Scottsdale	AZ	85262
Employer Home maker	Business	[redacted]				Known since 2014 / 18yrs
Name Rick Duff	Home	[redacted]	Summer Circle	Clarkdale	AZ	86324, [redacted]
Employer Retired	Business	Retired				
Name Mark Bemer	Home	[redacted]	Wheatland Ct.	Reno	NV	89511, [redacted]
Employer Reno Radiological Associates	Business	Interventional Radiologist				Known x 1 year
Name Brian Liljenquist	Home	Utah	[redacted]			
Employer self employed	Business	Wand care				Known x 5 years.

10 Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

Doctor since 1991 in TEXAS; ARIZONA; UTAH; NEVADA; NEW MEXICO

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

ARIZONA; UTAH; OREGON; NEW MEXICO — I OWN THE MEDICAL PRACTICE KNOWN AS CIC

Applicant's initial JC

13 Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14 Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

Date of photograph 8-15-21

Applicant's initial JR

STATE OF Arizona
ss.
COUNTY OF Maricopa

I, Joel Rainwater, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 20th day of September 2021

Loretta Mills
Notary Public

LORETTA MILLS
Notary Public - Arizona
Maricopa County
Commission # 559602
My Comm. Expires Mar 6, 2023

(seal)

Applicant's Initial JR

ADDITIONAL INFORMATION

Applicant's initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/21/21

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: ASC Pharmacy License
(Nature of License)

Comprehensive : Surgical Care of Reno -Tahoe,LLC
(Name and Address of Establishment for Which License Is Requested)

5443 Kietzke LN. Suite 110 Reno NV 89511
(If applicable, Name Under Which It Is Now Operated)

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
WIRYE	SCOTT	WILLIAM

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
[redacted] CALDERA CANYON TRAIL	RENO	NV / 89511

Present Business Address	Dates	City	State/Zip
635 SIERRA ROSE DR, STE A	4/1/2000 - Pres	RENO	NV / 89511

Occupation	Dates	Phone Residen
DOCTOR		[redacted]

Date of Birth	Place of Birth (City, County, State)	Business
[redacted]	PALO ALTO, CA	775-284-8296

Age	Social Security Number	Sex
56	[redacted]	M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BLU	BRO	LIGHT	190lb	MEDIUM	5'9"

Scars, tattoos or distinguishing marks and/or characteristics: N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial.....

A. **Current Marriage** 4/23/1993 (Date) BINGHAMTON, BROOM, NY (City, County and State)

Spouse's full name (Maiden) CHRISTINE McAvoy S.S. No

Date of Birth [redacted] Place of Birth BINGHAMTON, NY

Resident address [redacted] (Street) GALENA CANYON TRAIL, (City) RENO (State) NV (Zip) 89511

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
DANE WRYE	[redacted]	HERSHEY, PA	[redacted] GALENA CANYON TRAIL, RENO, NV 89511
DYLAN WRYE		RENO, NV	[redacted] GALENA CANYON TRAIL, RENO, NV 89511

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

Applicant's initial .....

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	James Wrye	[redacted]		Deceased
Mother	Elaine Wrye			Deceased.
Father-in-Law	Thomas McAvoy		Gorman Rd, Kirkland N.Y.	
Mother-in-Law	Sandra McAvoy		Gorman Rd, Kirkland N.Y.	

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☑ No ☐
High School	Susquehanna Valley High	Conklin N.Y.		Yes ☑ No ☐
College University	SUNY Binghamton	Binghamton NY		Yes ☑ No ☐
Other	SUNY Downstate Medical			Yes ☑ No ☐

Type of degree obtained, if any M.D

College or university where obtained SUNY Downstate

Applicant's initial .....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☐

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1995 - Current	[redacted]	Goshen Compact	Reno NV 89511

Applicant's initial .....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

4/1/2000 HALLANDALE WHITE PLASTIC SURGERY, 635 SIERRA ROSE DR, STE A CURRENTLY EMPLOYED
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

DOCTOR/PARTNER. PHYSICIAN SELF
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name ROSS KLINE	Home [redacted]	BUCK EAGLE CT.	RENO, NV	89511		15+
Employer SELF	Business [redacted]					
Name WESLEY HALL	Home [redacted]	FAIRVIEW RD,	RENO, NV	89511	[redacted]	
Employer ALLEN LUKE	Business 635 SIERRA RIDGE DR., STE A,	RENO, NV	89511	(775)284-8896		20+
Name CHARLES VIRDEN	Home					20
Employer SELF	Business 960 CAUGHLIN CROSSING, STE 100,	RENO, NV	89519	(775)345-3372		
Name TIM JANIGA	Home					10-15
Employer SELF	Business 500 DAMONTE RANCH PKWY,	RENO, NV	89521	(775)398-4600		
Name JOSEPH KLEMER	Home					
Employer	Business 530 HAMMILL LANE,	RENO, NV	89511	(775) 825-1234		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

Date of photograph.....

Applicant's initial.....

STATE OF Nevada

ss.

COUNTY OF Washoe

I, SCOTT WRYE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 21st day of September 2021

Cheryl Price
Notary Public

CHERYL PRICE
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 16-3356-2 - Expires August 15, 2024

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial .....

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 9/21/21

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy License
Nature of License

Comprehensive Surgical Care of Reno -Tahoe,LLC
Name and Address of Establishment for Which License Is Requested

5443 Kietzke LN. Suite 110 Reno NV 89511
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

HALL — WESLEY — WALKER
Last Name — First Name — Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] FAIRVIEW RD, RENO, NV 89511
Present Residence Address-Street or RFD — City — State/Zip

635 SIERRA ROSE DR. STE A — Dates 4/1/2000 to PRESENT — RENO — NV 89511
Present Business Address — City — State/Zip

DOCTOR — Dates
Occupation — Phone Residence

[redacted] — Business (775) 284-8296
Date of Birth — Place of Birth (City, County, State)

56 — [redacted] — M
Age — Social Security Number — Sex

BLU — BRO — LIGHT/MED — 190 lb — MEDIUM — 6'0"
Color of Eyes — Color of Hair — Complexion — Weight — Build — Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial .....

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/5/1998 (Date) (City, County and State)

Spouse's full name (Maiden) PAMELA E. NETUSCHIL S.S. No

Date of Birth [redacted] Place of Birth

Resident address [redacted] FAIRVIEW RD. RENO NV 89511
(Street) (City) (State) (Zip)

Telephone: Residence Business LYGHT WELLNESS CENTER

Spouse's employer SELF Occupation MEDICAL DOCTOR

Address of employer 609 SIERRA ROSE DR., STE 2, RENO, NV 89511
(Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	Stete	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Wesley Hall	[redacted]	[redacted] Rancho Manor Reno	RTD
Mother	Anne Hall	[redacted]	"	"
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Anna Hall	[redacted]	Bellingham WA	
Spouse	Murphy Evans	?	"	Attorney
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Jesse Beck Elementary	Reno		Yes ☑ No ☐
High School	Asheville School	Asheville NC	1979-1983	Yes ☑ No ☐
College University	Univ. North Carolina	Chapel Hill "	83-87	Yes ☐ No ☐
Other	Univ. NV	Reno NV	89-93	Yes ☑ No ☐

Type of degree obtained, if any MD

College or university where obtained U. Nevada

Applicant's initial .....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☑ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☑ No ☐

County Buncombe State NC Date registered 1983

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial .....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
	[redacted] FAIRVIEW RD.	RENO	NV, WASHOE

Applicant's initial.....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving — N/A
4/1/2000	Holland Nelle Plastic Surgeons, 635 Sierra Rose Dr, Reno, NV	
Title	**Description of Duties**	**Name of Supervisor**
Owner/Doctor	Medical Doctor	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name SCOTT WEYE	Home [redacted]	GALENA CANYON TRAIL, RENO, NV, 89511			[redacted]	
Employer HOLLAND WEYE	Business 635 SIERRA ROSE DR, STE A, RENO, NV				(775) 284-8296	20+
Name TIM JANICA	Home					10-15
Employer	Business 500 DAMONTE RANCH PKWY, RENO, NV 89521				(775) 364-0224	
Name CHARLES VIDOON	Home					20
Employer	Business 960 CALCHLIN CROSSING, STE 100, RENO, NV 89519				(775) 345-3372	
Name JOSEPH KIENER	Home					10-15
Employer	Business 530 HAMMILL LANE, RENO, NV 89511				(775) 825-1234	~~10-15~~
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐
If yes, state type, where and years held

MEDICAL DOCTOR

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial MM

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

Date of photograph.....

Applicant's initial.....

STATE OF Nevada

ss.

COUNTY OF Washoe

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

_____
Original Signature of Applicant

Subscribed and Sworn to before me this 21st day of September 2021

Cheryl Price
Notary Public

CHERYL PRICE
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 16-3356-2 - Expires August 15, 2024

(seal)

Applicant's initial _____

ADDITIONAL INFORMATION

Applicant's initial .....

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 09/14/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy License
Nature of License

Comprehensive Surgical Care of Reno -Tahoe,LLC
Name and Address of Establishment for Which License Is Requested

5443 Kietzke LN, Suite 110 Reno NV 89511
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Berner	Mark	Daniel

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
[redacted] Wheatland ct	Reno	89511

Present Business Address	Dates	City	State/Zip

Occupation	Dates	Phone: Residence / Business
Physician		Residence [redacted]

Date of Birth	Place of Birth (City, County, State)
[redacted]	Sitka, Alaska

Age	Social Security Number	Sex
46	[redacted]	M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown		170		69"

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial MB

A. **Current Marriage** 10/16/2009 (Date) Reno,Washoe,NV (City, County and State)

Spouse's full name (Maiden) Amanda Lynn Barragan S.S. No [redacted]

Date of Birth [redacted] Place of Birth Mountian View, Ca

Resident address [redacted]Wheatland ct (Street) Reno (City) NV (State) 89511 (Zip)

Telephone: Residence [redacted] Business

Spouse's employer Naphcare Occupation Physician Assistant

Address of employer 911 E Parr blvd (Street) Reno (City) NV (State) 89512 (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information.

Name	Birth Date	Birth Place	Residence Address
Samuel Berner	[redacted]	Tucson, AZ	[redacted] Wheatland ct, Reno, NV 89511
Andrew Berner		Reno, NV	[redacted] Wheatland ct, Reno, NV 89511
Ryan Berner		Reno, NV	[redacted] Wheatland ct, Reno, NV 89511

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order

Applicant's initial MB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	JAMES BERNER	[redacted]	[redacted] Vesper ct, Stateline NV	Physician
Mother	BARBARA BERNER		[redacted] Vesper ct, Stateline NV	Nurse practitioner
Father-in-Law	HENRY BARRAGAN			Disabled
Mother-in-Law	TERRY FOX			Homemaker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Jeff Berner	12/11/1969		Nurse practitioner
Spouse	Melissa Berner			Homemaker
	David Berner	08/11/1971		Physician
Spouse	Vanessa Berner			Homemaker
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Bear valley elementary	Anchorage, AK		Yes ☒ No ☐
High School	Robert Service High School	Anhorage, AK		Yes ☒ No ☐
College University	Colorado State University	Fort Collins, CO	07/1993 - 06/1997	Yes ☒ No ☐
Other	University of Nevada School of Medicine	Reno, NV	7/2002 - 6/2006	Yes ☒ No ☐

Type of degree obtained, if any Medical Doctorate

College or university where obtained UNSOM

Applicant's initial MB

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch..... Date of entry-active service.....

Date of separation..... Type of discharge.....

Rating at separation..... Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Anchorage State Alaska Date registered 12/1992

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?..... city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?..... city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial MB

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
[redacted]	Wheatland ct, Reno, NV 89511		
[redacted]	Del Monte ln, Reno, NV 89511		
[redacted]	Taos Ranch ct, Reno, NV 89511		
[redacted]	Aberfeldy rd, Reno, NV 89519		
[redacted]	N Placita Agua Caliente, Tucson, AZ 85712		
[redacted]	Searchlite ct, Reno, NV 89503		
[redacted]	Goldenview dr, Anchorage, AK 99516		

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

7/2012- present	Reno Radiological Associates /1155 Mill st, Reno, NV 89521	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Physician	Interventional Radiology	
Title	Description of Duties	Name of Supervisor
09/2021- present	Comprehensive Integrated Care	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Physician	Interventional Radiology	
Title	Description of Duties	Name of Supervisor
7/2000-7/2002	Gastroenterology Consultants / 880 Ryland st, Reno NV 89521	Began medical school
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Gastroenterology Technician		
Title	Description of Duties	Name of Supervisor
7/1998-7/2000	Washoe Medical Center / 1155 Mill st, Reno, NV 89521	Offered private practice position
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Gastroenterology Technician		
Title	Description of Duties	Name of Supervisor
1993-1997	Colorado State University	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Student		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial MB

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Joel Rainwater	Home					
Employer	Business					
Name Brian Evans	Home					
Employer	Business					
Name Rajesh Rangaswamy	Home	[redacted]				
Employer Reno Radiological Associates	Business					
Name Dorothy Gilbertson	Home	[redacted]				
Employer University of Arizona College of Medicine	Business					
Name Sean Alexander	Home	[redacted]				
Employer Self-employed	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

Doctor Licensed in NV 2006-2007 and 2012-present, AZ 2007-2012 and 2021-present.

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

Date of photograph .....

Applicant's initial MB

STATE OF Nevada
ss.

COUNTY OF Washoe

I, Mark Berne, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested, that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada

Original Signature of Applicant

Subscribed and Sworn to before me this 23rd day of September 2021

Cheryl Price
Notary Public

CHERYL PRICE
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 16-3356-2 - Expires August 15, 2024

(seal)

Applicant's initial MB

ADDITIONAL INFORMATION

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

3446

Date 9/9/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy License
Nature of License

COMPREHENSIVE ~~Comperensive~~ Surgical Care of Reno -Tahoe,LLC
Name and Address of Establishment for Which License Is Requested

5443 Kietzke LN, Suite 110 Reno NV 89511
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
SINGH	INDER	MOHAN

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): N/A

Present Residence Address-Street or RFD	City	State/Zip
[redacted] SILVERWOOD CT,	GRANITE BAY	CA 95746

Present Business Address	Dates	City	State/Zip
9210 SILVERWOOD CT		GRANITE BAY	CA 95746

Occupation: PHYSICIAN — Dates: 2003 - PRESENT

Phone: Residence [redacted]

Business (317)441-4842

Date of Birth	Place of Birth (City, County, State)
[redacted]	CHANDIGARH, INDIA

Age	Social Security Number	Sex
45	[redacted]	MALE

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BLACK	BLACK	BROWN	160 LBS	Lean	5 ft 8 inches

Scars, tattoos or distinguishing marks and/or characteristics: N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place SACRAMENTO (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial IS

MARITAL INFORMATION-Continued

A. **Current Marriage** 09/05/2004 (Date) CHANDIGARH, INDIA (City, County and State)

Spouse's full name (Maiden) SHIBANI SEHGAL S.S. No. [redacted]

Date of Birth [redacted] Place of Birth JALANDHAR, PUNJAB, INDIA

Resident address [redacted] SILVERWOOD CT, GRANITE BAY, CA, 95746 (Street, City, State, Zip)

Telephone: Residence [redacted] Business (317) 755-8786

Spouse's employer CHAPA-DE INDIAN HEALTH PROGRAM Occupation DENTIST

Address of employer 11670 ATWOOD RD, AUBURN CA 956303 (Street, City, State, Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NA				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
NA					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
DARSH S. BHATIA	[redacted]	SACRAMENTO, CA	[redacted] SILVERWOOD CT GRANITE BAY, CA 95746

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial .....

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NA

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	INDERJIT SINGH	[redacted]	[redacted] SILVERWOOD, CT, GRANITE BAY, CA 95746	- RETIRED
Mother	UPKAR KAUR	[redacted]	[redacted] SILVERWOOD CT GRANITE BAY, CA 95746	- RETIRED
Father-in-Law	HARMINDER S. SEHGAL	[redacted]	[redacted] BADRI DASS COLONY, JALANDHAR, PUNJAB, INDIA	- RETIRED
Mother-in-Law	SATINDER K. SEHGAL	[redacted]	[redacted] BADRI DASS COLONY, JALANDHAR, PUNJAB, INDIA	- RETIRED

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
GURINDER SINGH - BROTHER	[redacted]	[redacted] PACIFIC DUNES LANE - SPRING, TX 77389	- ENGINEER
Spouse			
SUNAINA GHAI - SISTER IN LAW	[redacted]	[redacted] PACIFIC DUNES LN - SPRING, TX 77389	- DENTIST
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	INDIAN HIGH SCHOOL	DUBAI, UAE	1981 - 1989	Yes ☒ No ☐
High School	INDIAN HIGHSCHOOL	DUBAI, UAE	1989 - 1993	Yes ☒ No ☐
College University	OVIDIUS UNIVERSITY	CONSTANTA, ROMANIA	1993 - 1999	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any MD

College or university where obtained OVIDIUS UNIVERSITY, CONSTANTA, ROMANIA

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/2013 - PRESENT.	[redacted] SILVERWOOD CT, GRANITE BAY, CA95746.	GRANITE BAY	CA / PLACER
12/2011 - 8/2013	1609 CLAREWOOD DR	ROSEVILLE	CA 95661 / PLACER
7/2010 - 12/2011	612 E. RANCH ROAD	SACRAMENTO	CA 95825.
7/2009 - 6/2010	81 GRANDE ISLE AVE, SW, UNIT-2623,	ROCHESTER,	MN 55902
2/2008 - 6/2009	865 LOCKEFIELD ST, UNIT C,	INDIANAPOLIS,	IN 46202
7/2006 - 01/2008	354 LANSING STREET,	INDIANA POLIS,	IN 46202.
06/2003 - 06/2006	1701 E 12th ST,	CLEVELAND,	OH 44114.
08/2000 - 05/2003	1200 COMMERCIAL ST, UNIT 104,	EMPORIA	KS 66801

Applicant's initial .....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/19 – PRESENT	ACVI / 9210 SILVERWOOD CT, GRANITE BAY, CA 95746.	
Title	**Description of Duties**	**Name of Supervisor**
PRESIDENT	MEDICAL DIRECTOR	SELF

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2010 – 11/2019	550 W. RANCH VIEW DR, ST-3000, ROCKLIN, CA 95765 MERCY MEDICAL GP	
Title	**Description of Duties**	**Name of Supervisor**
CARDIOLOGIST	CLINICAL CARDIOVASCULAR CARE	GURVINDER SHAHEEN, PRESIDENT MD.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2009 – 06/2010	MAYO CLINIC, 200 FIRST STREET SW, MB 4-506, ROCHESTER, MN 55905	COMPLETION OF FELLOWSHIP
Title	**Description of Duties**	**Name of Supervisor**
INTERVENTIONAL CARDIOLOGY FELLOW		GREGORY BARSNESS

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2006 – 06/2009	INDIANA UNIVERSITY SCHOOL OF MEDICINE, 1800 N. CAPITOL AV E. 400	COMPLETION OF FELLOWSHI
Title	**Description of Duties**	**Name of Supervisor**
CARDIOLOGY FELLOW	CLINICAL CARDIOVASCULAR CARE	ERIC WILLIAMS. INDIANAPOLIS, IN 46202

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2004 – 06/2006	CLEVELAND CLINIC, 9500 EUCLID AV, NA-10, CLEVELAND, OH 44195.	COMPLETION OF RESIDENC
Title	**Description of Duties**	**Name of Supervisor**
RESIDENT (IM)	CLINICAL CARE.	CRAIG NIELSEN.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2003 – 06/2004	CLEVELAND CLINIC, 9500 EUCLID AV, NA-10 CLEVELAND, OH	
Title	**Description of Duties**	**Name of Supervisor**
INTERN/INTERNSHIP.	CLINICAL CARE.	CRAIG NIELSEN

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name ARVIN ARTHUR	Home				[redacted]	11
Employer SELF	Business					
Name TEJAL LANDHAU	Home				[redacted]	8
Employer	Business					
Name RYAN SMITH	Home				[redacted]	9
Employer	Business					
Name KIRDIP GILL	Home				[redacted]	8
Employer	Business					
Name SUMIT SHARMA	Home				[redacted]	8
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

DOCTOR / MEDICAL LICENSE, CA; 2010 - PRESENT

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

ACN, CA

FIVE RIVERS HOLDING, CA

Applicant's initial AS

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

Date of photograph 2021

Applicant's initial DS

STATE OF CALIFORNIA ss.

COUNTY OF PLACER

I, INDER M. SINGH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Inder Mohan Singh
Original Signature of Applicant

Subscribed and Sworn to before me this 14th day of SEPTEMBER 2021

Notary Public

FARATUL A. MOHD JAMALUDIN
COMM. # 2319456
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
COMM. EXPIRES JAN. 20, 2024

(seal)

Applicant's initial

ADDITIONAL INFORMATION

N/A

Applicant's initial

21

22

23

EXECUTIVE SECRETARY REPORT
January 12-13, 2022

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - Covid Vaccine update
  - Covid Therapeutics Update

Date Accessed	Tuesday, 04 January 2022 11:45:23
Name	License Type
Michelle Fazio	Pharmacist
DANIELLE DORSETT	Pharmacist
Ami Patel	Pharmacist
Jerry May	Pharmacist
Aurora Henry	Pharmacist
Michael Fadeyi	Pharmacist
Richard Anderson Jr	Pharmacist
Sohyun Kim	Pharmacist
Michelle Abou-Eid	Pharmacist
Stephanie Zuhl	Pharmacist
Shawn Hodges	Pharmacist
Jiten Sidhu	Pharmacist
Reed Smith	Pharmacist
Linda Trinh	Pharmacist
Breanne Loosie	Pharmacist
Ewen Aka	Pharmacist
Bao Do	Pharmacist
Sandra Scavo	Pharmacist
Nevina Trunzo	Pharmacist
Vicky Tran	Pharmacist
Darren Westwood	Pharmacist
Solomon Anthony	Pharmacist
Nicolas Branam	Pharmacist
Matthew Fisher	Pharmacist
Kathleen Gelzleichter	Pharmacist
Menchie Yanagidara	Pharmacist
Anthony Wiseman	Pharmacist
Christina Trinh	Pharmacist
Hannah Suh	Pharmacist
Stephen Seo	Pharmacist
Thomas Rebhandl	Pharmacist
Dana Proum	Pharmacist
Ayala Fishel	Pharmacist
Lauren Jones	Pharmacist
Finella Mohammed	Pharmacist
Kerry-Ann Chamberlain	Pharmacist
Ankur Patel	Pharmacist
Carl Harting	Pharmacist
Taryn Holt	Pharmacist
Jennifer Kil	Pharmacist
Stephanie Liang	Pharmacist
Priscilla Lakes	Pharmacist
Kun Hui Lai	Pharmacist
Tera McDivitt	Pharmacist
Greg Wollman	Pharmacist

Michael Wright	Pharmacist
Scott Bell	Pharmacist
Katherine Henson	Pharmacist
Maureen Jackson	Pharmacist
Nicholas Kirkpatrick	Pharmacist
Tony La	Pharmacist
Leslie LeBel	Pharmacist
Vicent Quach	Pharmacist
Daniel Powell	Pharmacist
Wendy Schultz Tallman	Pharmacist
Nipa Shah	Pharmacist
Ali Mohempour	Pharmacist
Rebecca Hua-Chan	Pharmacist
Ruvarashe Munyariwa	Pharmacist
Gary Koesten	Pharmacist
Rena Charchian	Pharmacist
Hien Le	Pharmacist
Anthony Chong	Pharmacist
Ryan Fraher	Pharmacist
Darryl Gies	Pharmacist
Frank Pallaria Jr	Pharmacist
Madonna Anwer	Pharmacist
Aileen Beitz	Pharmacist
Jay Barnhart	Pharmacist
Monica Childers	Pharmacist
Melidna Chau	Pharmacist
Lisa Cook	Pharmacist
James Cooksley	Pharmacist
Jennifer Bach	Pharmacist
Juan De La Cruz	Pharmacist
Sharon Faust	Pharmacist
Lauren Bode	Pharmacist
Norma Garza-Gallegos	Pharmacist
Greg Gibson	Pharmacist
Benito Gomez	Pharmacist
Jack Hermann	Pharmacist
Jennifer Harris	Pharmacist
Venus Hensley	Pharmacist

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20	Hold per Dave			
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21					
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22		
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20					
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21				
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21		
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh		03/03/22		
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21	12/09/21	01/13/22		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				(returned to LCB 11/3/21 for revision)				
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or euthanasia technician. (Senate Bill 408)	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh		03/03/22		
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Dave/Yenh			
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21					
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21					

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21					
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21					
NAC 453.510: Schedule I - Isotonitazene	01/13/22							
(NAC) 453B: Prescription Drug Donation Program	01/13/22							

24

24A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 13, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.146; NRS 639.070

A REGULATION relating to controlled substances; adding isotonitazene to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethdol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropylfentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambuten;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

~~[4-Fluoroisobutyryl]~~ ***Fluoroisobutyryl*** fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide) ***;*** ~~[(some trade or other names: para-fluoroisobutyryl fentanyl);]~~

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Isotonitazene;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

~~[3-Methylfentanyl (N-3-methyl-1-(2-phenylethyl)-4-piperidyl-N-phenylpropanamide);~~

~~3-Methylthiofentanyl (N-(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl-N-phenylpropanamide);]~~

Methoxyacetyl fentanyl***;*** ~~[(2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide);]~~

Methyl acetyl fentanyl;

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

~~[Para-fluorofentanyl (N-(4-fluorophenyl)-N-1-(2-phenethyl)-4-piperidinylpropanamide);]~~

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine;

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazlo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepine-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N- o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy- N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4- ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin- 2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine (MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-

3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7- nitro-

2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro- 2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.$1^{3,7}$]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin- 2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of

such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzofisochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

➥ For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as Datura, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha- pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha- pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-

1- one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha- aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethylβ-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3- benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4- FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1- one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)- 2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N Methylcathinone,cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α- methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

24B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 13, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~***omitted material***~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to the donation of prescription medications.

~~***NAC 453B.015 "Board" defined. (NRS 453B.230) "Board" means the State Board of Pharmacy.***~~

NAC 453B.020 "~~*Cancer*~~ *Donated prescription* drug" defined. (NRS 453B.~~*230*~~*010*) "~~*Cancer*~~*Donated prescription* drug" ~~***has the meaning ascribed to it in NRS 453B.160***~~ ***means a Dangerous Drug as defined in NRS 454.201 that has been previously dispensed on a prescription as defined by NRS 639.013 to an Ultimate User as defined in NRS 454.00978 which has been transferred to the Program***. ***The term does not include a drug donated pursuant to NRS 638.200.***

~~***NAC 453B.025 "Dispense" defined. (NRS 453B.230) "Dispense" has the meaning ascribed to it in NRS 639.0065.***~~

NAC 453B.030 "Distribute" defined. "Distribute" means to deliver, other than by administering or dispensing, a ~~***cancer***~~ ***donated prescription*** drug.

NAC 453B.035 "Health clinic" defined. (NRS 453B.~~*230*~~*010*) "Health clinic" means a facility which provides, as a regular course of practice, medical services and goods ~~***to persons with cancer***~~ and is operated by a physician who is licensed pursuant to chapter 630 or 633 of NRS.

~~***NAC 453B.040 "Medical facility" defined. (NRS 453B.230) "Medical facility" has the meaning ascribed to it in NRS 449.0151.***~~

~~***NAC 453B.045 "Pharmacy" defined. (NRS 453B.230) "Pharmacy" has the meaning ascribed to it in NRS 639.012.***~~

~~*NAC 453B.050 "Program" defined. (NRS 453B.230) "Program" has the meaning ascribed to it in NRS 453B.180.*~~

~~*NAC 453B.055 "Provider of health care" defined. (NRS 453B.230) "Provider of health care" has the meaning ascribed to it in NRS 629.031.*~~

Participation of Persons in *the* Program

NAC 453B.070 Eligibility for participation in *the* Program to receive ~~cancer~~ *a donated prescription* drug. (NRS 453B.~~230~~*120*) A person who wishes to receive a ~~*cancer*~~ *donated prescription* drug dispensed pursuant to the Program must ~~*be*~~:

1. *Be ~~A~~ a* resident of this State;

~~*2. Diagnosed as having cancer; and*~~

2. ~~*3. Approved to participate in the Program pursuant to NAC 453B.075.*~~ *Receive a diagnosis from, and a valid prescription written by, a practitioner authorized to prescribe for a drug available through the Program; and*

3. Sign a waiver of liability provided by the pharmacist that is a participant in the Program and provided care to the patient through the Program for any action described in NRS 453B.130.

NAC 453B.075 Submission of application to participate; written notice of approval or denial by Board. (NRS 453B.230)

1. A ~~*person*~~ *pharmacy* who wishes to participate in the Program must submit an application to the Board on a form prescribed by the Board.

2. The ~~*Board*~~ *Executive Secretary* will review the application and determine if the ~~*person*~~ *pharmacy* is qualified to participate in the Program *and has established procedures for:*

(a) Receiving, inspecting, and storage of Donated Prescription Drugs;

(b) Recording and tracking the source and receipt of Donated Prescription Drugs;

(c) Verifying and recording the eligibility of persons to receive Donated Prescription Drugs; and

(d) Disposal of the Donated Prescription Drugs.

3. If the ~~*Board*~~ *Executive Secretary* approves a ~~*person*~~ *pharmacy* to participate in the Program, the ~~*Board*~~ *Executive Secretary* will provide written notice of its approval of the application to the ~~*person*~~ *pharmacy* not later than 30 days after its decision.

4. If the ~~*Board*~~ *Executive Secretary* denies a ~~*person*~~ *pharmacy* from participating in the Program, the ~~*Board*~~ *Executive Secretary* will provide written notice of its denial of the application to the person not later than 30 days after its decision. *If the pharmacy does not agree with the decision made by the Executive Secretary, the pharmacy may appeal the decision to the Board within 30 days.*

Participation of ~~*Pharmacists, Medical Facilities, Health Clinics and Providers of Health Care*~~ *Pharmacies* in the Program

NAC 453B.080 Eligibility for participation in *the* Program. (NRS 453B.~~*230*~~*120*) To be eligible to participate in the Program:

1. A pharmacy must be:

(a) Licensed in this State; ~~*and*~~

(b) Approved to participate in the Program pursuant to NAC 453B.0~~*85*~~75~~.~~*; and*

(c) In good standing with the Board.

~~*2. A medical facility must:*~~

~~*(a) Be licensed in this State;*~~

~~*(b) Provide, as a regular course of practice, medical services and goods to persons with cancer; and*~~

~~*(c) Be approved to participate in the Program pursuant to NAC 453B.085.*~~

~~*3. A health clinic must be approved to participate in the Program pursuant to NAC 453B.085.*~~

~~*4. A provider of health care must:*~~

~~*(a) Be licensed in this State;*~~

~~*(b) Provide, as a regular course of practice, medical services and goods to persons with cancer; and*~~

~~*(c) Be approved to participate in the Program pursuant to NAC 453B.085.*~~

~~*NAC 453B.085 Submission of application to participate; written notice of approval or denial by Board. (NRS 453B.230)*~~

~~*1. A pharmacy, medical facility, health clinic or provider of health care that wishes to participate in the Program must submit an application to the Board on a form prescribed by the Board.*~~

~~*2. The Board will review the application and determine if the pharmacy, medical facility, health clinic or provider of health care is qualified to participate in the Program.*~~

~~*3. If the Board approves a pharmacy, medical facility, health clinic or provider of health care for participation in the Program, the Board will provide written notice of its approval of the application to the pharmacy, medical facility, health clinic or provider of health care not later than 30 days after its decision.*~~

~~*4. If the Board denies a pharmacy, medical facility, health clinic or provider of health care from participating in the Program, the Board will provide written notice of its denial of the application to the pharmacy, medical facility, health clinic or provider of health care not later than 30 days after its decision.*~~

NAC 453B.090 Compliance with federal and state laws and regulations required. (NRS 453B.~~*200*~~*110*~~*, 453B.230*~~) A pharmacy~~*, medical facility, health clinic or provider of health care*~~ that participates in the Program must comply with all applicable federal and state laws and regulations when accepting, distributing and dispensing a ***donated prescription*** ~~*cancer*~~ drug pursuant to the Program.

Administration of Program; Fees

NAC 453B.100 Board to establish and maintain registry of participants; notification to Board of certain changes in information or status. (NRS 453B.~~*230*~~*080*~~)

1. The Board will establish and maintain a registry of pharmacies~~*, medical facilities, health clinics and providers of health care*~~ that participate in the Program, which must include, without limitation, the name, address and telephone number of each pharmacy~~*, medical facility, health clinic and provider of health care*~~ that is authorized by the Board to participate in the Program.

2. A pharmacy~~*, medical facility, health clinic or provider of health care*~~ must notify the Board, on a form prescribed by the Board, if the pharmacy~~*, medical facility, health clinic or provider of health care*~~:

(a) Has a change in its name, address or telephone number; or

(b) No longer wishes to participate in the Program.

3. The Board will post the registry on the Internet website maintained by the Board.

NAC 453B.105 Donating, dispensing and storage of ~~cancer~~ *donated prescription* drugs. (NRS 453B.~~230~~*080; NRS 453B.090; NRS 453B.100*)

1. ***Participation in the Program does not mandate a pharmacy to accept donated prescription drugs.*** ~~***Except as otherwise required for the storage of cancer drugs pursuant to subsection 3, a pharmacy, medical facility, health clinic or provider of health care shall not limit the amount of cancer drugs that a person may donate to the Program.***~~

2. In addition to the requirements of NRS 453B.~~*210*~~*100*, a pharmacist may dispense a ~~cancer~~ ***donated prescription*** drug to a person who is participating in the Program if:

(a) The pharmacist has inspected the packaging of the ~~***cancer***~~ ***donated prescription*** drug to determine if the ~~***cancer***~~ ***donated prescription*** drug meets the requirements of subsection ~~*4*~~ *6* of NRS 453B.~~*200*~~*080*;

(b) ~~***The person requesting the cancer drug presents to the pharmacist the written notice of approval from the Board which states that the person is approved to participate in the Program;***~~ and

~~*(c)*~~ The person requesting the ~~***cancer***~~ ***donated prescription*** drug presents to the pharmacist a prescription written by a person who is authorized to write prescriptions.

3. A pharmacy~~***, medical facility, health clinic or provider of health care***~~ shall store a ~~***cancer***~~ ***donated prescription*** drug that is donated to the Program:

(a) Pursuant to the recommendations of the manufacturer of the ~~***cancer***~~ ***donated prescription*** drug concerning the storage conditions;

(b) Separately from all other drugs; and

(c) In a locked storage area.

4. If a ~~***cancer***~~ ***donated prescription*** drug that is donated to the Program expires before it is dispensed, the pharmacy~~***, medical facility, health clinic or provider of health care***~~ shall destroy the ~~***cancer***~~ ***donated prescription*** drug.

NAC 453B.110 Restrictions on donated ~~cancer~~ *prescription* drugs. (NRS 453B.~~230~~*080*)

1. In addition to the requirements of NRS 453B.~~200~~*080*, a ~~cancer~~ *donated prescription* drug that is donated to the Program:

(a) Must not be a controlled substance.

(b) Must not be a compounded drug product.

(c) Must not be dispensed by a pharmacist if the pharmacist suspects that the ~~cancer~~ *donated prescription* drug is adulterated or misbranded.

(d) Must not be dispensed by a pharmacist if, in the professional judgment of the pharmacist, there is a reasonable concern relating to the safety or efficacy of the ~~cancer~~ *donated prescription* drug.

(e) Must not require refrigeration or freezing or other temperature requirements that are not a controlled room temperature.

(f) Must not be a ~~cancer~~ *prescription* drug for which a program of restrictive distribution has been established by the manufacturer of the ~~cancer~~ *donated prescription* drug.

(g) Must not be a ~~cancer~~ *donated prescription* drug for which an ongoing clinical trial or study is being conducted.

(h) Must be a ~~cancer~~ *prescription* drug that was dispensed ~~pursuant to an original prescription~~ by a pharmacy licensed pursuant to chapter 639 of NRS.

2. As used in this section, "program of restrictive distribution" means a program that is developed in collaboration with the United States Food and Drug Administration by a manufacturer of a drug to reduce the risks associated with that drug by limiting the persons who can prescribe the drug and who can receive the drug.

~~*NAC 453B.115 Maintenance of records by pharmacy, medical facility, health clinic or provider of health care that participates in Program. (NRS 453B.230)*~~

~~*1. In addition to the requirements of NRS 639.2801 and NAC 639.708, a pharmacy, medical facility, health clinic or provider of health care that participates in the Program shall maintain records for a cancer drug that is donated to the Program. The records must include, without limitation:*~~

~~*(a) The date the pharmacy, medical facility, health clinic or provider of health care received the cancer drug;*~~

~~*(b) The date the cancer drug was dispensed pursuant to the original prescription;*~~

~~*(c) The original prescription number of the cancer drug;*~~

~~*(d) The name of the cancer drug;*~~

~~*(e) The dosage of the cancer drug;*~~

~~*(f) The quantity of the cancer drug that is donated;*~~

~~*(g) The date of expiration of the cancer drug;*~~

~~*(h) The name, address and telephone number of the person who originally dispensed the cancer drug;*~~

~~*(i) The name, address and telephone number of the person who is donating the cancer drug; and*~~

~~*(j) The lot number of the cancer drug.*~~

~~*2. A pharmacy, medical facility, health clinic or provider of health care shall maintain records of a cancer drug that is distributed to another pharmacy, medical facility, health clinic or provider of health care that is participating in the Program. The records must include, without limitation:*~~

~~*(a) The information required pursuant to subsection 1;*~~

~~*(b) The name, address and telephone number of the pharmacy, medical facility, health clinic or provider of health care that is distributing the cancer drug;*~~

~~*(c) The quantity of the cancer drug that is being distributed; and*~~

~~*(d) The name and address of the pharmacy, medical facility, health clinic or provider of health care to which the cancer drug is distributed.*~~

NAC 453B.120 Handling fee. (NRS 453B.~~*200*~~*120*~~*, 453B.230*~~) A pharmacy~~*, medical facility, health clinic or provider of health care*~~ may charge a handling fee of not more than $10 for distributing or dispensing a ~~*cancer*~~ *donated prescription* drug that is donated to the Program.

25

25A

REVISED PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R036-21

November 17, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-6, NRS 639.070 and section 2.5 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3268.

A REGULATION relating to contraceptives; establishing a protocol and certain other requirements for a pharmacist to dispense self-administered hormonal contraceptives without a prescription; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Effective January 1, 2022, existing law authorizes a pharmacist to dispense a self-administered hormonal contraceptive to a patient under a protocol established by regulation of the State Board of Pharmacy, regardless of whether the patient has obtained a prescription from a practitioner. Existing law requires a pharmacist to provide a risk assessment questionnaire prescribed by regulation of the Board to a patient who requests a self-administered hormonal contraceptive before dispensing the self-administered hormonal contraceptive to the patient under the protocol. (Sections 2.5 and 3 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at pages 3268 and 3269) **Section 2** of this regulation requires a pharmacist who wishes to dispense self-administered hormonal contraceptives under the protocol to: (1) complete certain education concerning self-administered hormonal contraceptives; and (2) notify the Board of his or her intent to dispense self-administered hormonal contraceptives under the protocol. **Section 3** of this regulation adopts by reference certain federal guidelines concerning the use of contraceptives. **Section 4** of this regulation prescribes the protocol for a pharmacist to dispense self-administered hormonal contraceptives, which includes: (1) providing the risk assessment questionnaire to the patient and discussing the results with the patient; (2) utilizing a treatment algorithm which includes evaluating the patient using the federal guidelines adopted by reference in **section 3**; (3) providing certain records to the patient; (4) dispensing a self-administered hormonal contraceptive to the patient if it is safe to do so; (5) providing information to the patient concerning use of the contraceptive; (6) the maintenance of certain records by the pharmacy; (7) limitations on the amount of a self-administered hormonal contraceptive that may be dispensed; and (8) certain requirements relating to refills. **Section 5** of this regulation prescribes the risk assessment questionnaire that must be provided to a patient who requests the dispensing of a self-administered hormonal contraceptive under the protocol.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. *1. Except as otherwise provided in subsection 7 of section 4 of this regulation, a pharmacist who wishes to dispense self-administered hormonal contraceptives under the protocol prescribed in section 4 of this regulation must:*

(a) Complete a course of education concerning self-administered hormonal contraceptives that:

(1) Consists of at least 2 hours of instruction;

(2) Includes, without limitation, instruction concerning the assessment of risks to the patient and contraindications; and

(3) Is approved by the Accreditation Council for Pharmacy Education or the American College of Obstetricians and Gynecologists, or their successor organizations, or provided by a school of pharmacy accredited by the Accreditation Council for Pharmacy Education, or its successor organization; and

(b) Notify the Board of his or her intent to dispense self-administered hormonal contraceptives under the protocol in the form prescribed by the Board.

2. A pharmacist who complies with the provisions of subsection 1 shall maintain in an easily retrievable location a written or electronic record of his or her completion of the course required by paragraph (a) of subsection 1:

(a) While the pharmacist is dispensing self-administered hormonal contraceptives under the protocol prescribed in section 4 of this regulation; and

(b) For at least 2 years after ceasing to dispense self-administered hormonal contraceptives under the protocol.

Sec. 3. *1. Except as otherwise provided in subsection 2, the United States Medical Eligibility Criteria for Contraceptive Use published by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services is hereby adopted by reference. A copy of this publication may be obtained free of charge at the Internet address https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html, or, if that Internet website ceases to exist, from the Board.*

2. Except as otherwise provided in this subsection, the most current version of the publication adopted by reference in subsection 1 which is published will be deemed to be adopted by reference. The Board will periodically review and determine, within 30 days after the review, whether any change made to the publication listed in subsection 1 is appropriate for application in this State. If the Board does not disapprove a change to the publication within 30 days after the review, the change is deemed to have been approved by the Board.

Sec. 4. *1. The protocol prescribed pursuant to section 2.5 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3268, consists of compliance with subsections 2 to 8, inclusive.*

2. Before initially dispensing a self-administered hormonal contraceptive to a patient under the protocol, a pharmacist must:

(a) Provide the patient with the risk assessment questionnaire prescribed in section 5 of this regulation in accordance with subsection 2 of section 3 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3269, and, if the patient completes the questionnaire, discuss the results of the questionnaire with the patient; and

(b) Utilize a treatment algorithm to determine whether it is safe to dispense a self-administered hormonal contraceptive to the patient. The treatment algorithm must include, without limitation:

(1) Training and education of the patient concerning the self-administered hormonal contraceptive and possible alternatives to the self-administered hormonal contraceptive;

(2) Assessing any risks to the patient posed by the self-administered hormonal contraceptive;

(3) Evaluating the patient using the criteria adopted by reference in section 3 of this regulation;

(4) Conducting a health and history screening of the patient;

(5) Screening to determine whether the patient is or may be pregnant;

(6) Screening the patient for disease;

(7) Determining whether the patient is taking other medications and, if so, evaluating the potential interaction between the self-administered hormonal contraceptive and the other medications;

(8) Taking the blood pressure of the patient;

(9) Soliciting and considering the preferences of the patient concerning treatment; and

(10) Formulating a plan for treatment of the patient and discussing the plan with the patient.

3. If, after satisfying the requirements of subsection 2, a pharmacist determines that it is unsafe to dispense a self-administered hormonal contraceptive to the patient, the pharmacist must not dispense the self-administered hormonal contraceptive and must:

(a) Refer the patient to his or her attending provider of health care or another qualified provider of health care for further consultation and treatment; and

(b) Provide the patient with a copy of the record required by subsection 4 of section 3 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3269.

4. If, after satisfying the requirements of subsection 2, a pharmacist determines that it is safe to dispense a self-administered hormonal contraceptive to the patient, the pharmacist must:

(a) Provide the patient with information concerning the self-administered hormonal contraceptive being dispensed, which must include, without limitation, the information described in paragraph (b) of subsection 3 of section 3 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3269, and information concerning:

(1) Proper dosage of the self-administered hormonal contraceptive;

(2) The effectiveness of the self-administered hormonal contraceptive;

(3) The importance of obtaining recommended tests and screening from the attending provider of health care of the patient or another qualified provider of health care who specializes in women's health;

(4) The effectiveness of long-acting, reversible contraceptives as an alternative to self-administered hormonal contraceptives;

(5) When to seek emergency medical services as a result of administering a self-administered hormonal contraceptive; and

(6) The risk of acquiring a sexually transmitted infection and ways to reduce that risk;

(b) Provide the patient with a copy of the record required by subsection 4 of section 3 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3269; and

(c) Dispense an appropriate self-administered hormonal contraceptive to the patient in a container with a label that clearly shows:

(1) The date on which the self-administered hormonal contraceptive was dispensed;

(2) The name and address of the patient;

(3) The serial number assigned to the record of the self-administered hormonal contraceptive in accordance with paragraph (a) of subsection 8;

(4) The number of recommended doses of the self-administered hormonal contraceptive that are being dispensed in the container;

(5) Specific directions for use of the self-administered hormonal contraceptive;

(6) The proprietary or generic name of the self-administered hormonal contraceptive;

(7) The strength of the self-administered hormonal contraceptive; and

(8) The expiration date of the self-administered hormonal contraceptive.

5. A pharmacy that initially dispenses self-administered hormonal contraceptives under the protocol shall maintain:

(a) A written or electronic record of each risk assessment questionnaire completed by a patient of the pharmacy pursuant to paragraph (a) of subsection 2 for at least 2 years after the date of completion; and

(b) The written or electronic record required by subsection 8.

6. A pharmacist who dispenses a self-administered hormonal contraceptive under the protocol shall not dispense to a patient more than a 12-month supply of the self-administered hormonal contraceptive. If the pharmacist initially dispenses to the patient less than a 12-month supply, the pharmacist may refill the self-administered hormonal contraceptive under the protocol until the patient has received a 12-month supply. If the patient requests a refill

after the patient has received a 12-month supply, the pharmacist must comply with the requirements of the protocol set forth in subsections 2, 3 and 4.

7. Subject to the limitations set forth in subsection 6, a pharmacist who has not complied with the requirements of section 2 of this regulation may refill the supply of a self-administered hormonal contraceptive initially dispensed under the protocol if the pharmacist has access to an electronic record of the risk assessment questionnaire completed pursuant to paragraph (a) of subsection 2. When dispensing the refill, such a pharmacist shall:

(a) Review and discuss the results of the risk assessment questionnaire with the patient;

(b) Answer any questions that the patient may have concerning the self-administered hormonal contraceptive; and

(c) Take the actions described in paragraphs (a) and (c) of subsection 4.

8. A pharmacy that dispenses a self-administered hormonal contraceptive under the protocol, including, without limitation, a pharmacy that refills the supply of a self-administered hormonal contraceptive pursuant to subsection 7, shall maintain a written or electronic record of each self-administered hormonal contraceptive dispensed by the pharmacy for at least 2 years after the date on which the self-administered hormonal contraceptive was dispensed. The record must:

(a) Be assigned a serial number;

(b) Include, without limitation, the information required by paragraph (a) of subsection 3 of section 3 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3269; and

(c) Be maintained in the same manner as other records of prescriptions dispensed by the pharmacy.

Sec. 5. *The risk assessment questionnaire described in paragraph (a) of subsection 2 of section 2.5 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3268, must be in substantially the following form:*

HORMONAL CONTRACEPTIVE RISK ASSESSMENT

QUESTIONNAIRE FOR PATIENT COMPLETION

Note to patient: Complete this questionnaire and bring to your pharmacy for self-administered hormonal contraceptives. You should call your pharmacy first to make certain the pharmacy is able to provide this service. You may also obtain the questionnaire from participating pharmacies.

Patient Name:..... Date:.....

Date of Birth:..... Age:..... Weight:..... Height:.....

Email address:..... Telephone Number:.....

What was the date of your last women's health clinical visit? ___/___/___

Any allergies to medications? Yes □ No □

If yes, list them here:.....

Do you have a preferred method of birth control that you would like to use?

A daily pill □ A weekly patch □ A monthly vaginal ring □ Injectable (every 3 months) □

1	*Do you think you could be pregnant now?*	*Yes* □	*No* □
2	*What was the starting date of your last menstrual period?* ___/___/___		
3	*Have you ever taken birth control pills or used a birth control patch, ring, shot or injection?*	*Yes* □	*No* □
	- If yes, have you previously had contraceptives dispensed to you by a pharmacist?	*Yes* □	*No* □
4	*Have you ever experienced a bad reaction to using hormonal birth control?*	*Yes* □	*No* □
	- If yes, what kind of reaction occurred?		
5	*Are you currently using birth control pills or a birth control patch, ring, shot or injection?*	*Yes* □	*No* □
6	*Have you ever been told by a medical professional not to take hormones?*	*Yes* □	*No* □
7	*Do you smoke cigarettes?*	*Yes* □	*No* □
8	*Have you had a recent change in vaginal bleeding that worries you?*	*Yes* □	*No* □
9	*Have you given birth within the past 21 days?*	*Yes* □	*No* □
	- If yes, what was the date of the birth? ___/___/___		
10	*Are you currently breastfeeding?*	*Yes* □	*No* □
11	*Do you have diabetes?*	*Yes* □	*No* □
12	*Do you get migraine headaches?*	*Yes* □	*No* □
	- If yes, have you ever had headaches that start with warning signs or symptoms, such as flashes of light, blind spots or tingling in your hand or face that goes completely away before the headache starts?	*Yes* □	*No* □
13	*Do you have high blood pressure, hypertension or high cholesterol? (Please indicate yes even if your hypertension is controlled by medication.)*	*Yes* □	*No* □
14	*Have you ever had a heart attack or stroke or been told by a medical professional that you have heart disease?*	*Yes* □	*No* □
15	*Have you ever had a blood clot?*	*Yes* □	*No* □
16	*Have you ever been told by a medical professional that you are at a high risk of developing a blood clot?*	*Yes* □	*No* □
17	*Have you ever had bariatric surgery or stomach reduction surgery?*	*Yes* □	*No* □
18	*Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?*	*Yes* □	*No* □
19	*Do you plan to have restricted mobility for a long period of time? (e.g. a long airplane trip, etc.)*	*Yes* □	*No* □
20	*Do you have or have you ever had breast cancer?*	*Yes* □	*No* □

21	*Do you have or have you ever had hepatitis, liver cancer or gall bladder disease, or do you have jaundice (yellow skin or eyes)?*	*Yes* □	*No* □
22	*Do you have lupus, rheumatoid arthritis or any blood disorders?*	*Yes* □	*No* □
23	*Do you take medication for seizures, tuberculosis (TB), fungal infections or human immunodeficiency virus (HIV)?*	*Yes* □	*No* □
	- If yes, list the medications here:		
24	*Do you have any other medical problems or take regular medication(s)?*	*Yes* □	*No* □
	- If yes, list problems or medications here:		
25	*Do you take any herbal or vitamin supplements?*	*Yes* □	*No* □
	- If yes, list supplements here:		

Patient Signature:..... ***Date:***.....

Reviewing Pharmacist Signature: ..... ***Date:***.....

Sec. 6. This regulation becomes effective upon the later of:

1. January 1, 2022; or

2. The date on which this regulation is filed with the Secretary of State.

25B

REVISED PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R165-20

October 14, 2021

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1 and 2, NRS 639.070.

A REGULATION relating to pharmacy; requiring the Executive Secretary of the State Board of Pharmacy to develop and implement a program for the inspection of each licensed pharmacy; removing the requirement that a pharmacy perform a self-assessment relating to the volume of work and other matters at the pharmacy; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations pertaining to the practice of pharmacy and requires a pharmacy to comply with the regulations of the Board. (NRS 639.070, 639.100, 639.215) Existing law requires the Board to employ an Executive Secretary who is not a member of the Board and is required to perform certain duties. (NRS 639.040) Existing law entitles the members of the Board and certain staff to free access to all places where drugs, medicines or poisons are held. (NRS 639.090)

Under existing regulations, a member of the staff of the Board is required to inspect each licensed pharmacy annually and at any other time deemed necessary by the staff of the Board. (NAC 639.501) Before the annual inspection occurs, a pharmacy must perform a self-assessment concerning: (1) statutory and regulatory compliance; and (2) its volume of work, prescriptions, workflow, personnel and technology. (NAC 639.501)

Section 1 of this regulation requires the Executive Secretary of the Board to develop and implement a program for the inspection of each licensed pharmacy annually or at any other time deemed necessary by the staff of the Board. **Section 1** removes the requirement for the pharmacy to perform a self-assessment concerning its volume of work and prescriptions, workflow, personnel and technology before the annual inspection. **Section 2** of this regulation makes a conforming change by removing a section that is no longer necessary because of the removal of the requirement for a self-assessment in **section 1**. (NAC 639.5012)

Section 1. NAC 639.501 is hereby amended to read as follows:

639.501 1. Before the Board will issue a new license to operate a pharmacy to any person, a satisfactory inspection of the premises of the pharmacy must be conducted by a member of the staff of the Board.

2. ~~[A member of the staff of the Board]~~ ***The Executive Secretary*** shall ~~[inspect]~~ ***develop and implement a program for the inspection of*** each licensed pharmacy annually ~~[and]~~ ***or*** at any other time deemed necessary . ~~[by the staff of the Board.]~~

3. Before an annual inspection of a licensed pharmacy, the Board will provide a self-assessment form to the pharmacy that includes ~~[:~~

~~(a) A]~~ ***a*** questionnaire concerning statutory and regulatory compliance pursuant to which the pharmacy must assess its physical plant and operations to assure that the pharmacy is in compliance with all applicable statutes and regulations . ~~[; and~~

~~(b) An assessment of the workplace pursuant to which the pharmacy must assess its volume of work and prescriptions, personnel, workflow and technological devices that assist in the work of the pharmacy.]~~

4. The managing pharmacist of a pharmacy or the designee of the owner of the pharmacy may obtain self-assessment forms from the Board in addition to the form provided pursuant to subsection 3 at any time for his or her own use.

Sec. 2. NAC 639.5012 is hereby repealed.

TEXT OF REPEALED SECTION

639.5012 Confidentiality and use of self-assessment and accompanying documentation. (NRS 639.070)

1. An assessment of the workplace completed by a pharmacy as part of the self-assessment, and all documentation accompanying the assessment, that are submitted to a member of the staff of the Board pursuant to NAC 639.5016 are confidential. The Board will destroy such an assessment of the workplace and all accompanying documentation within 6 months after the Board receives the assessment and documentation.

2. The staff of the Board may compile and analyze such data provided in assessments of the workplace as the Board deems appropriate, except that the staff shall not provide to any member of the Board or otherwise publish any compilation or analysis completed by the staff unless the staff has redacted from the compilation or analysis all information by which an individual pharmacy could be identified. The Board will not use data provided in an assessment of the workplace against the pharmacy that completed the assessment for any disciplinary purpose.

26

27

28

4JJ

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Biologics by McKesson

Physical Address: 13501 Park Vista Blvd, Suite 150

Mailing Address: 13501 Park Vista Blvd, Suite 150

City: Fort Worth State: TX Zip Code: 76177-3204

Telephone: 817-826-7500 Fax: 817-826-7584

Toll Free Number: 1-800-850-4306 (Required per NAC 639.708)

E-mail: Pharmacists@mckesson.com Website: https://biologics.mckesson.com

Managing Pharmacist: Andrew Bidinotto License Number: 21799 Temp.

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: Specialty/Oncology	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Andrew Bidinotto

Date: 10/28/2021
Amount:
License #: 21799

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/28/2022

Andrew Bidinotto

License #
21799
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21799

Expires: 04/28/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Andrew Bidinotto

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

James Brashear
Print Name of Authorized Person

08/31/2021
Date

Board Use Only Date Processed:_____ Amount: 500 00 ✓ Processed 9/6/21

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: North Carolina

Parent Company if any: Physician Reliance Network, LLC

Mailing Address: 11800 Weston Parkway

City: Cary State: NC Zip: 27513

Telephone: 919-459-4905 Fax: 919-831-0440

Contact Person: Michele Coakley

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A - no individuals own shares
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 8 pm Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours RPh on call 24/7

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Kirk Kaminsky, President and Director
James Brashear, Corporate Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, James Brashear

Responsible Person of Biologics, Inc. dba Biologics by McKesson

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

James Brashear
Print Name of Authorized Person

08/31/2021
Date

Managing Pharmacist

Pharmacist Name: Andrew Carl Bidinotto License #: 21799 Temp

Pharmacy Name: Biologics by McKesson

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

10-18-2021
Date

JURAT WITH AFFIANT STATEMENT

State of Texas } ss.
County of Tarrant

☑ See Attached Document (Notary to cross out lines 1–7 below)
☐ See Statement Below (Lines 1–7 to be completed only by document signer[s], not Notary)

Pharmacy Manager's Responsibilities

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me
this 18 day of October, 2021, by
Date *Month* *Year*

Andrew Carl Bidinotto
Name of Signer No. 1

MAKENNA C REED
Notary ID #130385670
My Commission Expires
September 28, 2023

Name of Signer No. 2 (if any)

Makenna C Reed
Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information (Residence, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Pg. 11

Title or Type of Document: Pharmacy Manager's Responsibilities

Document Date: 10-18-2021 Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

M1304-06 (09/21)
Used for states (AL, AR, AZ, CO, CT, ID, IN, KY, LA, ME, MS, NE, NV, NJ, NM, NY, RI, SC, SD, TN, TX, VA, WY)

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Tarrant COUNTY)

I, Andrew Carl Bidinotto, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Biologics by McKesson (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Andrew Carl Bidinotto, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
23rd day of August, 2021.

NOTARY PUBLIC

CRYSTAL DOUCET
Notary ID #126414120
My Commission Expires
August 30, 2022

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BIOLOGICS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of January, 1994, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of October, 2021.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 111403537-1 Reference# 17830664- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **33923** Expiration Date: **8/31/2023**

Balances: **0**

BIOLOGICS BY MCKESSON
13501 PARK VISTA BLVD STE 150
FORT WORTH TX 76177

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Scanned with CamScanner

Biologics by Mckesson – 13501 Park Vista Blvd, Suite 150
Fort Worth, TX 76177

License Verification

TEXAS STATE BOARD OF PHARMACY

Re:	Biologics by McKesson
Address:	13501 Park Vista Boulevard, suite 150 Fort Worth, Texas 76177
License No.:	33923
Date Issued:	August 13, 2021
Licensure Status:	Active
Expiration Date:	August 31, 2023
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Biologics by McKesson (Texas Pharmacy License #33923) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

August 23, 2021
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 33923

BIOLOGICS BY MCKESSON

License Information

License Status Active
License # 33923
Expiration Date 08/31/2023
Date License Issued 08/13/2021

Address

13501 PARK VISTA BLVD STE 150
FORT WORTH, TX 76177
County TARRANT
Phone

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Other
# of Hospital beds

Employment Information

Pharmacist in Charge
BIDINOTTO, ANDREW

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Translating services (Listed Below If Available)	
Other	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No	**Nuclear**
No	**Out-Patient Prescriptions**
Yes	**Ship Prescription Out of State**
No	**Class D (Expanded Formulary)**
No	**Class D (Alternative Visit Schedule)**
No	**Compounding Sterile-Risk Level Low**
No	**Compounding Sterile-Risk Level Med**
No	**Compounding Sterile-Risk Level High**
No	**Compounding Non-Sterile**
No	**24 Hour Service**
Yes	**Closed Door**
No	**Compounding, Office Use**
Yes	**Home Delivery**
No	**Infusion**
No	**Pharmacist Administered Immunizations**
No	**Veterinary Prescriptions**
No	**In-Patient Medication Orders**
No	**Out-Patient Surgery**
No	**Rural Hospital**
No	**Tech Check Tech**

No **503b Outsourcing Facility**

No **Other Services**

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BIDINOTTO, ANDREW	46384	07/23/2008	05/31/2022	PIC	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 20 No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
BIOLOGICS INC	OWNER	11800 WESTON PKWY,	CARY	NC	27513
LAU, MICHELE	OFFICER	,			
KAMINSKY, KIRK EDWARD	OFFICER	,			

Page 1 of 1 20 View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Biologics by Mckesson – 13501 Park Vista Blvd, Suite 150
Fort Worth, TX 76177

Texas State Inspection

Texas State Board of Pharmacy

333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *BIOLOGICS BY MCKESSON* **License Number:**

Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Routine*

Date: *08/04/2021* **Arrival Time:** *9:30 AM* **Departure Time:** *10:45 AM*

Action Taken: *Inspection*

General Comments: *Pharmacy met all the requirements of the pre-inspection checklist. They are good to go.*

Pre-Inspection Checklist

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*
6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*
6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*
6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Yes*
7. A reference library is on site and current:	*Yes*
7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*

Publication Year: *Online*

BIOLOGICS BY MCKESSON

Pre-Inspection Checklist *(continued)*

7b. Drug Interactions Reference (publication year: _____) Publication Year: *Online*	*Yes*
7c. General Information Reference (publication year: _____) Publication Year: *Online*	*Yes*
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Not Applicable*
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*No*
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*No*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Not Applicable*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Not Applicable*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Not Applicable*
8e. Handbook on Injectable Drugs (publication year: _____)	*Not Applicable*
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Yes*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*
10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Yes*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Not Applicable*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Not Applicable*

BIOLOGICS BY MCKESSON

Pre-Inspection Checklist *(continued)*

15. Certified clean room(s) (e.g. ante area, buffer area).	*Not Applicable*
Verify Owner/Owner's Representative ID	*Yes*
Name: *Andrew Bidinotto* **Title:** *Owner's Representative*	
Verify PIC ID	*Yes*
Name: *Andrew Bidinotto* **Title:** *PIC*	

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**

Andrew Bidinotto

Robert Moura

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *BIOLOGICS BY MCKESSON*
License Number:
Address: *13501 PARK VISTA BLVD, SUITE 150, FORT WORTH, TX 76177*
Phone: *8178267500*
Email:
Class of License: *A*
License Expiration:
DEA #: *None*
DEA Expiration:

Inspection Information

Type: *Compliance*
Purpose: *Routine*
Date: *08/04/2021*
Arrival Time: *9:30 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Andrew Bidinotto

Witnesses

Robert Moura

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

I am the Pharmacist-in-Charge (PIC) of *BIOLOGICS BY MCKESSON*, pharmacy license number , and I ☑ was/☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *08/04/2021*.

I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: _____ **Date:** *08/04/2021*

Printed Name: *Andrew Bidinotto* **License No.(if applicable):** *46384*

NORTH CAROLINA
Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

BIOLOGICS, INC.

the original of which was filed in this office on the 13th day of January, 1994.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of February, 2006.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

0-0337331
FILED
9:00 AM
JAN 13 1994
EFFECTIVE
RUFUS L. EDMISTEN
SECRETARY OF STATE
NORTH CAROLINA

94 01 9 9008

ARTICLES OF INCORPORATION

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is: BIOLOGICS, INC.

2. The number of shares the corporation is authorized to issue is: 10,000

   These shares shall be: *(check either a or b)*

   a. _X_ all of one class, designated as common stock; or

   b. ___ divided into classes or series within a class as provided in the attached schedule, with the information required by NCGS §55-6-01.

3. The street address and county of the initial registered office of the corporation is:

   Number and Street 3029-129 Gresham Lake Rd.

   City, State, Zip Code Raleigh, NC 27615 County Wake

4. The mailing address if different from the street address of the initial registered office is:

   4024 Barrett Drive, STe 203, Raleigh, NC 27609

5. The name of the initial registered agent is: Betty L. Parker

6. Any other provisions which the corporation elects to include are attached.

7. The name and address of each incorporator is as follows:

   Betty L. Parker
   4024 Barrett Drive Ste 203
   Raleigh, NC 27609

8. These articles will be effective upon filing, unless a date and/or time is specified: _

This the 11th day of January, 1994

BETTY L. PARKER

Betty L Parker
Signature

Incorporator
Type or Print Name and Title

NOTES:
1. Filing fee is $100. One executed original and one exact or conformed copy of these articles must be filed with the Secretary of State.

CORPORATIONS DIVISION 300 N. SALISBURY ST. RALEIGH, NC 27603-5909

AMENDED BUSINESS CORPORATION ANNUAL REPORT

10-2017

NAME OF BUSINESS CORPORATION: **Biologics, Inc.**

SECRETARY OF STATE ID NUMBER: 0337331 STATE OF FORMATION: NC

REPORT FOR THE FISCAL YEAR END: 12/31/2021

Filing Office Use Only
E - Filed Annual Report
0337331
CA202123800035
8/26/2021 07:30
☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Corporation Service Company

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY
2626 Glenwood Avenue,
Raleigh, NC 27608 Wake County

4. REGISTERED AGENT OFFICE MAILING ADDRESS
2626 Glenwood Avenue,, Suite 550
Raleigh, NC 27608

SECTION B: PRINCIPAL OFFICE INFORMATION

1. **DESCRIPTION OF NATURE OF BUSINESS:** oncology specialized pharmacy

2. **PRINCIPAL OFFICE PHONE NUMBER:** (800) 927-9800

3. **PRINCIPAL OFFICE EMAIL:** Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS
13000 WESTON PARKWAY, SUITE 105
CARY, NC 27513

5. PRINCIPAL OFFICE MAILING ADDRESS
6535 STATE HIGHWAY 161
IRVING, TX 75039

6. **Select one of the following if applicable. (Optional see instructions)**

☐ The company is a veteran-owned small business

☐ The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME:	NAME:	NAME:
JAMES BRASHEAR	KIRK KAMINSKY (DIRECTOR)	
TITLE: Secretary	TITLE: President	TITLE:
ADDRESS:	ADDRESS:	ADDRESS:
6535 STATE HIGHWAY 161	10101 WOODLOCH FORST DRIVE	
IRVING, TX 75039	THE WOODLANDS, TX 77380	

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

JAMES BRASHEAR — SIGNATURE
8/26/2021 — DATE

Form must be signed by an officer listed under Section C of this form.

JAMES BRASHEAR — Print or Type Name of Officer
Secretary — Print or Type Title of Officer

This Annual Report has been filed electronically.
MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

North Carolina Department of The Secretary of State

Invoice Number: 17718849

Billing Information

Biologics, Inc.
6535 STATE HIGHWAY 161
IRVING, TX 75039

Contact: Biologics, Inc.

Invoice Number: 17718849
Customer Id Number: 200099458
Invoice Date: 8/26/2021
Account Type: Payment upon Delivery
Ship Via: Online

Invoiced Items

Description	Certificate Number	Customer Reference	Qty	Pages	Item Cost	Sub Total	Amount Due
Amended Annual Report Biologics, Inc.							
1210 0511 435900061	111108206		1		$10.00	$10.00	Paid
Electronic Transaction Fee							
2120 0502 437993	111108207		1		$3.00	$3.00	Paid

Payment Details

Credit: Cart for $13.00, MC Acct XXXXXXXXXXXXXX6829, TXId:							
			1		$13.00	$13.00	Payment
							$0.00

Make check payable to:
NC Secretary of State

Online Payment:
https://www.sosnc.gov/payinvoice

Scan to pay online.

Include Invoice Number on all remitance and send to:
Secretary of State
PO Box 29622
Raleigh, NC 27626

For information regarding your filing contact:
Customer Service at (919) 814-5400 or toll free at (888) 246-7636

Notice: To avoid an additional assessment of a one-time 10% late penalty and interest of 5% per annum, as mandated by G.S. 147-86.23, the invoice must be paid in full.

There will be a $35.00 processing fee for all returned checks and ACH returns.

• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online • Add Entity to My Email Notification List • View Filings • Print a Pre-Populated Annual Report form • Print an Amended a Annual Report form

Business Corporation

Legal Name
Biologics, Inc.

Information

SosId: 0337331
Status: Current-Active ⓘ
Date Formed: 1/13/1994
Citizenship: Domestic
Fiscal Month: December
Annual Report Due Date: April 15th
Current**Annual Report Status:**
Registered Agent: Corporation Service Company

Addresses

Principal Office
13000 WESTON PARKWAY, SUITE 105
CARY, NC 27513

Reg Office
2626 Glenwood Avenue, Suite 550
Raleigh, NC 27608

Reg Mailing
2626 Glenwood Avenue, Suite 550
Raleigh, NC 27608

Mailing
6535 STATE HIGHWAY 161
IRVING, TX 75039

Officers

Secretary
JAMES BRASHEAR
6535 STATE HIGHWAY 161
IRVING TX 75039

President
KIRK KAMINSKY (DIRECTOR)
10101 WOODLOCH FORST DRIVE
THE WOODLANDS TX 77380

Stock

Class: Common
Shares: 100
Par Value 0.01

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Biologics, Inc. DBA Biologics by McKesson

Physical Address: 13501 Park Vista Blvd Ste 150

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 817-826-7500 Website: https://biologics.mckesson.com/

Licensing Company Email: Pharmacists@Mckesson.com

Section 2: Personal Information

First: Andrew Middle: Carl Last: Bidinotto

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Grace Dr

City: North Richland Hills State: TX Zip: 76182

Telephone: [redacted] Email: Andrew.Bidinotto@Mckesson.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: ACB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Ohio State University			09/1994 - 06/1996	
Address		City	State	Zip
281 W. Lane Ave		Columbus	OH	43210
Diploma/Degree obtained, if any				
BS Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Youngstown State University			09/1989-06/1991	
Address		City	State	Zip
One University Plaza		Youngstown	OH	44555
Diploma/Degree obtained, if any				
MS Cell Biology				
School Name			From - To (MM/YY – MM/YY)	
Youngstown State University			09/1985-06/1989	
Address		City	State	Zip
One University Plaza		Youngstown	OH	44555
Diploma/Degree obtained, if any				
BS Biology				
School Name			From - To (MM/YY – MM/YY)	
Mathews High School			09/1981-06/1985	
Address		City	State	Zip
4429 Warren Sharon Rd		Vienna	OH	44473
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2008-Present	[redacted] Grace Dr	North Richland Hills	TX	76182
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

ACB

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Biologics, Inc. DBA Biologics by McKesson			01/2021 - Present
Business Address	**City**	**State**	**Zip**
13501 Park Vista Blvd STE 150	Fort Worth	TX	76177
Phone	**Title**	**Number of Employed Hours**	
817-826-7500	Sr. Director, Specialty Pharmacy Operations	1860	
Description of Duties			
Operations leader of Commercial Specialty pharmacy services clinical, call center, and dispensing. In addition, opened up the new commercial Biologics Specialty pharmacy in Fort Worth, TX, and I am the site leader and PIC of that facility.			

Business Name			From - To (MM/YY – MM/YY)
CVS Health			09/2016 - 05/2019
Business Address	**City**	**State**	**Zip**
750 W. John Carpenter FWY	Irving	TX	75060
Phone	**Title**	**Number of Employed Hours**	
817-586-5335	Sr. Director, Specialty Pharmacy Operations	5000+	
Description of Duties			
Operation leader of all CVS Specialty mail service pharmacies.			

Business Name			From - To (MM/YY – MM/YY)
CVS Health			04/2014 - 09/2016
Business Address	**City**	**State**	**Zip**
750 W. John Carpenter FWY	Irving	TX	75060
Phone	**Title**	**Number of Employed Hours**	
817-586-5335	Director of Operations Technology	5000+	
Description of Duties			
Leader of process improvement team, user acceptance testing team, and clinical implementation team. The PI team supported all of CVS Health operations (Mail Service, Specialty, Customer Service, and Prior Authorizations).			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials ACB

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials ACB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials ACB

I, Andrew Bidinotto, **certify that as the designated representative for** Biologics, Inc. DBA Biologics by McKesson,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Andrew Bidinotto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-8-21

Date

Applicant's initials ACB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Bidinotto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-8-21

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Andrew Bidinotto, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-8-21

Date

Subscribed and Sworn to before me this 8 day of November, 2021.

Beth A Wright

Notary Public Signature

BETH A WRIGHT
Notary ID #11179057
My Commission Expires
May 15, 2022

(Seal)

Applicant's initials ACB

While Biologics, Inc. dba Biologics by McKesson located at 13501 Park Vista Blvd, Suite 150, Fort Worth, TX 76177 and 11800 Weston Parkway, Cary, NC 27513has no disciplinary actions, Biologics by McKesson located at 13000 Weston Parkway, Suite 105, Cary, North Carolina has the following previous discipline.

Biologics, Inc.
13000 Weston Parkway, Ste. 105
Cary, NC 27513
Disciplinary Action Overview
(Previously Disclosed)

Missouri
Prior to McKesson's ownership of Biologics, Biologics applied for a Missouri nonresident pharmacy permit in November 2003. In January 2004, the Missouri Board requested additional information to complete the application. Unfortunately, due to an oversight during a change in pharmacy management personnel, Biologics did not provide the information and, contrary to Biologics' intent, the application expired in May 2004. As a result, Biologics was found to be in violation of Missouri law for shipping into Missouri without a valid permit. On March 31, 2005, Biologics entered into an Order with the Missouri State Board of Pharmacy whereby the Board issued a nonresident permit to Biologics subject to a three year probationary period. Biologics complied with the Order and the terms thereof, and pursuant to the terms of the Order, the nonresident permit was fully restored after the probationary period. Biologics is currently in good standing with the Missouri Board of Pharmacy.

Texas
In April 2012, the Texas State Board of Pharmacy notified Biologics, Inc. that Biologics, Inc. had failed to include the Missouri restricted license in its 2006 Texas licensure renewal and subsequent Change of Managing Office notice.

In a letter dated June 4, 2012, the Texas Board of Pharmacy notified Biologics, Inc. that its license# 23756 would be sanctioned from May 16, 2012 through August 14, 2015. In addition, an administrative penalty of $2,000.00 would be assessed. The omission was inadvertent and in the good faith belief that the reason for the restricted license was due to a tardy application in Missouri and not an "act" by the Company or its personnel in Missouri. Biologics now understands that this was an incorrect interpretation. Biologics, Inc. paid the penalty and completed the restricted period. Biologics is currently in good standing with the Texas Board of Pharmacy.

Michigan
In May 2013, the Michigan Department of Licensing and Regulatory Affairs notified Biologics, Inc. of an administrative complaint in relation to the administrative penalty levied by Texas. In a State of Michigan consent order dated August 18, 2013, Michigan issued a reprimand to Biologics' Michigan pharmacy license# 530100834 and levied a fine in the amount of $500.00. Biologics is currently in good standing with the Michigan Board of Pharmacy.

Montana
In August 2013, the Montana Board of Pharmacy convened a hearing to review the above

mentioned disciplinary actions and determine whether it would take reciprocal action. After review of all documentation submitted by Biologics, the Board determined that the case did not justify legal or disciplinary proceedings. Biologics is currently in good standing with the Montana Board of Pharmacy.

Hawaii

On March 16, 2015, Hawaii notified Biologics that it would investigate the above mentioned Michigan and Texas discipline, as it was not notified within 30 days of the orders. Early resolution terms were signed and fee of $1,500.00 was paid. Biologics is currently in good standing with the Hawaii Board of Pharmacy.

Illinois

In March 2016, Illinois Board of Pharmacy notified Biologics that it would investigate the above mentioned discipline, as it was not notified within 30 days of the orders. A consent order was signed and fee of $2,000.00 was paid. Biologics is currently in good standing with the Illinois Board of Pharmacy.

Colorado

In an unrelated action in January 2010, Biologics, Inc. was fined five thousand dollars (plus a $500 surcharge) by the Colorado Board of Pharmacy for a failure to provide a zero report to the Colorado Prescription Drug Monitoring Program for a 10 day reporting period from December 1, 2009 through December 10, 2009.The failure was inadvertent and immediately corrected.

Biologics, Inc. has undergone a change in ownership since these instances resulting in disciplinary action. The leadership and management of Biologics take all of these allegations and disciplinary action seriously. The company currently operates in all 50 states plus the District of Columbia and it is our intention to comply with all laws and regulations.

ORDER OF THE STATE BOARD OF PHARMACY REGARDING ISSUANCE OF A PROBATED LICENSE BIOLOGICS, INCORPORATED

Comes now the State Board of Pharmacy ("Board") and hereby issues its ORDER granting a PROBATED license, License No. 20050108326, to Biologics, Incorporated ("Biologics"). As set forth in § 620.149.2, RSMo 2000, Biologics may submit a written request for a hearing to the Administrative Hearing Commission seeking review of the Board's decision to issue a probated license to Biologics. Such written request must be submitted to the Administrative Hearing Commission within 30 days of the delivery or mailing of this Order by certified mail. The written request should be addressed to the Administrative Hearing Commission, Room 640, Truman State Office Building, P.O. Box 1557, Jefferson City, Missouri 65102-1557. If no written request for review is received by the Administrative Hearing Commission within the 30-day period, the right to seek review of the Board's decision shall be considered waived.

I.

Based upon the foregoing, the Board hereby states:

1. The State Board of Pharmacy ("Board") is an agency of the state of Missouri created and established pursuant to § 338.110, RSMo 2000, for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Biologics is located at 625 Oberline Road, Raleigh, North Carolina.

3. Robin U. Smith is the president of Biologics and holder of Biologics' permit. David A. Shaw is the pharmacist-in-charge of Biologics.

4. On or about November 25, 2003, the Board received Biologics Application for New Permit to Operate a Pharmacy.

5. 4 CSR 220-2.020(2)(A) states in pertinent part:

> (A) An applicant for a pharmacy permit will become null and void if the applicant fails to complete the process for licensure within six (6) months of receipt of the application by the board.

6. On or about January 20, 2004, the board mailed a letter to Biologics advising of the non-receipt of two documents required to complete processing of its application. The two documents required were a copy of its North Carolina controlled substance license (or a statement that such state does not issue a separate controlled substance license) and verification of Pharmacy and Pharmacist in Charge licenses from North Carolina.

7. Pursuant to 4 CSR 200-2.020(2)(A), Biologics' November 25, 2003 Application expired on May 26, 2004 due to Biologics failure to complete the process for licensure.

8. On or about June 21, 2004, the Board received information from the North Carolina Board of Pharmacy indicating that Biologics was serving patients residing in Missouri without being licensed as a non-resident pharmacy by the Board.

9. The Board determined that Biologics was in violation of § 338.220(1) and 4 CSR 220-2.025(1) which state in pertinent part:

Section 338.220(1)

> 1. It shall be unlawful for any person, copartnership, association, corporation or any other business entity to open, establish, operate or maintain any pharmacy, as defined by statute without first obtaining a permit or license to do so from the Missouri board of pharmacy.
>
> . . . .

4 CSR 200-2.025(1):

> (1) Nonresident pharmacies shall not ship, mail or deliver prescription drugs into Missouri without first obtaining a pharmacy license from the Missouri Board of Pharmacy. . . .
>
> . . . .

10. Cause exists for the Board to deny Biologics' request for a pharmacy permit pursuant to the provisions of § 338055.2(5) and (6), RSMo 2000, which provide:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> . . . .
>
> (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession regulated by this chapter;
>
> . . . .

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

. . . .

11. The Board hereby issues this Order in lieu of denial of Biologics' request for a pharmacy permit.

II.

TERMS AND CONDITIONS

Based on the foregoing, the permit issued to Biologics is subject to the following terms and conditions:

1. Permit no. 2005010826 is hereby placed on PROBATION for a period of THEE (3) YEARS ("the disciplinary period"). During the disciplinary period, Biologics shall be entitled to engage in the practice of pharmacy provided it adheres to all of the terms of this Order.

2. The Permit Holder shall keep the Board apprised of licensed pharmacists employed by Permit Holder, and the individuals' current home and work addresses and telephone numbers.

3. The Permit Holder shall pay all required fees for permitting to the Board and shall renew its permit prior to October 31 of each permitting year.

4. The Permit Holder shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal

and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

5. The Permit Holder shall not serve as an intern training facility for interns.

6. If, after disciplinary sanctions have been imposed, the Permit Holder fails to keep its Missouri pharmacy permit current, the period of unlicensed status shall not bee deemed or taken as any part of the time of discipline so imposed.

7. If the Permit Holder fails to comply with the terms of this agreement, in any respect, the Board may impose such additional or other discipline which it deems appropriate.

8. The Board of Pharmacy will maintain this Order as an open and public record of the Board as provided in Chapters 338, 610, and 620, RSMo.

9. Upon the expiration of said discipline period, the Permit Holder's permit to practice pharmacy in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Permit Holder has violated any term or condition of this Order, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Permit.

10. No order shall be entered by the Board pursuant to the preceding paragraph of this Order without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

11. If the Board determines that the Permit Holder has violated a term or condition of this Order, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this agreement in its determination of appropriate legal actions concerning that violation.

SO ORDERED EFFECTIVE THIS 31 day of March, 2005.

STATE BOARD OF PHARMACY

Kevin Kinkade
Executive Director
State Board of Pharmacy

AGREED BOARD ORDER #L-11-018

RE: IN THE MATTER OF BIOLOGICS, INC. (PHARMACY LICENSE #23756)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacy license number 23756 issued to Biologics, Inc., 120 Weston Oaks Court, Cary, North Carolina 27513.

By letter dated April 12, 2012, the Texas State Board of Pharmacy gave preliminary notice to Biologics, Inc. of its intent to take disciplinary action with respect to pharmacy license number 23756 held by Biologics, Inc. as a result of information received by the Board which produced evidence indicating that Biologics, Inc. may have violated:

Section 565.002(a)(3) and (10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2007); and

Section 281.7(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2008), in that, allegedly:

COUNTS

(1) On or about March 31, 2005, the Missouri State Board of Pharmacy entered an Order against the application for a Missouri pharmacy permit by Biologics, Inc. The Order was based on information that Biologics, Inc. had served Missouri patients without being licensed as a pharmacy in Missouri. The Order granted the pharmacy's application for a pharmacy permit subject to probation for a period of three years.

On or about October 2, 2006, Biologics, Inc. submitted a fraudulent application for pharmacy license renewal to the Texas State Board of Pharmacy. On the application, it was indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the last 36 months, when, as described above, the pharmacy had been subject to an Order by the Missouri State Board of Pharmacy on March 31, 2005.

EXHIBIT "1"

(2) On or about May 21, 2008, Biologics, Inc. submitted a fraudulent application for Change of Managing Officer to the Texas State Board of Pharmacy. On the application, it was indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority, when, as described above in Count (1), the pharmacy had been subject to an Order by the Missouri State Board of Pharmacy on March 31, 2005.

By letter dated April 12, 2012, Biologics, Inc. was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or administrative hearing. By his signature on this Order, Stuart Frantz, Corporate President, on behalf of Biologics, Inc., neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives the pharmacy's right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Stuart Frantz understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Stuart Frantz, on behalf of Biologics, Inc., agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and agrees to comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy (hereinafter referred to as "BOARD") does hereby ORDER that pharmacy license number 23756 held by Biologics, Inc. (hereinafter referred to as "Respondent") shall pay an administrative penalty of two thousand dollars ($2,000) due ninety (90) days after the entry of this Order.

It is further ORDERED that Respondent shall allow the staff of the BOARD, Enforcement Division, to directly contact Respondent on any matter regarding the enforcement of this Order.

It is further ORDERED that any cost associated with compliance with the terms of this Order shall be the responsibility of Respondent.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Respondent.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on this 16th day of May, 2012.

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

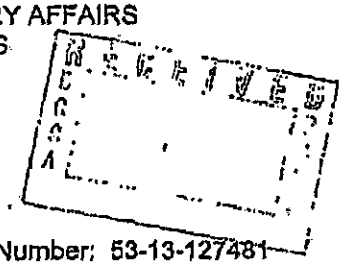
APPROVED AS TO FORM AND AGREED TO:

Stuart Frantz, Corporate President, for and on behalf of Biologics, Inc.

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE



In the Matter of

BIOLOGICS, INC.
License Number: 53-01-008349

File Number: 53-13-127481
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on May 16, 2013, charging Biologics, Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code; and

WHEREAS, the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

EXHIBIT "2"

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Health Professions Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-13-127481.**

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 8/14/13

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint dated May 16, 2013, are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order were as follows:

> Respondent Pharmacy has been cooperative in resolving this matter.
>
> Respondent Pharmacy has not had any prior disciplinary actions taken against its pharmacy license since it was originally licensed in 2006.

4. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 7-5-13

AGREED TO BY:

Adam Childs, Authorized Representative for
Biologics, Inc.
Respondent Pharmacy

Dated: 6/25/13

This is the final page of a Consent Order and Stipulation in the matter of Biologics, Inc., File Number 53-13-127481, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

LFM

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

BIOLOGICS, INC.
License Number: 53-01-008349

File Number: 53-13-127481
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on May 16, 2013, charging Biologics, Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code; and

WHEREAS, the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Health Professions Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-13-127481.**

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 8/14/13

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint dated May 16, 2013, are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order were as follows:

> Respondent Pharmacy has been cooperative in resolving this matter.
>
> Respondent Pharmacy has not had any prior disciplinary actions taken against its pharmacy license since it was originally licensed in 2006.

4. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 7-5-13

AGREED TO BY:

Adam Childs, Authorized Representative for
Biologics, Inc.
Respondent Pharmacy

Dated: 6/25/13

This is the final page of a Consent Order and Stipulation in the matter of Biologics, Inc., File Number 53-13-127481, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

LFM

Montana Department of
LABOR & INDUSTRY
Business Standards Division
HEALTHCARE LICENSING
301 S PARK AVENUE PO BOX 200513
HELENA MT 59620-0513
Phone: (406) 841-2300 Fax: (406) 841-2363

FOR COMPLIANCE USE ONLY

Complaint # 2013-PHA-LIC-1094

Date Received: 8/12/13

COMPLAINT AGAINST: BIOLOGICS INC LICENSE #: PHA-MOP-LIC-2852

PROFESSION / OCCUPATION TYPE: Mail Order Pharmacy

BUSINESSES:

ADDRESS: 120 WESTON OAKS CT (Street or PO Box) CARY (City) / NC (State) 27513 (Zip Code)

If Applicable: PATIENT NAME: N/A DOB: N/A

NATURE OF COMPLAINT: Please describe in detail the nature of the complaint, giving dates and other information. If service is part of the complaint, give information about telephone calls, contracts, etc. Text is limited to 970 characters so an additional sheet is acceptable. Please state "See attached document"

During the audit renewal process, the licensee reported legal and or disciplinary action had been instituted since the last renewal cycle.

LIST OF WITNESSES AND EVIDENCE: Text is limited to 200 characters so an additional sheet is acceptable. Please state "See attached document"

Please see attached information.

WHAT ACTION ARE YOU REQUESTING OF THE BOARD OR DEPARTMENT?

To be determined by the Montana Board of Pharmacy.

COMPLAINANT INFORMATION

YOUR NAME MT Board of Pharmacy **PHONE#:** 406-841-2357

YOUR MAILING ADDRESS PO Box 200513 (Street or PO Box) Helena, MT (City/State) 59634 (Zip Code)

YOUR E-MAIL ADDRESS dlibsdcomplaints@mt.gov

YOUR SIGNATURE: Board Generated **DATE:** 8/12/13

Montana Department of
LABOR & INDUSTRY

Steve Bullock, Governor
Pam Bucy, Commissioner

Business Standards Division
Compliance

October 24, 2013

BIOLOGICS INC
120 WESTON OAKS CT
CARY NC 27513

RE: Complaint #2013-PHA-LIC-1094

Dear BIOLOGICS INC:

The screening panel of the Board of Pharmacy recently reviewed the above-referenced complaint. Section 37-1-307, MCA delegates to the screening panel the authority to determine whether there is reasonable cause to believe that a person has violated a statute or rule justifying legal or disciplinary proceedings.

Having fully considered the matter before it, the screening panel determined that the circumstances surrounding this case do not justify legal or disciplinary proceedings. Therefore, the screening panel voted to dismiss the complaint with prejudice, which means the board may not consider the complaint in the future.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Vicki Bair, Compliance Specialist
(406) 841-2357 (phone)
(406) 841-2363 (fax)
vbair@mt.gov

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

2015 APR -1 A 9:53

DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2015 APR 17 A 7:34
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of)	PHA 2014-44-L
BIOLOGICS, INC.,)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" - "2"
Respondent.)	

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent BIOLOGICS, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was the holder of a miscellaneous permit issued by the Board of Pharmacy (hereinafter the "Board") under miscellaneous permit number

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

PMP 454. The miscellaneous permit was issued on or about February 17, 2006. The miscellaneous permit will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is 120 Weston Oaks Court, Cary, North Carolina 27513.

3. On or about November 14, 2013, Respondent submitted a renewal application indicating it had, within the last three years, been disciplined by the States of Texas and Michigan.

4. Respondent attached a copy of a May 16, 2012, Agreed Board Order #L-11-018 with the Texas State Board of Pharmacy in In the Matter of Biologics, Inc. (Pharmacy License #23756), (hereinafter "the May 16, 2012, Texas action") (Exhibit "1"), and a copy of an August 14, 2013, Consent Order and Stipulation with the Michigan Board of Pharmacy in In the Matter of Biologics, Inc., License No. 53-01-008349 (File No. 53-13-127481) (hereinafter "the August 14, 2013, Michigan action") (Exhibit "2"). The May 16, 2012, Texas action alleged Respondent had been the subject of disciplinary action by the State of Missouri for having served Missouri patients without being licensed as a pharmacy in Missouri, and had failed to report the disciplinary action on application forms submitted in that State. The May 16, 2012, Texas action assessed a $2,000.00 fine. The August 14, 2013, Michigan action alleged Respondent violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq., with respect to the administrative penalty levied on Respondent by the Texas State Board of Pharmacy, and assessed a $500.00 fine.

5. RICO alleges that disciplinary action was taken against Respondent by the States of Texas and Michigan, and that Respondent failed to report these actions within thirty days as required by Hawaii law.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report disciplinary decision within thirty days).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein the holder of a miscellaneous permit acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the May 16, 2012, Agreed Board Order #L-11-018 with the Texas State Board of Pharmacy in In the Matter of Biologics, Inc. (Pharmacy License #23756) ("the May 16, 2012, Texas action").

6. Respondent represents Exhibit "2" is a true and correct copy of the August 14, 2013, Consent Order and Stipulation with the Michigan Board of Pharmacy in In the Matter of Biologics, Inc., License No. 53-01-008349 (File No. 53-13-127481) ("the August 14, 2013, Michigan action").

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

8. Respondent further understands that RICO enters into this settlement agreement, and agrees to the specific terms contained in this settlement agreement, based upon Respondent's representations made herein.

9. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit.

10. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

11. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO No. PHA 2014-44-L.

12. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

13. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($1,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the

conduct of miscellaneous pharmacy permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7, and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning

the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: March, 26th, 2015.

BIOLOGICS, INC.
Respondent

By: _____
Its COO

DATED: Honolulu, Hawaii, April 1, 2015.

_____
DANA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF BIOLOGICS, INC.;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO. PHA 2014-44-L; EXHIBITS "1" – "2"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

4/16/15
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

LYDIA KUMASAKA

CAROLYN S. L. MA

PVL 07/01/14

STATE OF NC.)
) SS.
COUNTY OF Johnston)

On this 26 day of March 2015, before me personally appeared Ronald E. Smith, to me known to be the person described, and who executed the foregoing instrument on behalf of Biologics, Inc. as its COO, and acknowledged that he/she executed the same as his/her free act and deed.

This 8 -page Settlement Agreement document dated March 26, 2015 was acknowledged before me by Ronald E. Smith this 26 day of March, 2015, in the City of Cary, in the County of Wake, in the ____ Circuit, State of NC.

AMANDA JANE LOWDER NOTARY PUBLIC JOHNSTON COUNTY NC

Amanda Jane Lowder
Name: Amanda Jane Lowder
Notary Public, State of

My Commission expires: 4-15-19

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR
DEPARTMENT OF COMMERCE AND
CONSUMER AFFAIRS

DARIA A. LOY-GOTO
COMPLAINTS AND
ENFORCEMENT OFFICER

STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-2660
FAX: (808) 586-2670
www.hawaii.gov/dcca/rico

HILO OFFICE
120 PAUAHI STREET, SUITE 212
HILO, HAWAII 96720

KONA OFFICE
HUALALAI CENTER
75-170 HUAKALAI ROAD, ROOM C-306
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIWA STREET, SUITE 204
LIHUE, HAWAII 96766

April 28, 2015

Ron Smith, PharmD, Chief Operating Officer
Biologics, Inc.
120 Weston Oaks Court
Cary, North Carolina 27513

Re: RICO Case No. PHA 2014-44-L

Dear Dr. Smith:

This confirms that the Hawaii Board of Pharmacy approved the settlement agreement on April 16, 2015 and that your company's fine payment has been processed. My office will be closing this case. Please call me at (808) 587-6839 if you have any questions regarding this letter.

Very truly yours,

JOHN T. HASSLER
Supervising Attorney

JTH:psm

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002040

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF BIOLOGICS INC., REGISTRATION NO. OSP 5544,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Biologics Inc. ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002040 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 120 Weston Oak's Ct., Cary, North Carolina, 27513.

4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to comply with the Colorado Prescription Drug Monitoring Program (PDMP) by failing to submit data during the December 1 through December 10, 2009, reporting period.

6. On December 14, 2009, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under

section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. Effective Date. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Karen J. Freeman
Authorized Agent of Respondent Pharmacy

Dated: 01/11/2010

Subscribed and sworn to before me in the County of Wake, State of North Carolina, this 11th day of January, 2010 by Karen J Freeman, in his/her capacity as an authorized agent of Biologics Inc.

KYLIE M GIBSON
Notary Public, North Carolina
Wake County
My Commission Expires
October 25, 2012

Kylie M Gibson
Notary Public

My commission expires: Oct 25, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 26th DAY OF January, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant	)	
v.		)	No. 2015-05711
BIOLOGICS, INC License No. 054017496	Respondent	)	

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, (hereinafter the "Department") by and through its attorney, Bonita B. Canavan, and BIOLOGICS, INC., and agree to the following:

STIPULATIONS

BIOLOGICS, INC, located in Cary, North Carolina, is licensed as a NON-RESIDENT pharmacy in the State of Illinois, currently holding License No. 054017496. Said license is presently in active status.

At all times material to the matters set forth in this Consent Order, the Department had jurisdiction over the subject matter and parties to this Consent Order.

Respondent originally applied for licensure on June 9, 2010, and a pharmacy license was first issued on February 8, 2012. A duplicate application was filed on July 13, 2013. A renewal was effective on March 24, 2014. On April 4, 2013, Respondent filed an application for Change-of-Pharmacist in Charge (hereinafter PIC) changing the former PIC Pamela Smith, RPh to Adam Childs, PharmD. On June 26, 2014, another application to change PIC from Childs to Gregory Wolfe was received by the Department.

ON NONE OF THE DATES, APPLICATIONS OR RENEWALS SUBMITTED TO ILLINOIS did the Pharmacy ever reveal that in 2005 it had been put on a three-year probation by Missouri for engaging in unlicensed practice in Missouri by shipping drugs into Missouri before its

license had issued.

On May 16, 2012, Texas issued an Administrative Penalty of $2000.00 against Respondent for failure to reveal the Missouri discipline.

On September 13, 2013, Michigan issued a Reprimand and a five hundred dollar ($500.00) against Respondent for failure to reveal the Missouri probation.

On April 17, 2015, Hawaii issued a $1500.00 fine against Respondent for failure to reveal the Missouri probation.

Respondent's pharmacist-in-charge made a self report to the Department on June 9, 2015, that it had been disciplined by Hawaii based on the prior reciprocal state disciplines as delineated above.

The Department alleges that Respondent made material misstatements in furnishing information to the Department, made misrepresentations for the purpose of obtaining licenses, failed to report a discipline by another U.S. jurisdiction or foreign nation, the basis of which was unlicensed practice.

These allegations, if proven at a hearing to be true, would constitute grounds for disciplining Respondent's license as a pharmacy in the State of Illinois, on the authority of 225 ILCS 85/30(a)(b); 225 ILCS 85/30(a)(2), (3), (4), and (7); Ill. Admin. Code tit. 68, §1330.550.

On December 3, 2015, a review of this matter was made by the Vice-Chairman of the Illinois Board of Pharmacy and a recommendation for discipline was made.

Respondent Pharmacy admits in its self report to the Department that on application, on renewal, and on at least three applications for change of pharmacist in charge, it failed to reveal disciplines from the states of Missouri, Texas, and Michigan, and failed to timely reveal the Hawaii discipline.

Respondent has been advised of the right to counsel, the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right

to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Department. Respondent acknowledges that it has entered into this Consent Order freely and of their own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Department in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed that in order to resolve this matter Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, through Bonita B. Canavan, a Prosecutor for the Department, and BIOLOGICS, INC Respondent, agree:

1. The License of BIOLOGICS, INC, holding license number 054017496, shall be REPRIMANDED and be fined TWO THOUSAND DOLLARS ($2,000.00).
2. BIOLOGICS, INC shall pay a fine of Two Thousand dollars and no cents ($2,000.00) to the Department within sixty (60) days of the effective date of this Order. The fine is to be paid by personal check, a corporate check, or cashier's check. Said check shall be *made payable to* the: Illinois Department of Financial and Professional Regulation and mailed to:

Illinois Department of Financial and Professional Regulation
Attention: SSC-Accounts Receivable Section
320 W. Washington, Room 344
P.O. Box 7086
Springfield, IL 62791

In the notation portion of the check, this Case No. 2015-5711 and the License No. 054017496 shall be reflected.

3. **In the event the fine of Two thousand dollars ($2,000.00) is not paid to the Department, within sixty (60) days of the effective date of this Consent Order, Respondent, BIOLOGICS, INC. acknowledges and agrees that its failure to pay the fine will permit the Director of the Division of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Respondent's pharmacy License No. 054017496. The suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. This suspension shall remain in full force and effect until such time as the Department receives the full amount of the fine of two thousand dollars ($2,000.00). In the event Respondent contests in writing the factual basis underlying said suspension and does so within thirty (30) days of the imposition of the automatic suspension, Respondent shall be afforded a hearing on the merits.**

4. If Respondent fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, BIOLOGICS, INC. shall be responsible for all costs and fees incurred by the Department in said collection effort.

5. This Consent Order shall become effective on the date the Director of the Department signs the order.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

5/13/2016
DATE

Bonita B. Conavan, Prosecutor for the Department

12-May 2016
DATE

BIOLOGICS, INC. by its representative, Respondent
Gregory D. Wolfe, Director Specialty Pharmacy Services

5/13/2016
DATE

Member of the Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 6th DAY OF June, 2016.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRYAN SCHNEIDER, SECRETARY
DIVISION OF PROFESSIONAL REGULATION

JAY STEWART, DIRECTOR

Case No. 2015-05711
License No. 054017496

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

DATE

Bonita B. Canavan, Prosecutor for the Department

12-May 2016
DATE

BIOLOGICS, INC, by its representative, Respondent
Gregory D. Wolfe, Director Specialty Pharmacy Services

DATE

Member of the Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS _____ DAY OF _____, 2016.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRYAN SCHNEIDER, SECRETARY
DIVISION OF PROFESSIONAL REGULATION

JAY STEWART, DIRECTOR

Case No. 2015-05711
License No. 054017496

ORDER OF THE STATE BOARD OF PHARMACY REGARDING ISSUANCE OF A PROBATED LICENSE BIOLOGICS, INCORPORATED

Comes now the State Board of Pharmacy ("Board") and hereby issues its ORDER granting a PROBATED license, License No. 2005010826, to Biologics, Incorporated ("Biologics"). As set forth in § 620.149.2, RSMo 2000, Biologics may submit a written request for a hearing to the Administrative Hearing Commission seeking review of the Board's decision to issue a probated license to Biologics. Such written request must be submitted to the Administrative Hearing Commission within 30 days of the delivery or mailing of this Order by certified mail. The written request should be addressed to the Administrative Hearing Commission, Room 640, Truman State Office Building, P.O. Box 1557, Jefferson City, Missouri 65102-1557. If no written request for review is received by the Administrative Hearing Commission within the 30-day period, the right to seek review of the Board's decision shall be considered waived.

I.

Based upon the foregoing, the Board hereby states:

1. The State Board of Pharmacy ("Board") is an agency of the state of Missouri created and established pursuant to § 338.110, RSMo 2000, for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Biologics is located at 625 Oberline Road, Raleigh, North Carolina.

3. Robin U. Smith is the president of Biologics and holder of Biologics' permit. David A. Shaw is the pharmacist-in-charge of Biologics.

4. On or about November 25, 2003, the Board received Biologics Application for New Permit to Operate a Pharmacy.

5. 4 CSR 220-2.020(2)(A) states in pertinent part:

> (A) An applicant for a pharmacy permit will become null and void if the applicant fails to complete the process for licensure within six (6) months of receipt of the application by the board.

6. On or about January 20, 2004, the board mailed a letter to Biologics advising of the non-receipt of two documents required to complete processing of its application. The two documents required were a copy of its North Carolina controlled substance license (or a statement that such state does not issue a separate controlled substance license) and verification of Pharmacy and Pharmacist in Charge licenses from North Carolina.

7. Pursuant to 4 CSR 200-2.020(2)(A), Biologics' November 25, 2003 Application expired on May 26, 2004 due to Biologics failure to complete the process for licensure.

8. On or about June 21, 2004, the Board received information from the North Carolina Board of Pharmacy indicating that Biologics was serving patients residing in Missouri without being licensed as a non-resident pharmacy by the Board.

9. The Board determined that Biologics was in violation of § 338.220(1) and 4 CSR 220-2.025(1) which state in pertinent part:

Section 338.220(1)

> 1. It shall be unlawful for any person, copartnership, association, corporation or any other business entity to open, establish, operate or maintain any pharmacy, as defined by statute without first obtaining a permit or license to do so from the Missouri board of pharmacy.
>
> . . . .

4 CSR 200-2.025(1):

> (1) Nonresident pharmacies shall not ship, mail or deliver prescription drugs into Missouri without first obtaining a pharmacy license from the Missouri Board of Pharmacy. . . .
>
> . . . .

10. Cause exists for the Board to deny Biologics' request for a pharmacy permit pursuant to the provisions of § 338055.2(5) and (6), RSMo 2000, which provide:

> 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license for any one or any combination of the following causes:
>
> . . . .
>
> (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession regulated by this chapter;
>
> . . . .

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

. . . .

11. The Board hereby issues this Order in lieu of denial of Biologics' request for a pharmacy permit.

II.

TERMS AND CONDITIONS

Based on the foregoing, the permit issued to Biologics is subject to the following terms and conditions:

1. Permit no. 2005010826 is hereby placed on PROBATION for a period of THEE (3) YEARS ("the disciplinary period"). During the disciplinary period, Biologics shall be entitled to engage in the practice of pharmacy provided it adheres to all of the terms of this Order.

2. The Permit Holder shall keep the Board apprised of licensed pharmacists employed by Permit Holder, and the individuals' current home and work addresses and telephone numbers.

3. The Permit Holder shall pay all required fees for permitting to the Board and shall renew its permit prior to October 31 of each permitting year.

4. The Permit Holder shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal

and state criminal laws. "State" here includes the State of Missouri and all other states and territories of the United States.

5. The Permit Holder shall not serve as an intern training facility for interns.

6. If, after disciplinary sanctions have been imposed, the Permit Holder fails to keep its Missouri pharmacy permit current, the period of unlicensed status shall not bee deemed or taken as any part of the time of discipline so imposed.

7. If the Permit Holder fails to comply with the terms of this agreement, in any respect, the Board may impose such additional or other discipline which it deems appropriate.

8. The Board of Pharmacy will maintain this Order as an open and public record of the Board as provided in Chapters 338, 610, and 620, RSMo.

9. Upon the expiration of said discipline period, the Permit Holder's permit to practice pharmacy in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Permit Holder has violated any term or condition of this Order, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Permit.

10. No order shall be entered by the Board pursuant to the preceding paragraph of this Order without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

11. If the Board determines that the Permit Holder has violated a term or condition of this Order, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this agreement in its determination of appropriate legal actions concerning that violation.

SO ORDERED EFFECTIVE THIS 31 day of March, 2005.

STATE BOARD OF PHARMACY

Kevin Kinkade
Executive Director
State Board of Pharmacy

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* **PH** 02999

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Birdi

Physical Address: 43159 W. Nine Mile Rd., Novi, MI 48375

Mailing Address: P.O. Box 8004

City: Novi State: MI Zip Code: 48376

Telephone: 248-380-2104 Fax: 877-395-4836

Toll Free Number: 877-668-4987 (Required per NAC 639.708)

E-mail: tom.bostwick@birdirx.com Website: www.birdirx.com

Managing Pharmacist: ~~Thomas Bostwick~~ Peter Fleck License Number: ~~5302033608 (MI)~~ 21110 ✓OK MH 9/27/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☑	Mail Service
☐	Community	☐	Long Term Care
☑	Other: Mail Order	☐	Sterile Compounding **
		☐	Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding **
	For the application to be complete	☐	Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Peter D. Fleck

Date: 09/07/2021
Amount:
License #: 21110

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/07/2022

Peter D. Fleck

License #
21110
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21110

Expires: 03/07/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Peter D. Fleck

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Aaron Roberts, President and Treasurer — Print Name of Authorized Person

5-14-21 — Date

Board Use Only Date Processed:_____ Amount: 500 Check # 661176758

Processed 9/21/21

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: MI Equity Holdings, LLC

Mailing Address: 888 Prospect St., Ste. 340

City: La Jolla State: CA Zip: 92037

Telephone: 248-380-2111 Fax: 248-564-0944

Contact Person: Aaron Roberts

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) MI Equity Holdings, LLC, 888 Prospect St., Ste. 340, La Jolla, CA 92037
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:00 am 8:00 pm Saturday 9:00 am 1:00 pm

Sunday Closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Aaron Roberts

Responsible Person of Birdi, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Aaron Roberts
Print Name of Authorized Person

5-14-21
Date

NV - Birdi, Inc.

Officers and Directors -

Name	Title
James Gollaher	Chief Financial Officer, Secretary and Director
Aaron Roberts	President, Treasurer and Director
Frederick Howe	Director
Scott Paul	Director
Stephen Howe	Director

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Michigan)
) ss.
Oakland COUNTY)

I, Thomas Bostwick, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge for Birdi, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Thomas Bostwick, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12 day of May, 2021.

Michelle Turner
NOTARY PUBLIC

MICHELLE TURNER
NOTARY PUBLIC
COUNTY OF OAKLAND
My Commission Expires
May 29, 2024
Acting in the County of
STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

BIRDI, INC.
43159 W 9 MILE RD
NOVI, MI 48375

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

BIRDI, INC.
43159 W 9 MILE RD
NOVI, MI 48375

LICENSE NO.
5301011074

EXPIRATION DATE
3/31/2023

21183150752

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB0647137	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-04-2021

BIRDI, INC.
43159 W 9 MILE RD
NOVI, MI 483754117

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB0647137	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-04-2021

BIRDI, INC.
43159 W 9 MILE RD
NOVI, MI 483754117

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Birdi

Physical Address 43159 W Nine Mile Rd

City Novi State MI Zip 48375

Mailing Address (if different from physical address) PO Box 8004

City Novi State MI Zip 48376

Telephone 248-380-2104 Website www.birdirx.com

Licensing Company Email tom.bostwick@birdirx.com

Section 2: Personal Information

First Thomas Middle Ryan Last Bostwick

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] W Nine Mile Rd

City Novi State MI Zip 48375

Telephone [redacted] Email tom.bostwick@birdirx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TRB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Michigan			09/01-06/05	
Address		City	State	Zip
428 Church St		Ann Arbor	MI	48109
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Michigan State University			09/97-05/01	
Address		City	State	Zip
220 Trowbridge Rd		East Lansing	MI	48824
Diploma/Degree obtained, if any				
N/A				
School Name			From - To (MM/YY – MM/YY)	
Jenison High School			09/94 - 06/97	
Address		City	State	Zip
2140 Bauer Rd		Jenison	MI	49428
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/11-10/21	[redacted] White Pine Ct	Ann Arbor	MI	48105
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TRB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Birdi		07/2021 - Present	
Business Address	**City**	**State**	**Zip**
43159 W Nine Mile Rd	Novi	MI	MI
Phone	**Title**	**Number of Employed Hours**	
248-380-2104	Pharmacist-in-Charge	480	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Novixus Pharmacy Services		08/2016 - 07/2021	
Business Address	**City**	**State**	**Zip**
43159 W Nine Mile Rd	Novi	MI	MI
Phone	**Title**	**Number of Employed Hours**	
248-380-2104	Pharmacist-in-Charge	20,800	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials TRB

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TRB

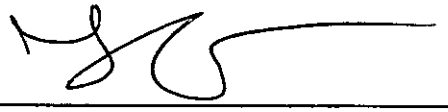
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

10/13/2021

Date

Applicant's initials TRB

I, Thomas Bostwick, **certify that as the designated representative for**

Birdi,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Thomas Bostwick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/2021

Date

Applicant's initials TRB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Bostwick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/13/2021

Date

Subscribed and Sworn to before me this 13 day of October.

Michelle Turner

Notary Public Signature

(Seal)

Applicant's initials TRB

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3618

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	783714		Inspection Information
Legal Business Name:	NPS Group LLC	Virtual Survey Date:	9/8/2020
Doing Business As (DBA):	Novixus Pharmacy Services	Start Time: 24-hour format (13:00)	10:15
Address:	43159 W Nine Mile Road	End Time: 24-hour format (13:00)	11:15
City:	Novi	Onsite Survey Date:	9/9/2020
State:	MI	Start Time: 24-hour format (13:00)	9:45
Zip Code:	48375	End Time: 24-hour format (13:00)	12:15
Telephone number:	248-380-2104	Inspector Name:	Rita Weiss, R.Ph., Esq., BCGP
Toll free number:	877-668-4987	Inspection Performed by (NABP, State, etc):	NABP
Fax number:	877-395-4836	Observer Name/Affiliation (if applicable):	NA
Website:	www.novixus.com	Observer Name/Affiliation (if applicable):	NA

Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			x
Monday	7:00	20:00	
Tuesday	7:00	20:00	
Wednesday	7:00	20:00	
Thursday	7:00	20:00	
Friday	7:00	20:00	
Saturday	9:00	17:00	

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Thomas Bostwick	tom.bostwick@novixus.com	145063
Nonsterile Compounding Supervisor	n/a		
Sterile Compounding Supervisor	n/a		
Hazardous Compounding Supervisor	n/a		

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3619

Personnel Present at Time of Inspection

	Name	Title	License or registration available and current (Y/N)
1	Thomas Bostwick	PIC	Y
2	Dharak Patel	Pharmacist	Y
3	Carl Dempich	Pharmacist	Y
4	Peter Fleck	Pharmacist	Y
5	Alex Remsing	Pharmacy Technician	Y
6	Dan Lopez	Pharmacy Technician	Y
7	Amber Martin	Pharmacy Technician	Y
8	Sheila Chiarelli	Pharmacy Technician	Y
9	Anthony Dorris	Pharmacy Technician	Y
10	Nicole Loflin	Pharmacy Technician	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. 1 security guard; 1 HR; 2 Accounting; 13 Order Processing; 2 Patient Care; 1 Client Services; 9 Technicians

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
DEA	Novixus Pharmacy Services	Controlled Substances/FN6653237	10/31/2022
Michigan	Novixus Pharmacy Services	pharmacy/5301011074	3/31/2023
Michigan	Novixus Pharmacy Services	Controlled Substance - 5315079551	3/31/2023

Inspector Notes: List states in which Non-Resident licenses are held: Pharmacy ships into all 50 states, therefore 49 licenses (no licensing for out-of-state pharmacies by Massachusetts) and American Samoa; Armed Forces Americas; Armed Forces Europe; Armed Forces Pacific; Washington D.C.; Federated States of Micronesia; Guam; Lebanon; Marshall Islands; Northern Mariana Islands; Palau; Puerto Rico; Virgin Islands

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3620

Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Photographs	Example of Prepack; Garage Door, Hazardous Medication in incorrect section; Loose package inserts on the floor; Loose tablets; Non-Robotic Technician Filing Area;
Destruction Record	In-house destruction record
QRE Record	Example of QRE record
Pharmacy Licenses	Licenses for MedImpact Direct, company in shared services agreement

Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply	
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	X
Closed Door	X	Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only	X	Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3621

Facility Size in Square Feet and Number of PECs	
Total Pharmacy size:	22,800
Nonsterile Compounding Room size:	0
Nonsterile Compounding powder hoods number:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	0
Nonsterile HD Compounding BSC/CACI hoods number:	0
Sterile Compounding Ante Room size:	0
Sterile Compounding Clean/Buffer Room size:	0
Sterile Compounding Number LAFW hoods/areas:	0
Sterile Compounding Number BSC hoods:	0
Sterile Compounding Number CAI/CACI hoods:	0
Negative Pressure Sterile HD Room size:	0
Sterile HD Compounding Number of BSC hoods:	0
Sterile HD Compounding Number of CACI hoods:	0

Personnel	
Total Pharmacists:	4
Number of Compounding Pharmacists	0
Total Graduate Students or Residents:	0
Total Student Interns:	0
Total Technicians:	30
Number of Compounding Technicians	0
Of technicians, how many are certified?	30
Of technicians, how many are techs-in-training?	0
Total Other Licensed Personnel:	0
Total Other Unlicensed Personnel:	15
Ratio #tech:#RPh present at time of inspection:	15:4
Total Pharmacist Hours Per Week:	152
Total Technician Hours Per Week:	1200

Volume Dispensed	
Total Prescriptions Dispensed/day:	4150
% Veterinary Prescriptions	0%
% Controlled Substance Prescriptions	3%
% Nonsterile Compounded Prescriptions	0%
% Sterile Compounded Prescriptions	0%
% Hazardous Drugs (HD) Prescriptions	1%

Volume Distributed	
Total Orders Distributed/day:	0
% Veterinary Orders	0%
% Controlled Substance Orders	0%
% Nonsterile Compounded Orders	0%
% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Orders	0%

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3622

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	106	0	month
AL	686	0	month
AR	419	0	month
AZ	656	0	month
CA	16507	0	month
CO	311	0	month
CT	410	0	month
DC	8	0	month
DE	83	0	month
FL	3193	0	month
GA	317	0	month
HI	28	0	month
IA	491	0	month
ID	450	0	month
IL	1242	0	month
IN	1263	0	month
KS	2039	0	month
KY	500	0	month
LA	734	0	month
MA	273	0	month
MD	328	0	month
ME	65	0	month
MI	10842	0	month
MN	917	0	month
MO	6638	0	month
MS	148	0	month
MT	210	0	month

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3623

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	2576	0	month
ND	60	0	month
NE	71	0	month
NH	99	0	month
NJ	1148	0	month
NM	51	0	month
NV	1985	0	month
NY	2606	0	month
OH	6989	0	month
OK	750	0	month
OR	407	0	month
PA	2368	0	month
RI	31	0	month
SC	2512	0	month
SD	37	0	month
TN	363	0	month
TX	1735	0	month
UT	331	0	month
VA	965	0	month
VT	16	0	month
WA	3166	0	month
WI	3575	0	month
WV	118	0	month
WY	1907	0	month
Other:	362	0	month

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3624

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	Current PIC is Thomas Bostwick, transitioning to Dhalak Patel
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Chain Drug Distributor and the other business is unknown to the PIC.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Patients can initiate refills through the website.
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Dhalak Patel, Pharmacist; Carl Dempich, Pharmacist; Peter Fleck, Pharmacist
Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**			
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Distribution of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3625

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
General Operations and Licensure	**If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	N/A	Closed door
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	Michigan has not been out since November 2016. Michigan refers to NABP now. A VPP was conducted on 6/14/2018 and was reviewed by this contractor.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No corrective actions were necessary.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3626

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	NABP VIPPS 12/14/2018 accreditation date; expires 12/13/2021
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	N/A	Closed door
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Perpetual storage
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	Perpetual storage
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Use of BOP Web Portals; Use of License Renewal Process; In-state licensing of the Non-Resident Pharmacist; Direct mail from state BOP

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3627

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
Personnel	**If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	HR manager reviews twice a year. "VIPPS P & P speaks to this." Documented in the employee file.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Primary source verification.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	
Facility and Security	**If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Motion sensors and door sensors. There is a garage door, see photographs, that is not locked, but has a contact sensor on it.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	24/7 security guard onsite. No contingency planning for a natural disaster.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	No	See photographs. Loose package inserts on the floor and in the bins, loose tablets in the bin.
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	No	Reviewed destruction log, no identity for what pharmacist put in the bins for destruction. See attachment.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Pharmalink

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3628

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Heritage Pharmaceutical - quarterly
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	There is a logger on the wall that is pulled monthly. Set point is 70 degrees F. Temperature at time of inspection was 69 degrees F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	No	
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	PIC states that they have a priority contract if something happens. Any type of integrity would be placed in quarantine. Would be impossible to check the thousands of drug products in stock.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Refrigerators are monitored by the alarm system. Sensors inside the refrigerator that are hooked up to an app and will get push notification through these sensors. Records are maintained perpetually.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Alarm on 37 - 45 degrees F. Temperature at time of inspection 37 degrees F and 40 degrees F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	
42.01	Is the temperature in the freezer within the USP range (between -25° to -10°C or -13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Power outage - there is an onsite gas generator. Contract in place for an extended power outage. Back-up refrigerators onsite.

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of this form by a third party is strictly prohibited without NABP's prior written authorization.

3629

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Contracts in place to ensure a quick response if there is an issue.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	#2 Innovation robots; #6 Eyescans; #1 Kirby counter
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	
	Product Receipt and Inventory If any part of a question is no, enter "No" and explain the observation.		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Checking for licenses, accreditation and track & trace procedures. PIC was unaware that the listing of expiration dates on the receipt/invoice was not the 3T data. He was able to obtain the 3T data after discussion with the contractor.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Cardinal; Auburn (local to this pharmacy); Hygen
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	The secondary WD provide track & trace with every shipment. Cardinal is contractual.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	PIC stated that they "verify at the beginning of the relationship."
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	Verify at the beginning of the relationship.

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3630

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	P & P. Technicians are trained, placed in quarantine, pharmacist deals with directly.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	Primarily damaged product, not suspect.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	No	The pharmacy receives 3T data with its shipments from non-Cardinal WD and maintains it permanently. However, the PIC stated to the contractor that it is "Cardinal's stance" that it is not required to supply 3T data to the pharmacy. Therefore, all products received from Cardinal (the majority of the products purchased) do not have the 3T data collected, reviewed or maintained by the pharmacy.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	Pharmacists
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Weekly cycle counts

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3631

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Have not had the situation - if it happened, would report to the state board and law enforcement.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Monthly. Pharmacists also double count and look for discrepancies when dispensing.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	5/4/2020 - every two years
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	Yes	One year from prepacking. See photograph of pre-packed product, including BUD.
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	N/A	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3632

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Every patient is given by the eligibility file from the PBM and this pulls the information into the software. If through the call center, then reviewed over the phone. How often is the patient information updated? It depends on how the patient uses the pharmacy: 1.) if call center - script asking for changes; and 2.) if through the website, then not updated.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	Pharmacist stated that technicians are trained to look at verbal ques that are not "right." Anything potentially fraudulent, flagged and given to a pharmacist.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Flag and add a note for review by pharmacist. In new COVID world, more system dependent.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	N/A	HMO/PBM only
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacist verification. Patient information is primarily from eligibility files from PBM partners. Patient has ability to update allergies, etc., through patient portal. Pharmacist reviews patient information.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Pharmacist verification 1, before the prescription is released to be filled.

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3633

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	No	
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Software generates every night and IT submits to the various states.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	Depending on the state, there is a queue in the software that requires a pharmacist to review for every CS. Otherwise, pharmacist discretion.
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Documented by the software. Primarily driven by the pharmacist to override. If it comes up for a technician, they have a queue to direct the prescription to for a pharmacist.
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	Yes	Medispan
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	Facts & Comparisons; answers; Clinical Pharmacology
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist verification 2 is after the medication is filled. All medication has a picture taken and the pharmacist reviews the picture in the system against what is expected based upon the NDC code. If the image is blurry, the pharmacist can re-route the container to his station to complete a manual, visual inspection. In addition to verifying all of the medications, Pharmacist Dempich is responsible for handling all C2's.

3634

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Findings	Notes
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	All information is present, including name of manufacturer of product, initials of both PV1 and PV2 pharmacists. Auxiliary labels are automatically generated and attached.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Usergroup driven. EPostRX.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	Pharmacy does its own test through USB temperature logging once a year. In the summer from the pharmacy to another location in Michigan. In the past, the pharmacy has sent a package to its partner in Arizona and Florida. Only check for heat, not freezing.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	Yes	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	No	MedImpact Direct - License #Y0005608. See attachment.
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	Yes	The pharmacy is in a shared service agreement with MedImpact Direct in Tempe, Arizona. Novixus provides back end services for MedImpact Direct patients, including prescription fulfillment, labeling, pharmacist verification, shipping, returns and drug destruction. MedImpact assists Novixus with front end services, including customer service, pharmacist verification, prescriber calls and data entry/DUR.
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	Reviewed by contractor. PIC stated the P & P is more tailored to Arizona law, because Michigan has very little law on shared service agreements.
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3635

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Package inserts, with a phone number. Pharmacist will not proactively call. Can speak to a pharmacist during normal business hours.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Automatically from computer..
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Automatically from computer.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	Yes	clozapine and ipledge
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	No	The pharmacy does not offer to counsel.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Outside the normal business hours, there is a contract service. The contract service does not have access to the patient records. Pharmacy gets a summary the next morning of any calls.

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3636

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
85.00	Are processes in place to handle a drug recall?	Yes	Every morning, go onto FDA website and the letters; Cardinal notices. If patient level, then run a report and notify the patients. Patient is notified, depending upon the volume - if low volume, phone calls; posted on the website; if high volume email, or by mail. Dispensation of the product depends on the recall.
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.01	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

Quality Assurance/Quality Improvement Program

If any part of a question is no, enter "No" and explain the observation.

87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	PIC oversees the program.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both. contractor reviewed the hard copy of the P & P and found two, almost identical, policies. One policy needed to be retired.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	No	contractor read the policy and it does not include all items in the definition.
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Quarterly meetings with staff.

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3637

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

		Finding	Notes
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Within 24 hours - hard copy and electronic
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	No	Does not include who/how discovered. See QRE form attachment.
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	No	See QRE form attachment.
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Defined group that includes PIC, Pharmacist Patel and Account Manager. Other people are pulled in as needed, depending upon the trends.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	

© National Association of Boards of Pharmacy® (NABP®). All rights reserved. NABP developed this inspection form for sole use by NABP and the United States boards of pharmacy and for internal use by the named facility for VPP. Disclosure of this form to a third party or use of the form by a third party is strictly prohibited without NABP's prior written authorization.

3638

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: NPS Group LLC dba Novixus Pharmacy Services
e-Profile ID: 783714
Inspection Date: 09/08/2020 - 09/09/2020

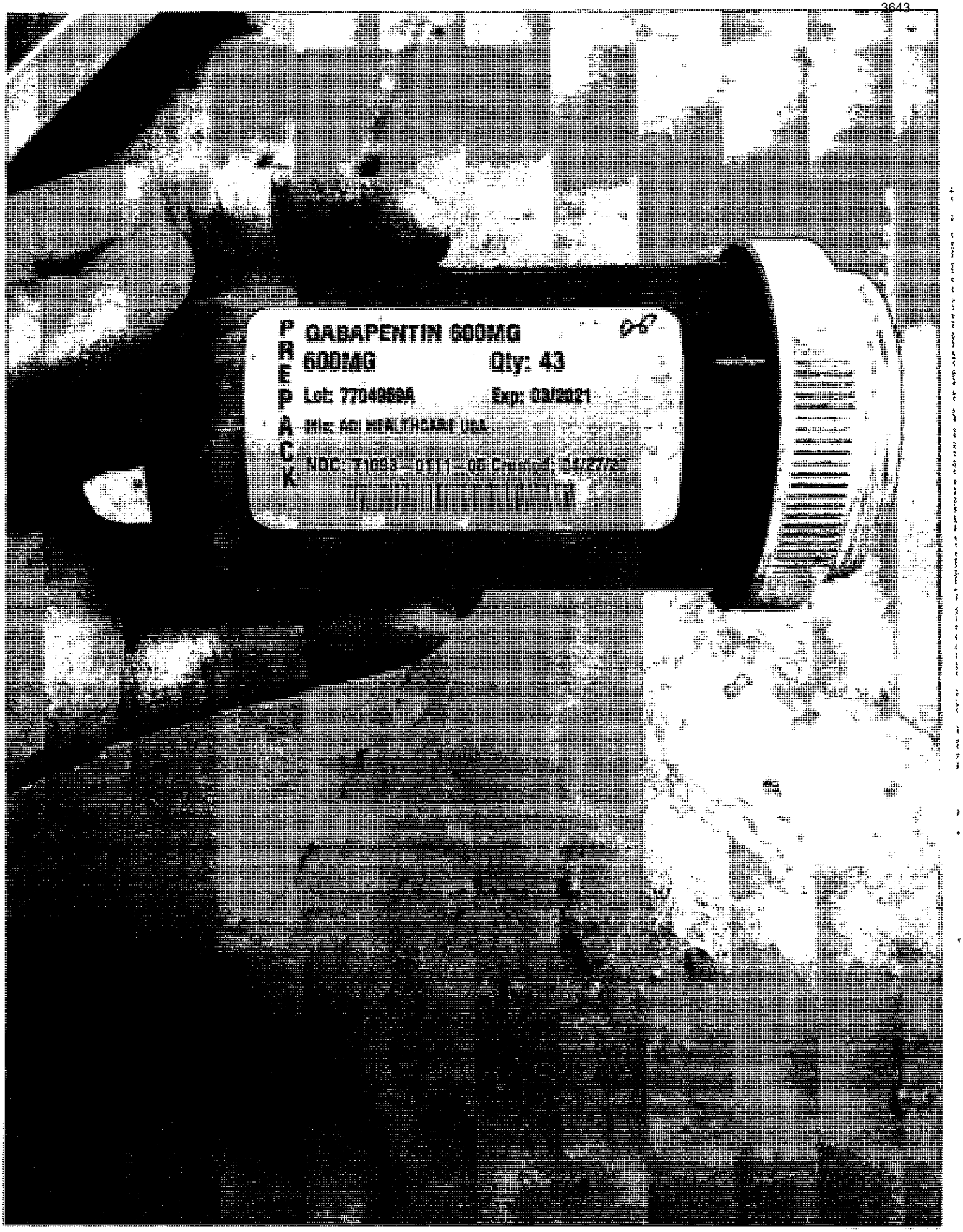
		Finding	Notes
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	Tracking is done by two pharmacists who are managing by exception. One of the pharmacists owns the project.
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Goal is to do this annually. Random survey, unless a client specific request. Primarily by email.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

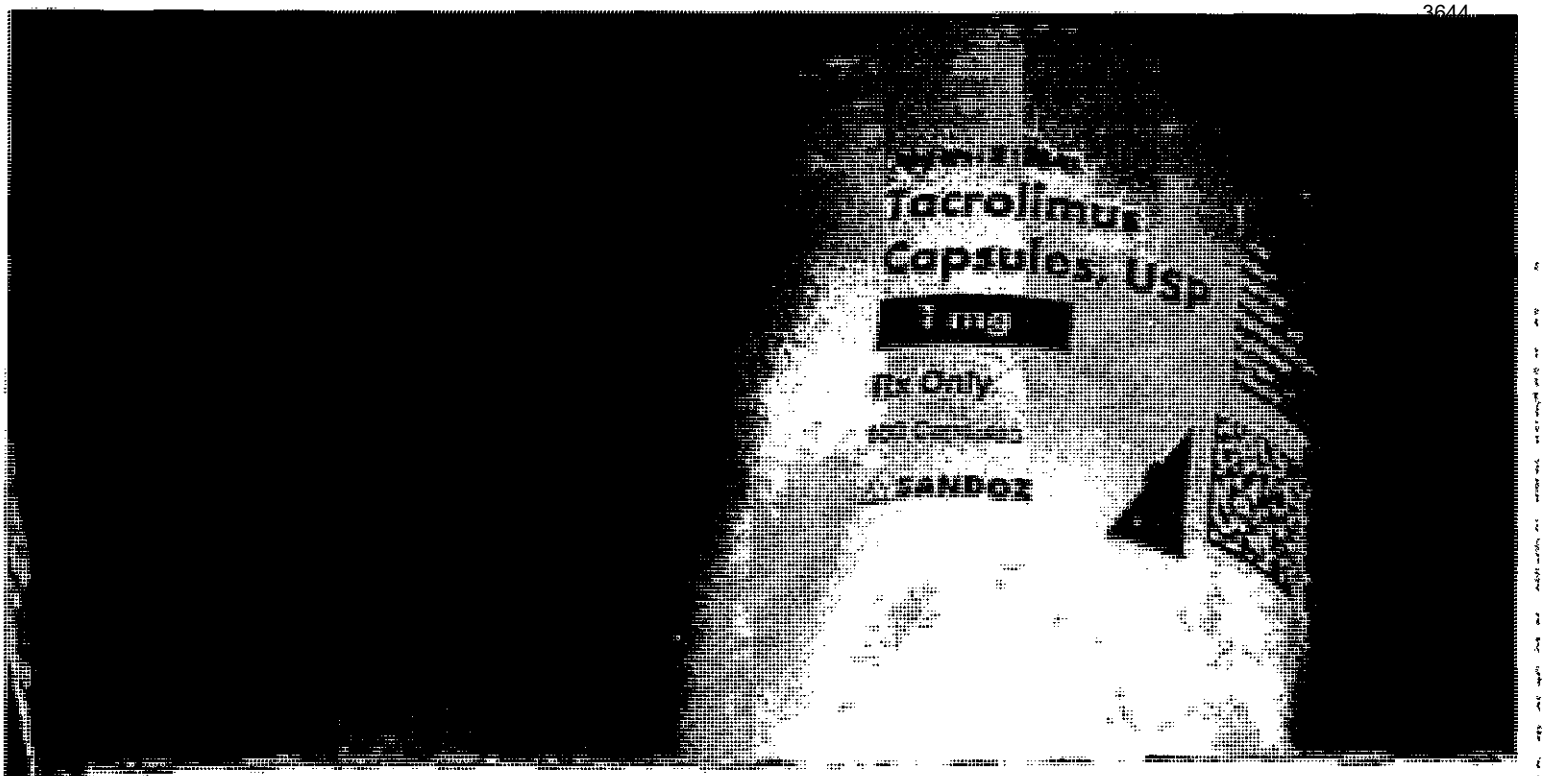
Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

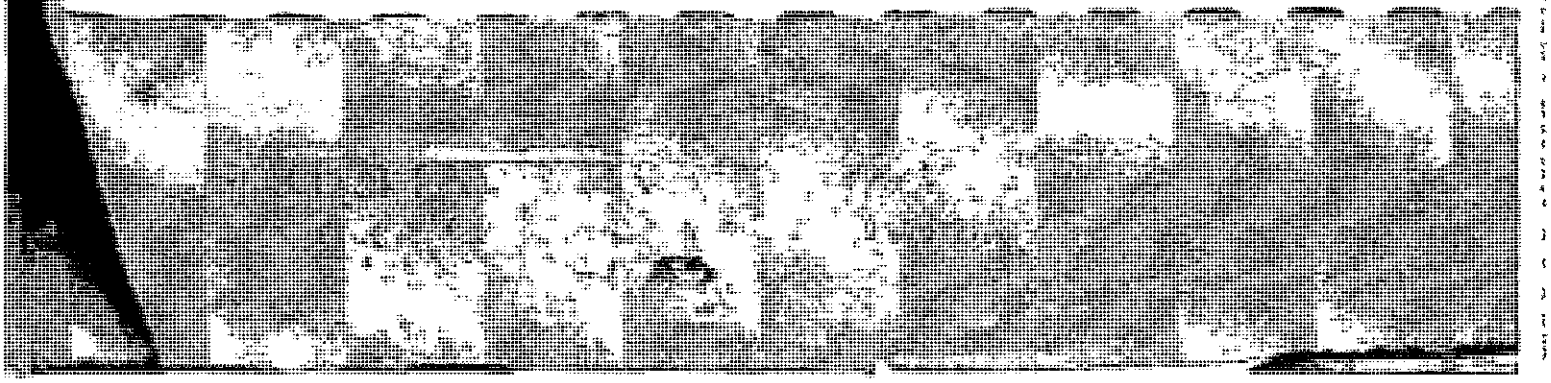
EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

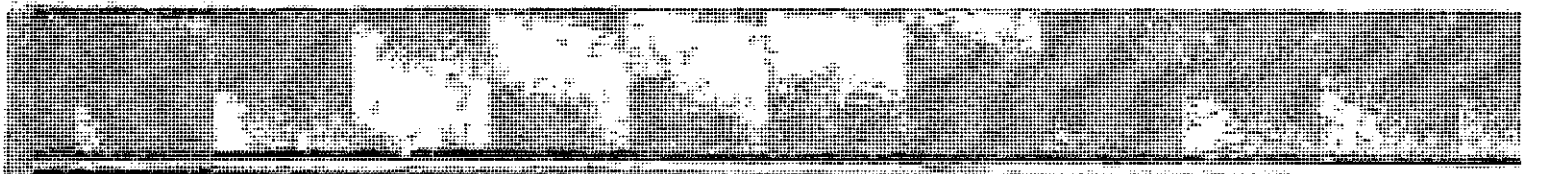
QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

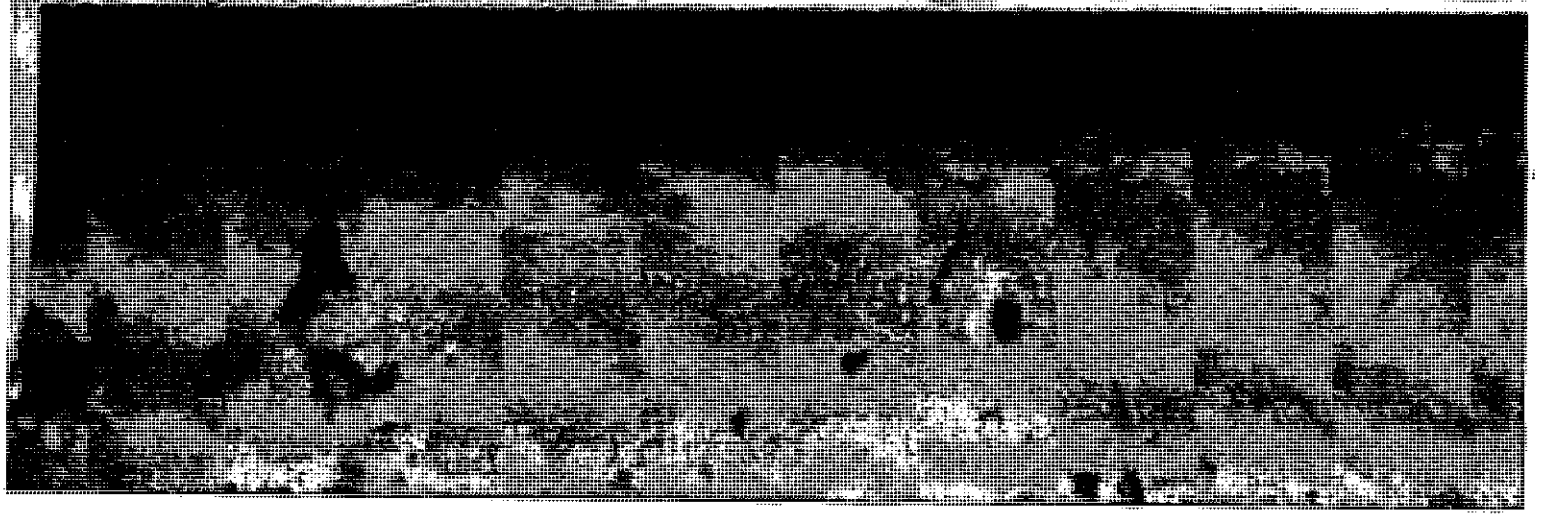
Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy..
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor


PREPACK
GABAPENTIN 600MG
600MG
Qty: 43
Lot: 77049528
Exp: 03/2021
Mfr: AGI HEALTHCARE USA
NDC: 71093-0111-06 Created: 04/27/20

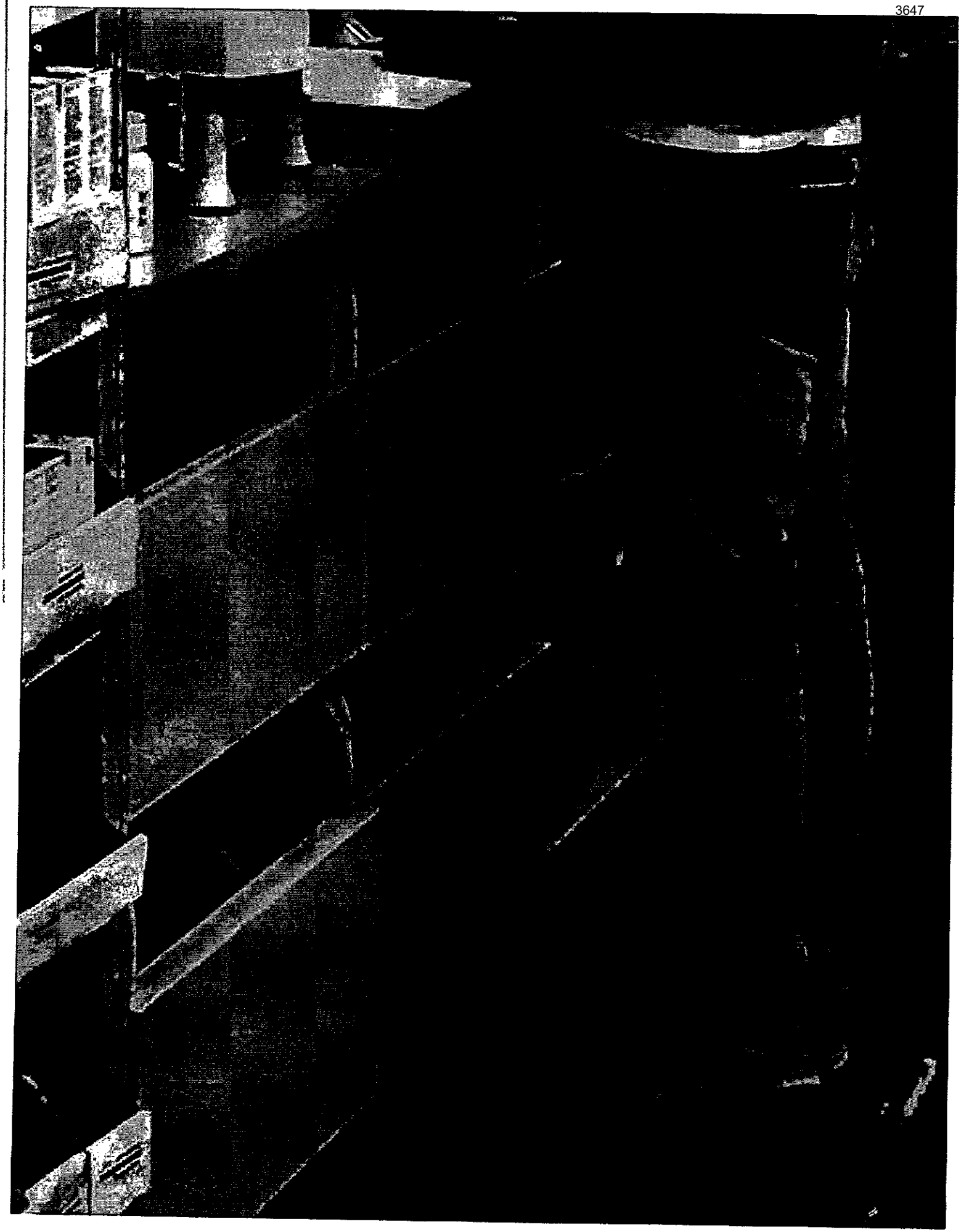

Tacrolimus
Capsules, USP
1 mg
Rx Only
SANDOZ







RTIAL



Novixus Destruction Record for Returned Packages

Date and Order #	Rx	NDC	Name	Qty	Why
1-10-2020 #[redacted]	[redacted]	00378-1813-10	Levothyroxine 125	90	Did not consent
#[redacted]		68382-0412-05	Omeprazole 20	180	Duplicate order
"		16729-0005-17	simvastatin 20	90	"
1-13-20 #[redacted]		68462-0269-30	Atomoxetine 60	90	Wrong address
#[redacted]		00555-9018-58	Tri-Sprintec	84	"
"		65862-0193-99	Fluoxetine 20	90	"
1-17-20 #[redacted]		00065-4147-27	Simbrinza	3	Did not order
1-21-20 #[redacted]		00597-0360-55	Pradaxa 150	180	Wrong address
#[redacted]		69238-1540-01	Ursodiol 300	180	"
"		68180-0981-03	Lisinopril 20	90	"
"		16729-0213-17	Doxazosin 4	90	"
"		60505-2579-08	Atorvastatin 20	90	"
"		23155-0140-10	Metformin 1000	180	"
"		68382-0095-05	Carvedilol 25	180	"
1-22-20 #[redacted]		65862-0598-05	Tamsulosin	90	Did not order
1/28/20 #[redacted]		68682-0368-90	Diltiazem 180mg	90	Should be DAW
2-3-20 #[redacted]		00378-1811-10	Levothyroxine 112	90	Did not order
2-5-20 #[redacted]		65162-0898-09	Aripirazole 10mg	90	Did not order

NoviXus
Pharmacy Services

QUALITY RELATED EVENT (QRE)

All gray areas and applicable check boxes must be filled out. If not applicable, enter "N/A"
Completed forms must be emailed to tom.bostwick@novixus.com within one business day and include a copy of the prescription when applicable.

Prepared By:	Dharak Patel			Report Date:	7/24/2020
PRESCRIPTION INFORMATION					
Patient Name:		DOB:		Patient ID:	
Order/Rx Number:		☒ NEW RX ☐ REFILL	Plan:	MRx	Date Filled:
Medication(s):	Timolol Gel OP Sol	Strength:	0.5%	Quantity:	15 ml
Employee(s) Involved:	Chiffon		Title:	Technician	
Employee(s) Involved:	Dharak		Title:	Pharmacist	
Employee(s) Involved:			Title:		
HIPAA Violation					

CLASSIFICATION OF QUALITY EVENT (check any that apply)

A. Prescription Processing Error:	B. Failure to Identify and Manage:	B. Failure to Identify and Manage:	C. Fulfillment Error:
☐ Incorrect Patient ☐ Incorrect Drug ☐ Incorrect Strength ☐ Incorrect Directions ☐ Incorrect Dosage Form ☐ Incorrect Quantity ☐ Shipping Error ☐ DAW Error ☐ Other:	☐ Incorrect Duration of Treatment ☐ Incorrect Dosage ☐ Drug-Drug Interaction ☐ Drug-Disease Contraindication ☐ Drug-Allergy Interaction	☐ Clinical Abuse/Misuse ☐ Over/Under-Utilization ☐ Therapeutic Duplication ☐ Other:	☐ HIPAA Related ☐ Shipping Error ☐ Packing Error (Ice, Damage, Etc.) ☐ Incorrect Drug ☐ Incorrect Strength ☐ Incorrect Dosage Form ☒ Incorrect Quantity ☐ Other:

Prescription Shipped:	☒ YES ☐ NO	Prescription Reached Patient:	☒ YES ☐ NO
Patient Ingested Medication:	☐ YES ☐ NO NA	Number of Doses	
Patient Reported Adverse Events:	☐ YES ☒ NO	Patient Received Medical Attention:	☐ YES ☒ NO
Prescriber Made Aware:	☐ YES ☒ NO	If yes, include response below.	

Cost of Event for Incorrect Patient, Drug, Strength and Directions (Include medication, shipping fees, etc.)

Details of What Occurred, Why and Resolution: (provide as much detail as possible)

Incorrect qty was dispensed. Prescription written for 15ml and patient only received 2 bottles of 5ml. Patient called Novixus to notify about shortage and replacement order for remaining 5 ml was processed same day.

Pharmacy Name: Novixus Pharmacy Services

Pharmacy Address: 43159 W 9 Mile Rd, Novi, MI 48376

NABP Facility e-Profile ID: 783714

VPP Inspection Date: 9/8/2020

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	03	Photographs	There are existing policies and procedures in place to identify and locate NDCs for that qualify as hazardous drugs. Inventory staff has been coached on P&P to avoid mislocation in future. Annual review occurs every July to evaluate all hazardous drugs we stock.		N	
Clarification or Further Explanation	10	34.00	In picture rear pharmacy garage door was open at the time of inspection to receive Cardinal delivery. Garage door locks and has a sensor to it which is connected to alarm system.		N	
Clarification or Further Explanation	10	37.00	Inspector present during Cardinal delivery and product sorting. Production floor is swept twice daily and any loose package inserts are picked up at that time. Staff are also instructed to clean medication bins of any loose contents as they are performing daily cycle counts.		N	
Clarification or Further Explanation	10	37.03	Destruction log is updated to identify pharmacist who puts medication in the bin for destruction.	11/03/2020	Y	Return Product Destruction Record
Clarification or Further Explanation	12	47.00	Hard copy invoices were provided to inspector. 3T data is maintained and stored electornically and provided when requested.		N	
Clarification or Further Explanation	18	83.00	Offer to counsel is provided in writing with every order of new or refill prescription. In addition during Pharmacist Verification process if there are any potential DURs, pharmacist reaches out to patient to counsel.		N	
Clarification or Further Explanation	19	87.02	P&P provided to inspector for review is an NABP Digital Pharmacy approved policy related to QREs. QRE form also provided to inspector includes all listed items.	11/05/2020	Y	NPS QRE Template
Clarification or Further Explanation	20	88.02	QRE template is updated to include identify of person who discovered it.	11/05/2020	Y	NPS QRE Template

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

3650

Pharmacy Name: Novixus Pharmacy Services

Pharmacy Address: 43159 W 9 Mile Rd, Novi, MI 48376

NABP Facility e-Profile ID: 783714

VPP Inspection Date: 9/8/2020

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* **PH** 03306

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BioCare, Inc. dba CanyonCARE Rx

Physical Address: 2826 South Potter Drive, Suite B

Mailing Address: 2826 South Potter Drive, Suite B

City: Tempe State: AZ Zip Code: 85282

Telephone: 855-307-6880 Fax: 602-850-6226

Toll Free Number: 855-307-6880 (Required per NAC 639.708)

E-mail: kluick@canyoncarerx.com Website: Canyoncarerx.com

Managing Pharmacist: Kimberly Luick License Number: 22021 Temp

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐ ☒	Retail	☐ ☒	Off-site Cognitive Services
☐ ☒	Hospital (# beds____)	☐ ☒	Parenteral **
☐ ☒	Internet	☐ ☒	Parenteral (outpatient)
☐ ☒	Nuclear	☐ ☒	Outpatient/Discharge
☐ ☒	Ambulatory Surgery Center	☒ ☐	Mail Service
☐ ☒	Community	☐ ☒	Long Term Care
☒ ☐	Other: Speciality	☐ ☒	Sterile Compounding **
		☐ ☒	Non Sterile Compounding
	All boxes must be checked	☐ ☒	Mail Service Sterile Compounding **
	For the application to be complete	☐ ☒	Other Services: ____

****If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Andrew Kirk
Print Name of Authorized Person

9/23/21
Date

[redacted]

$500 Check # 1092 ✓ Processed 10/6/21

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: Bobcat Buyer, Inc.

Mailing Address: 2826 South Potter Drive,

City: Tempe State: AZ Zip: 85282

Telephone: 602-850-6205 Fax: 602-850-6215

Contact Person: Peggy Yena

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Bobcat Buyer, Inc. (100% Shares) c/o The Vistria Group, 300 E. Randolph Street, Suite 3850, Chicago IL 60601
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $2,520,000/share, subject to adjustment in accordance with the purchase agreement

4) What date did the corporation actually receive the cash assets? Upon closing, anticipated as 11/1/2021

5) Provide a copy of the corporation's stock register evidencing the above information
To be provided upon closing.

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 10 am 7 pm Saturday N/A am N/A pm

Sunday N/A am _____ pm 24 Hours On call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171172743

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Kimberly A. Luick

Date: 11/18/2021
Amount:
License #: 22021

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:05/18/2022

Kimberly A. Luick

License #
22021
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22021

Expires: 05/18/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Kimberly A. Luick

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Officers
Chief Executive Officer: Linda Matthews
Chief Operating Officer: Andrew Kirk
Vice President, Finance: Scott Steinman

Directors
Linda Matthews
Andrew Kirk
Scott Steinman

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Andrew Kirk

Responsible Person of BioCare, Inc. dba Canyon CARE Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Andrew Kirk — Print Name of Authorized Person

9/23/21 — Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Andrew Kirk, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the COO for BioCare, Inc. dba CanyonCARE Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Andrew Kirk, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
23 day of September, 2021.

NOTARY PUBLIC

J MARIE RICH
Notary Public - Arizona
Maricopa County
Commission # 553507
My Comm. Expires Oct 20, 2022

Managing Pharmacist

Pharmacist Name: Kimberly Ann Luick License #: See Attachment #1

Pharmacy Name: BioCare, Inc. dba CanyonCare Rx

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

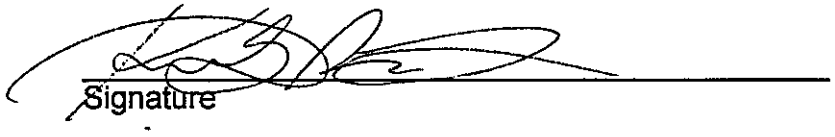
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



Signature

10/09/2021
Date

CanyonCare Rx

November 5, 2021
VIA FEDERAL EXPRESS

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

Re: Change of Ownership Application Supplement of BioCare, Inc. dba CanyonCARE Rx

To Whom It May Concern:

BioCare, Inc. dba CanyonCARE Rx, an Arizona corporation (the "Applicant") submitted an application pursuant to a change of ownership for an Out-of-State Pharmacy permit to the Nevada State Board of Pharmacy (the "Agency") for the facility located at 2826 South Potter Drive, Suite B, Tempe, AZ 85282 on 9/30/2021.

Please find enclosed the corporation's stock register evidencing the transaction, which closed on November 5, 2021.

Thank you for your attention to this matter. Should you have any questions regarding this matter, please do not hesitate to contact Peggy Yena at 602-850-6205 or Peggy.Yena@biocaresd.com.

Sincerely,

Margaret (Peggy) Yena
Director of Quality, Computer Applications
BioCare, Inc.

Enclosure

Stock Issuance and Transfer Ledger for:

BioCare, Inc., an Arizona corporation

Name of Stockholder	Shares/Certificates Issued			Transferor	Date of Transfer	Transferee	Number of Shares Transferred	Number of Shares Held (Balance)
	Cert. No.	No. of Shares	Date Issued					
Blood Systems, Inc.	1	100	1/1/2017	Original issue	9/24/2018	Vitalant	100	0
Vitalant	2	100	9/24/2018	Blood Systems, Inc.	11/5/2021	Bobcat Buyer, Inc.	100	0
Bobcat Buyer, Inc.	3	100	11/5/2021	Vitalant				

CanyonCare Rx

October 29, 2021
VIA FEDERAL EXPRESS

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

Re: Notice of Change of Ownership Application Amendment of BioCare, Inc. dba CanyonCARE Rx

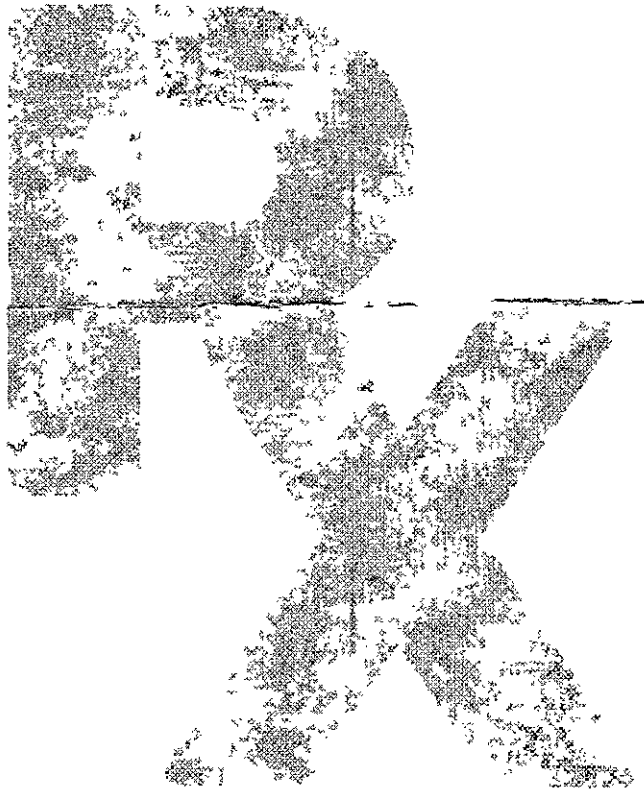
To Whom It May Concern:

BioCare, Inc. dba CanyonCARE Rx, an Arizona corporation (the "Applicant") submitted an application pursuant to a change of ownership for a Pharmacy permit to the Nevada State Board of Pharmacy (the "Agency") for the facility located at 2826 South Potter Drive, Suite B, Tempe, AZ 85282 on 9/29/2021. The purpose of this letter is to provide notice that the Anticipated Change of Ownership date has changed from November 1, 2021 to November 5, 2021.

Thank you for your attention to this matter. Should you have any questions regarding this matter, please do not hesitate to contact Peggy Yena at 602-850-6205 or Peggy.Yena@biocaresd.com.

Sincerely,

Margaret (Peggy) Yena
Director of Quality, Computer Applications
BioCare, Inc.



21093017018808

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

BIOCARE, INC.

ACC file number: 21232558

was incorporated under the laws of the State of Arizona on 09/15/2016;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **09/28/2021**

Matthew Neubert, Executive Director

Attachment 2

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	CanyonCare Rx
Address :	2826 S. Potter Drive, Suite B Tempe AZ 85282
License No :	Y007060
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	01/01/2017
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 09/10/2021

NOTE: AZ Board of Pharmacy will not provide a form with the state seal for verification, rather, they require licensees to use AZ"s Certification Form.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/01/2020
Receipt Number: 202092415
Receipt Amount $: 480.00

Attachment 3

Pharmacy - Limited Service

NPI 1366782302

PERMIT NO	EXPIRES
Y007060	10/31/2022

Issued to :

CanyonCare Rx
BioCare, Inc.
2826 S. POTTER DRIVE SUITE B
TEMPE, AZ 85282

CanyonCare Rx
2826 S. POTTER DRIVE, SUITE B
TEMPE, AZ 85282

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : BioCare, Inc.
LICENSE NUMBER : Y007060
EXPIRES : 10/31/2022

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Attachment 5

1:7 5871656

CANYON CARE RX
8210 E OAK ST
SCOTTSDALE, AZ 85257-1101

10000697.2/003880-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC4359104	08-31-2022	$731
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-09-2019

CANYON CARE RX
2826 S POTTER DR STE B
TEMPE, AZ 85282-3144

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC4359104	08-31-2022	$731
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-09-2019

CANYON CARE RX
2826 S POTTER DR STE B
TEMPE, AZ 85282-3144

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler BioCare, Inc. dba CanyonCare Rx

Physical Address 2826 South Potter Drive

City Tempe State AZ Zip 85282

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855-307-6880 Website canyoncarerx.com

Licensing Company Email license@biocaresd.com

Section 2: Personal Information

First Kimberly Middle Ann Last Luick

Alias(es, nicknames, name changes, etc.) Kimberly Baldwin, Kimberly Warren, Kimberly Baldwin-Warren

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] E. Penedes Dr.

City Gilbert State AZ Zip 85298

Telephone [redacted] Email kymsrx@cox.net

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials h

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palm Springs High School		09/1987-5/1991	
Address	**City**	**State**	**Zip**
2401 E Baristo Rd	Palm Springs	CA	92262
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
California State Polytechnic University Pomona		09/1991-06/1996	
Address	**City**	**State**	**Zip**
3801 W Temple Ave, Pomona, CA 91768	Pomona	CA	91768
Diploma/Degree obtained, if any			
Worked toward my General Chemistry Degree			
School Name		**From - To (MM/YY – MM/YY)**	
University of Minnesota Twin Cities Campus - Minneapolis		9/1991-5/2000	
Address	**City**	**State**	**Zip**
308 SE Harvard St	Minneapolis	MN	55455
Diploma/Degree obtained, if any			
Doctorate in Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2016-present	[redacted] E Penedes Dr	Gilbert	AZ	85298
1/2006-06/2016	6930 S Tucana Ln	Gilbert	AZ	85298
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
CanyonCareRX			4/2014-Present	
Business Address		**City**	**State**	**Zip**
2826 South Potter Drive, Suite B		Tempe	AZ	85282
Phone	**Title**		**Number of Employed Hours**	
602-850-6230	Director of Pharmacy/PRN Pharmacist		200	
Description of Duties				
Manage pharmacy, fill prescriptions, counsel patients.				

Business Name			From - To (MM/YY – MM/YY)	
Select Specialty Hospital Downtown Phoenix			3/2014-10/2021	
Business Address		**City**	**State**	**Zip**
1111 E. McDowell Rd 11th Floor Tower 2		Phoenix	AZ	85006
Phone	**Title**		**Number of Employed Hours**	
480-564-4100	Director of Pharmacy/PRN Pharmacist		6400	
Description of Duties				
Director duties, hired staff, trained staff, preceptor to pharmacy students, clinical pharmacist, on P&T committee, Quality, rounding with physicians, OIC, and other jobs as they came up.				

Business Name			From - To (MM/YY – MM/YY)	
Promise Hospital			03/2017-10/2017	
Business Address		**City**	**State**	**Zip**
433 E 6th St, Mesa, AZ 85203		Mesa	AZ	85203
Phone	**Title**		**Number of Employed Hours**	
480-427-3000	Director of Pharmacy		1000	
Description of Duties				
Director duties, hired staff, trained staff, preceptor to pharmacy students, clinical pharmacist, on P&T committee, Quality, rounding with physicians, OIC, and other jobs as they came up.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/13/21
Date

Applicant's initials

I, Kimberly Luick, **certify that as the designated representative for**

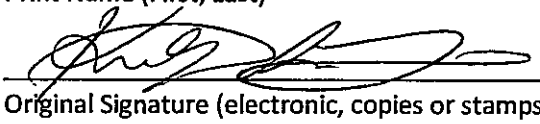
BioCare, Inc. dba CanyonCare Rx,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kimberly Luick

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

10/13/21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberly Luick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/21

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Kimberly Ann Luick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/13/2021

Date

Subscribed and Sworn to before me this 12 day of October 2021

Notary Public Signature

J MARIE RICH
Notary Public - Arizona
Maricopa County
Commission # 553507
My Comm. Expires Oct 20, 2022

(Seal)

Applicant's initials

Attachment 4

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 02/18/2021 for CanyonCare Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y007060	10/31/2022	CanyonCare Rx

Address : 2826 S. Potter Drive, Suite 8

Zip :	City :	State :
85282	Tempe	AZ

Phone :	Fax :	Email :
(855) 307-6880	(602) 850-6226	canyoncarerx@bloodsystems.org.

Inspection Date :	PIC :	Pic License Exp Date :
02/18/2021	Dennis Gomez	10/31/2021

DEA # :	Inspection Reviewed With :	Reviewers License# :
FC4359104	Dennis Gomez	S010815

Inspection Conducted By : Karol Hess , Melanie Thayer

Facility Data

# Rxs/Week	RPh Hours/Week	#Rxs/Hours
30	40	0.75

PERMITS

1	Arizona	◉S ○N/I ○V ○N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA	◉S ○N/I ○V ○N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	○S ○N/I ○V ◉N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate Interns	○S ○N/I ○V ◉N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees	○S ○N/I ○V ◉N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 02/18/2021 for CanyonCare Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Current renewal licenses maintained	◉S ○N/I ○V ○N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	◉S ○N/I ○V ○N/A	R4-23-609(G)(H)
2	Personnel and security procedures	◉S ○N/I ○V ○N/A	R4-23-610
3	Facilities	◉S ○N/I ○V ○N/A	R4-23-611(A)
4	Drug supply	◉S ○N/I ○V ○N/A	R4-23-611(B)
5	Quarantine expired drugs	◉S ○N/I ○V ○N/A	R4-23-611(B)(4)
6	Equipment No compounding equipment located, PIC applying for waiver	○S ◉N/I ○V ○N/A	R4-23-612
7	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	◉S ○N/I ○V ○N/A	R4-23-1105(B)(D)
2	Training program - compounds	○S ○N/I ○V ◉N/A	R4-23-1105(C)
3	Activities - trainees	○S ○N/I ○V ◉N/A	R4-23-1104(A)
4	Activities - technicians	○S ○N/I ○V ◉N/A	R4-23-1104(A)(B)
5	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation Closed door	○S ○N/I ○V ◉N/A	R4-23-402(G)(H)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 02/18/2021 for CanyonCare Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

2	Oral consultation	○S ○N/I ○V ◉N/A	R4-23-402(C)(D)(E)
3	Written information	◉S ○N/I ○V ○N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	◉S ○N/I ○V ○N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	◉S ○N/I ○V ○N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	◉S ○N/I ○V ○N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	○S ○N/I ○V ◉N/A	R4-23-407(D)
7	Telephone	○S ○N/I ○V ◉N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	○S ○N/I ○V ◉N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	◉S ○N/I ○V ○N/A	R4-23-407(E)
10	Electronically transmitted	○S ○N/I ○V ◉N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions If no known allergies document no known	○S ◉N/I ○V ○N/A	R4-23-402(A)(3)(b)
13	Brand / generic	◉S ○N/I ○V ○N/A	ARS § 32-1963.01
14	Foreign prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1969

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

15	Prescription blank advertising prohibited	○S ○N/I ○V ◉N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers 1/21/& 2/6		

COMPUTER REQUIREMENTS

1	Security	◉S ○N/I ○V ○N/A	R4-23-408(F)
2	Log books / printout	◉S ○N/I ○V ○N/A	R4-23-408(C)(4)
3	Reports	○S ○N/I ○V ◉N/A	R4-23-408(B)(5)(6)
4	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	○S ○N/I ○V ◉N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	○S ○N/I ○V ◉N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	○S ○N/I ○V ◉N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	○S ○N/I ○V ◉N/A	R4-23-411(C)(2)
5	Administration without a prescription	○S ○N/I ○V ◉N/A	ARS § 32-1974(A)(8); R4-23-411(A)
6	Prescription only administration	○S ○N/I ○V ◉N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (8); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	○S ○N/I ○V ◉N/A	R4-23-615(A)(1)
2	Paper / electronic log	○S ○N/I ○V ◉N/A	R4-23-615(A)(2)(3)
3	Training	○S ○N/I ○V ◉N/A	R4-23-615(C)(1)(D)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 02/18/2021 for CanyonCare Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Maintenance	OS ON/I OV ◉N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	OS ON/I OV ◉N/A	R4-23-615(C)(3)(D)
6	Return by approval only	OS ON/I OV ◉N/A	R4-23-615(B)(G)
7	Policies and procedures	OS ON/I OV ◉N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	OS ON/I OV ◉N/A	R4-23-616(A)(1)(B)
2	Maintenance	OS ON/I OV ◉N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	OS ON/I OV ◉N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	OS ON/I OV ◉N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	OS ON/I OV ◉N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	OS ON/I OV ◉N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	◉S ON/I OV ON/A	ARS § 36-2523(B); R4-23-1003
4	Audit	OS ON/I OV ◉N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	OS ON/I OV ◉N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	◉S ON/I OV ON/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	OS ON/I OV ◉N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	OS ON/I OV ◉N/A	ARS § 36-2525(J)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 02/18/2021 for CanyonCare Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Delivery	◉S ○N/I ○V ○N/A	ARS § 32-1901.01(B)(25); R4-23-402(I)
5	CQA training / Policies and procedures	◉S ○N/I ○V ○N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	◉S ○N/I ○V ○N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	○S ○N/I ○V ◉N/A	ARS 32-1978
8	Federal medication guides	○S ○N/I ○V ◉N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	○S ○N/I ○V ◉N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	○S ○N/I ○V ◉N/A	ARS § 32-1977(B)
2	Documentation	○S ○N/I ○V ◉N/A	ARS § 32-1977(C); 21 CFR 1914
3	Self-certification	○S ○N/I ○V ◉N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	○S ○N/I ○V ◉N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	○S ○N/I ○V ◉N/A	R4-23-621(B)
3	Notification to patients	○S ○N/I ○V ◉N/A	R4-23-621(C)
4	Maintain manual / electronic records	○S ○N/I ○V ◉N/A	R4-23-621(D)
5	Work outside pharmacy	○S ○N/I ○V ◉N/A	R4-23-621(F)
6	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

Arizona State Board of Pharmacy

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Documentation product compounded	OS ON/I OV ◉N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	OS ON/I OV ◉N/A	R4-23-410(I)(4)
3	Beyond-use dates	OS ON/I OV ◉N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	OS ON/I OV ◉N/A	R4-23-410(F)(G)
5	Product produced in excess	OS ON/I OV ◉N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	OS ON/I OV ◉N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	OS ON/I OV ◉N/A	R4-23-410(B)(3); R4-23-501(D); R4-23-1003(A)(4)
8	Patient written list	OS ON/I OV ◉N/A	R4-23-410(I)(5)
9	Protective apparel	OS ON/I OV ◉N/A	R4-23-410(C)(2)(c)
10	Facility	OS ON/I OV ◉N/A	R4-23-410(E)
11	Components for compounding/storage	OS ON/I OV ◉N/A	R4-23-410(B)(H)
12	Policies and procedures	OS ON/I OV ◉N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	OS ON/I OV ◉N/A	R4-23-670(A)(E)(F)
2	Equipment	OS ON/I OV ◉N/A	R4-23-670(B)
3	Sterile product reference	OS ON/I OV ◉N/A	R4-23-670(B)(6)
4	Certification hood / environment	OS ON/I OV ◉N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	OS ON/I OV ◉N/A	R4-23-670(D)(14)(g)

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 02/18/2021 for CanyonCare Rx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

6	Personnel protective clothing	○S ○N/I ○V ◉N/A R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	○S ○N/I ○V ◉N/A R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	○S ○N/I ○V ◉N/A R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	○S ○N/I ○V ◉N/A R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	○S ○N/I ○V ◉N/A R4-23-670(D)(14)(f)
11	Policies and procedures	○S ○N/I ○V ◉N/A R4-23-670(C)(D)

AUDIT

Date Of Inventory : 05/01/2020

Inventory Taken : Open

Date Of Audit : 02/18/2021

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage

NOTES

Closed door pharmacy with not controls
Mail only, no walk in

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☒ ***Ownership Change*** *(Provide current license number if making changes:* PH03613 *)*
Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Heritage Biologics LLC

Physical Address: 255 NW Victoria Dr. Suite B Lee's Summit, MO 64086

Mailing Address: 255 NW Victoria Dr. Suite B

City: Lee's Summit State: MO Zip Code: 64086

Telephone: 816-875-5101 Fax: 844.402.3945

Toll Free Number: 855-937-7273 (Required per NAC 639.708)

E-mail: licensing@heritagebiologics.com Website: heritagebiologics.com

Managing Pharmacist: ~~Megan Johnson~~ Rebecca Amehuzie License Number: ~~20130283671 (MO)~~ 209164 temp OK 9/30/21 M.H

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: Specialty	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☐	☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Kansas

Parent Company if any: Summit Holdings XI LLC

Mailing Address: 255 NW Victoria Dr, Suite B

City: Lees Summit State: MO Zip: 64086

Telephone: 816.875.5101 Fax: 844.402.3945

Contact Person: Katie Pederson

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) see attached list
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. no shares

3) What was the price paid per share? no shares

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: n/a %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours ✓ on call 24/7

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: ED53313201 6-3

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT

Rebecca A. Amelunke

Date: 08/17/2021

Amount:

License #: 20964

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist

Expires:02/17/2022

Rebecca A. Amelunke

License #
20964
Temporary

IDENTIFICATION ONLY

DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

License Type: Pharmacist

License #: 20964

Expires: 02/17/2022

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Rebecca A. Amelunke

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

a rare tradition of care

HERITAGE BIOLOGICS, LLC OWNER & OFFICERS

Heritage Biologics, LLC
[redacted] NW Victoria Drive, Suite B, Lee's Summit, MO 64086
FEIN: 47-288972
Owner: Summit SD XI, LLC., 100%

Thomas O'Neill
President and Treasurer
Chief Executive Officer
[redacted] Peninsula Estates Lane, Kimberling City, MO 65686
DOB: [redacted]
[redacted]

Amanda Walker
Vice President
Chief Operating Officer
[redacted] West 114th Terrace, Olathe, KS 66061
DOB: [redacted]
SS#: [redacted]
DL# [redacted]

Kathryn Pederson
Secretary
Compliance Director and Regulatory Counsel
[redacted] Bradshaw
Overland Park, KS 66221
DOB: [redacted]
SS#: [redacted]
DL#: [redacted]

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

A Walker
Original Signature of Person Authorized to Submit Application, no copies or stamps

Amanda Walker
Print Name of Authorized Person

07/09/2021
Date

Board Use Only Date Processed:_____ Amount: $500 Invoice Processed 9/30/21

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Megan Johnson

Responsible Person of Heritage Biologics

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Megan Johnson
Print Name of Authorized Person

7.9.21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Missouri)
) ss.
Jackson COUNTY)

I, Rebecca Amelunke, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Nevada Pharmacist in Charge for Heritage Biologics, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Rebecca Amelunke do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Cianah Jo Faust
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 1 day of October, 2021.

Cianah Faust
NOTARY PUBLIC

CIANAH JO FAUST
Notary Public - Notary Seal
Jackson County - State of Missouri
Commission Number 16474073
My Commission Expires Jan 27, 2024

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Rebecca Amelunke

Responsible Person of Heritage Biologics, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Rebecca A Amelunke

Original Signature of Person Authorized to Submit Application, no copies or stamps

Rebecca Amelunke

Print Name of Authorized Person

10-01-2021

Date

State of Missouri

Division of Professional Registration

Temporary Pharmacy

Class A, H, J, M

VALID THROUGH JANUARY 29, 2022

ORIGINAL CERTIFICATE/LICENSE NO. 2021030571

HERITAGE BIOLOGICS LLC

HERITAGE BIOLOGICS LLC

MEGAN ELIZABETH JOHNSON, PIC

255 NW VICTORIA DRIVE SUITE B

LEES SUMMIT MO 64086

USA

HERITAGE BIOLOGICS LLC
HERITAGE BIOLOGICS LLC
MEGAN ELIZABETH JOHNSON, PIC
255 NW VICTORIA DRIVE SUITE B
LEES SUMMIT MO 64086
USA

State of Missouri

Missouri Department of Commerce and Insurance

Division of Professional Registration

Missouri Board of Pharmacy

Temporary Pharmacy

Class A, H, J, M

VALID THROUGH JANUARY 29, 2022
ORIGINAL CERTIFICATE/LICENSE NO. 2021030571

HERITAGE BIOLOGICS LLC
HERITAGE BIOLOGICS LLC
MEGAN ELIZABETH JOHNSON, PIC
255 NW VICTORIA DRIVE SUITE B
LEES SUMMIT MO 64086
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Michael L. Parson
Governor
State of Missouri

Sheila Solon, Acting Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard P.O. Box 625
Jefferson City, MO 65109
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
MissouriBOP@pr.mo.gov
pr.mo.gov/pharmacists

This is to certify that the records of the Missouri Division of Professional Registration indicate the following information regarding Heritage Biologics LLC.

LICENSE TYPE:	Temp. Pharmacy
LICENSE NUMBER:	2021030571
ADDRESS:	Lees Summit, MO 64086
DATE ISSUED:	7/30/2021
STATUS:	Active
EXPIRATION DATE:	1/29/2022
DISCIPLINARY ACTION:	None

Laura Henke
Missouri Board of Pharmacy

Aug 12, 2021
Date

This is the only form that will be used by the Missouri Board of Pharmacy for the purpose of license verification.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH0696027	10-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-13-2021

HERITAGE BIOLOGICS, LLC.
HERITAGE BIOLOGICS, LLC.
255 NW VICTORIA DR
STE B
LEES SUMMIT, MO 64086

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH0696027	10-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-13-2021

HERITAGE BIOLOGICS, LLC.
HERITAGE BIOLOGICS, LLC.
255 NW VICTORIA DR
STE B
LEES SUMMIT, MO 64086

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

a rare tradition of care

HERITAGE BIOLOGICS PHARMACY STAFF

Licensed Pharmacists:

- Amelunke, Rebecca- Full time
  - MO (home state): 2018039376 exp 10/31/2022
  - KS: 1-107482 exp 6/30/2022
  - VA: 202219136 exp 12/31/21
  - MI: 5302413072 exp 03/15/2023
  - AL: 21711 exp 12/31/2022
  - KY: 021873 exp 2/28/2022

- Johnson, Megan- Full Time
  - MO (home state): 2013028367 exp 10/31/2022
  - AR: PD15175 exp 12/31/2021
  - KS: 1-107810 exp 06/30/2022
  - NE: 14282 exp 1/1/2022
  - OK: 18508 exp 12/31/2021
  - TX: 65641 exp 12/31/2021

- Loehr, Madison- Full Time
  - MO (home state): 2020004497 exp 10/31/2022
  - AZ: S023416 exp 10/31/2021
  - KS: 1-109083 exp 6/30/2023
  - LA: PST.023622 exp 12/31/2021
  - MD: 27324 exp 4/30/2022
  - MS: T-16494 exp 12/31/2021
  - OR: RPH-0017804 exp 6/30/2023
  - TN: 43951 exp 2/28/2022
  - WV: RP0012096 exp 6/30/2022

- Williams, Ronald Seth- Full time
  - MO (home state): 2007031813 exp 10/31/2021
  - AL: 19141 exp 12/31/2022
  - KS: 1-14018 exp 6/30/2022
  - KY: 18234 exp 2/28/2022
  - LA: PST.021494 exp 12/31/2021
  - MI: 5302044333 exp 3/9/2022
  - VA: 0202214614 exp 12/31/2021
  - Arkansas: PD12179 exp 12/31/21
  - Oklahoma: 16636 exp 3/31/22

a rare tradition of care

- McVey, Stephanie- Part time
  - TX (home state): 45514 exp 5/31/2023
  - WA: PH00065843 exp 5/21/2022

- Amelunke, Terry- Part time
  - MO (home state): 2019032436 exp 10/31/2022
  - KS: 1-106415 exp 6/30/2023

Licensed Pharmacy Technicians (all full time)

- Jones, Dena
  - MO: 2020040164 exp 5/21/2022
  - KS: 14-04705 exp 10/31/21
- O'Neill, Ryan (MO): 2019006088 exp 5/31/2021
- Kennedy, John (MO): 2016037042 exp 5/31/2022

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9905407

Entity Name: HERITAGE BIOLOGICS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on November 10, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 05, 2021

Scott Schwab

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1186326 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

a rare tradition of care

Heritage Biologics
255 NW Victoria Drive
Lee's Summit MO 64086

RE: Disciplinary Action Explanation

Greetings,

On October 1, 2020, the Maine Board of Pharmacy found that Heritage Biologics failed to submit an amended application reporting a change of pharmacist-in-charge within the seven day time period required by Maine pharmacy regulation. Heritage Biologics misunderstood the requirement and submitted written notification of the change within seven days, but did not submit the formal amended application until notified of the issue seventeen days after the change. As such, we were found to be in violation of Maine's regulation and have agreed to the imposition of a warning and $500 civil penalty. We have now implemented additional safeguards to ensure ongoing compliance with the state laws that we operate under going forward. The Board was previously notified of the Maine Board of Pharmacy decision on October 1, 2020 and a copy of the signed Consent Order was provided on October 14th, 2020.

The pharmacy also recently reached a settlement in a reciprocal action with the State of Hawaii. The settlement specifically states that **"[t]he allegations ... relate only to the Maine Board of Pharmacy disciplinary action. Petitioner asserts no additional act or wrongdoing, and confirms that there is no allegation of patient or consumer harm in the State of Hawaii."** The countersigned Consent Agreement is not yet available but I have attached the unexecuted settlement for your review.

Should you have any questions, I can be reached at 816.875.5269.

Best regards,

Katie Pederson
Compliance Director and Regulatory Counsel
255 NW Victoria Drive
Lee's Summit, MO 64086
Phone: 816.875.5269

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

October 13, 2020

Sent via email: licensing@heritagebiologics.com and kpederson@heritagebiologics.com

Heritage Biologics Inc.
Attn: Thomas O'Neill, Owner & CEO
255 NW Victoria Dr
Lee's Summit, MO 64086-4709

Re: Complaint No. 2020-PHA-16476

Dear Mr. O'Neill:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

If the consent agreement requires you to pay a fine that you have not already paid in full, or to submit any type of written information please send payment or the required documents as directed in the consent agreement. Please include the complaint number above.

If you have any questions, please feel free to contact our office at (207) 624-8651.

Sincerely,

Jessica Gowell

Jessica Gowell, Professional Licensing Supervisor

Enclosure

cc: Andrew Black, Esq., Assistant Attorney General
Geraldine Betts, Board Administrator & Complainant
Thomas Avery, Board Investigator

MARC T. NAKAMURA 8167
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of HERITAGE BIOLOGICS, INC., Respondent.	)	PHA 2021-11-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent HERITAGE BIOLOGICS, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was licensed by the BOARD OF PHARMACY (hereinafter the "Board") under miscellaneous permit number PMP 1296. The miscellaneous permit was issued on or about July 5, 2016. The miscellaneous permit will expire or forfeit on or about December 31, 2021.

2. Respondent's mailing address for purposes of this action is 255 NW Victoria Drive, Lee's Summit, Missouri 64086.

3. RICO alleges that Respondent timely reported to the Board of being disciplined by the Maine Board of Pharmacy on or about October 1, 2020 when it entered into a *Consent*

Agreement in case PHA-2020-16476 where it paid a civil penalty in the amount of $500.00 to resolve allegations of failing to timely submit an amended application reporting a change of pharmacist-in-charge. Specifically, Respondent had submitted notice of a change in pharmacist-in-charge within the time period specified by statute but failed to timely submit a new application as is required by the Maine Board of Pharmacy regulation.

4. The allegations contained herein relate only to the Maine Board of Pharmacy disciplinary action. Petitioner asserts no additional act or wrongdoing, and confirms that there is no allegation of patient or consumer harm in the State of Hawaii.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state against the licensee).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a pharmacy by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the miscellaneous permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2021-11-L.

8. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

9. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS ($500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Marc T. Nakamura, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's miscellaneous permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the miscellaneous permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new miscellaneous permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new miscellaneous permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of a pharmacy issued a miscellaneous permit in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of

its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: _____ (City), _____ (State), _____ (Date).

HERITAGE BIOLOGICS, INC.
Respondent

By: _____
(Signature)

_____
(Print Name)

Its _____

DATED: Honolulu, Hawaii, _____.

_____
MARC T. NAKAMURA
Attorney for Department of Commerce

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF HERITAGE BIOLOGICS, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; RICO CASE NO. PHA 2021-11-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chairperson	DATE
JULIE YURIE TAKISHIMA-LACASA Vice Chairperson	PATRICK ADAMS
CATALINA CROSS	MARY JO KEEFE
SHERI TOKUMARU	KENNETH VANDENBUSSCHE

PVL 7/2020

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
HERITAGE BIOLOGICS, INC.	)	
	)	CONSENT AGREEMENT
Case No. 2020-PHA-16476	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order prescription pharmacy license of Heritage Biologics, Inc. ("Heritage") in the State of Maine. The parties to this Consent Agreement are: Heritage, the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Heritage was licensed by the Board as a mail order prescription pharmacy, license no. MO40002094, located at 255 NW Victoria Drive, Lees Summit, Missouri.

2. On August 30, 2019, Megan Johnson replaced Joseph Saupee as the pharmacist in charge ("PIC") of Heritage, thereby requiring Heritage to submit a Change of PIC application to the Board within 7 days after the PIC change.

3. Heritage, however, did not file a change of PIC application with the Board until September 17, 2019.

4. On June 6 2020, Board Administrator, Geraldine Betts, filed an administrative complaint with the Board alleging that Heritage had failed to file a timely change of PIC application.

5. This administrative complaint was docketed as case no. 2020-PHA-16476.

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order prescription pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.

7. Pursuant to the Board's delegation of authority dated January 3, 2019, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Case No. 2020-PHA-16476.

8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Board of Pharmacy, Complaint Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333 by **July 10, 2020**, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Heritage admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, Heritage agrees to accept the imposition of:

a. A WARNING; and

b. A CIVIL PENALTY in the amount of five hundred dollars ($500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Board of Pharmacy, Complaint Division, Office of Professional and Occupational Regulation, 35 State House

Station, Augusta, ME 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by Heritage shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and Heritage agree that no further agency action will be initiated against Heritage's license by the Board based upon the specific violations admitted to herein, except or unless Heritage fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Heritage and this Consent Agreement will be introduced as evidence in any future adjudicatory hearing involving Heritage. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Heritage.

17. Heritage acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it

executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

HERITAGE BIOLOGICS, INC.

DATED: 10/5/20

BY: _____
Authorized Representative

Thomas O'Neill
Printed Name

DATED: 10/12/2020

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 10/13/2020

_____
ANDREW L. BLACK
Assistant Attorney General

STATE OF MISSOURI
BOARD OF PHARMACY

PHARMACY INSPECTION REPORT

MAILING ADDRESS
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MO 65102
(573) 526-6985
(573) 526-3464 FAX
PHARMACY@PR.MO.GOV

NAME/ADDRESS OF PHARMACY	LICENSE NUMBER	CLASS	INSPECTION DATE
Heritage Biologics, Inc. 255 NW Victoria Dr Lee's Summit MO 64086	2015033667	A, D, H, J, M	2/24/2021

PHARMACIST-IN-CHARGE	PIC LICENSE NO
Megan Elizabeth Johnson	2013028367

LAST CONTROLLED SUBSTANCES INVENTORY	ADMINISTRATIONS
1/4/2021	☐ Yes ☑ No

PHONE	Fax	Email	STERILE COMPOUNDING
8556545225	8667389669	mjohnson@heritagebiologics.com	☑ Yes ☐ No

Inspection Type: Routine ***Inspection Result:*** Violation(s) Noted ***Inspector:*** Elaina Wolzak

Start Time: 8:40 AM ***End Time:*** 12:49 PM ***Acknowledged By:*** Megan Johnson

This report is based solely on the inspector's observations of a random sampling of the pharmacy's activities. Licensees should review Missouri law to ensure compliance

LICENSES/REGISTRATION

	Y	N	N/A
Pharmacy permit is current and posted [20 CSR 2220-2.020(5)]	☑	☐	☐
Permit has correct class(es) [20 CSR 2220-2.020(10)]	☑	☐	☐
All licenses/registrations current and posted [§ 338.013.3]	☑	☐	☐
Technician list maintained [20 CSR 2220-2.090(2)(BB)]	☑	☐	☐
BOP offsite storage notifications submitted [20 CSR 2220-2.010(1)(I), (J)]	☐	☐	☑
BOP remodel notifications submitted [20 CSR 2220-2.020(4)]	☐	☐	☑

Observations

PHARMACY OPERATIONS

	Y	N	N/A
Pharmacy is clean/sanitary [20 CSR 2220-2.010(1)(F)]	☑	☐	☐
Proper sanitation used in dispensing process [20 CSR 2220-2.010(1)(F)]	☑	☐	☐
Adequate security maintained to deter drug theft [20 CSR 2220-2.010(H)]	☑	☐	☐
Hot/cold water sewage disposal available and functioning [20 CSR 2220-2.090(2)(V)]	☑	☐	☐
Required drug reference(s) available [20 CSR 2220-2.010(2)(C)]	☑	☐	☐
Dispensing equipment clean/working condition [20 CSR 2220-2.010(2)(C)]	☑	☐	☐
Vacuum-tube delivery system working properly [20 CSR 2220-2.800]	☐	☐	☑
Automated dispensing/storage system meets requirements [20 CSR 2220-2.900]	☐	☐	☑
Automated filling system meets requirements [20 CSR 2220-2.950]	☐	☐	☑

Observations

PHARMACIST SUPERVISION	Y	N	N/A
Pharmacist on duty or signs posted [20 CSR 2220-2.010(1)(A)]	☑	☐	☐
Technicians supervised, work verified by a pharmacist [20 CSR 2220-2.700(1); 2.010 (1)(B)]	☑	☐	☐

Observations

POLICIES AND PROCEDURES	Y	N	N/A
Policies and procedures available and followed	☑	☐	☐
Policies and procedures cover required topics	☑	☐	☐

Observations

DRUG INVENTORY/STORAGE	Y	N	N/A
Drug storage temperature in required range [20 CSR 2220-2.010(2)(G)]	☑	☐	☐
Thermometer/temp measuring device present and functioning [20 CSR 2220-2.010(2)(F)]	☑	☐	☐
Drugs/devices properly separated from food/beverages [20 CSR 2220-2.010(1)(G)]	☑	☐	☐
Expired/misbranded/adulterated drugs separate from active inventory [20 CSR 2220-2.010(6)]	☑	☐	☐
Return to stock prescriptions in original container/properly labeled [20 CSR 2220-3.040(3)]	☐	☐	☑

Observations

RECEIPT/DISTRIBUTION OF DRUGS	Y	N	N/A
Records maintained for receipt of legend drugs [20 CSR 2220-2.010(5)]	☑	☐	☐
Receiving legend drugs from licensed entities [§ 338.315]	☑	☐	☐
Records maintained for distribution of legend drugs [20 CSR 2220-2.010(5)]	☑	☐	☐

Observations

REPACKAGING/PREPACKAGING	Y	N	N/A
Appropriate containers/packaging used [20 CSR 2220-2.130(1)(B)]	☑	☐	☐
Label contains required elements [20 CSR 2220-2.130(1)(D)]	☑	☐	☐
Expiration date complies with 20 CSR 2220-2.130(1)(D)	☑	☐	☐

Observations

DISPENSING RECORDS	Y	N	N/A
Prescription files or images properly maintained [20 CSR 2220-2.010(4), 2.083]	☑	☐	☐
Manual prescription records comply with 20 CSR 2220-2.017	☐	☐	☑
Electronic prescription records comply with 20 CSR 2220-2.080	☑	☐	☐

Observations

DISPENSING/LABELING

	Y	N	N/A
Sampled prescriptions in required two-line format [§ 338.056]	☐	☐	☑
Sampled prescriptions contain all required information	☑	☐	☐
Sampled prescriptions dispensed as prescribed	☐	☑	☐
Sampled prescriptions comply with other applicable dispensing laws	☑	☐	☐
Generic substitutions comply with 338.056	☑	☐	☐
Prescription labels contain required information [§ 338.059]	☑	☐	☐
Child resistant packaging present [16 CFR 1700.14]	☑	☐	☐
Return to stock items properly reversed in computer system [20 CSR 2220-3.040(3)]	☐	☐	☑
Prescription transfers properly documented [20 CSR 2220-2.120(1)(a)]	☑	☐	☐
Verbal offer to counsel made to each patient [20 CSR 2220-2.190(1)]	☐	☐	☑
Written offer to counsel provided when required [20 CSR 2220-2.190(1)]	☑	☐	☐
Automated Filling System properly checked by pharmacist [20 CSR 2220-2.950(4)]	☐	☐	☑

Observations

3 Dispensing errors - all are incorrect directions (RX#0030004710, RX#0030004747, RX#0030004743) - see Quality Assurances.

LONG-TERM CARE DISPENSING

	Y	N	N/A
Packaging complies with 20 CSR 2220-2.140	☐	☐	☑
Sampled labels complete [20 CSR 2220-2.140(2)(B)]	☐	☐	☑
Proper sanitation used when packaging [20 CSR 2220-2.010(1)(F)]	☐	☐	☑
Proper return and reuse of medication [20 CSR 2220-3.030(1)(2)]	☐	☐	☑
Proper label changes for previously dispensed prescriptions [20 CSR 2220-2.140(2)(B)]	☐	☐	☑
Proper dispensing records maintained [20 CSR 2220-2.080; 20 CSR 2220-2.010(2)]	☐	☐	☑

Observations

MULTI-MED DISPENSING

	Y	N	N/A
Packaging and containers comply with 20 CSR 2220-2.145(2)(C), (D)	☐	☐	☑
Med paks properly labeled [20 CSR 2220-2.145(2)]	☐	☐	☑
Proper sanitation used when packaging [20 CSR 2220-2.010(1)(F)]	☐	☐	☑
Return/reuse complies with 20 CSR 2220-2.145(2)(H)	☐	☐	☑
Proper dispensing records maintained [20 CSR 2220-2.145(2)(F); 20 CSR 2220-2.080; 20 CSR 2220-2.010(2)]	☐	☐	☑

Observations

CONTROLLED SUBSTANCES

	Y	N	N/A
BNDD/DEA registrations current/active [§ 195.030.2; 21 CFR 1301.11]	☑	☐	☐
Sampled prescriptions comply with CS dispensing laws/rules	☐	☐	☑
CS prescriptions manually signed or valid electronic prescription [21 CFR § 1306.8]	☐	☐	☑
Medical reason for dispensing more than a 30-day supply of a C-II documented [§ 195.080.2]	☐	☐	☑
CS prescription quantity limits and partial fill requirements followed [195.080, 19 CSR 30-1.064]	☐	☐	☑
C-II drugs under lock/secure cabinet (19 CSR 30-1.034]	☐	☐	☑
C-III to IV dispersed in inventory or under lock/secure cabinet [19 CSR 30-1.034(1)]	☐	☐	☑
C-III to C-V invoices dated when received [19 CSR 30-1.048(4)]	☐	☐	☑
Loss reports properly filed [19 CSR 30-1.034(2)(B); 21 CFR 1301.76(b)]	☐	☐	☑

Observations

CONTROLLED SUBSTANCES INVENTORY

	Y	N	N/A
CS inventory available and taken annually and when required [19 CSR 30-1.042]	☑	☐	☐
CS inventory contains date and time taken [19 CSR 30-1.042(1)(D)]	☑	☐	☐
CS inventory includes C-V pseudoephedrine products [19 CSR 30-1.042]	☐	☐	☑
Pharmacist-in-charge change inventory taken [20 CSR 2220-2.090(2)(T)]	☑	☐	☐

Observations

C-II Ordering

	Y	N	N/A
Sampled CSOS or 222 forms, accessible, executed and complete [21 CFR § 1305.13, .22]	☐	☐	☑
CSOS usernames/passwords not shared [21 CFR §1305.21]	☐	☐	☑

Observations

OTC/PSEUDOEPHEDRINE SALES

	Y	N	N/A
Schedule V OTC PSE products behind counter or under lock [19 CSR 30-1.034]	☐	☐	☑
Combat Meth Act self-certification current [21 CFR 1306.8]	☐	☐	☑
Pseudoephedrine sales properly entered into database and accessible [19 CSR 30-1.074]	☐	☐	☑

Observations

ADMINISTRATION BY PROTOCOL

	Y	N	N/A
Protocol complete, current, signed/dated, and followed [20 CSR 2220-6.050(5)(B)]	☐	☐	☑
Administration records properly maintained [20 CSR 2220-6.050(6)]	☐	☐	☑
Vaccines are authorized by and age limits followed [§338.010]	☐	☐	☑

Observations

ADMINISTRATION BY PRESCRIPTION ORDER

	Y	N	N/A
Prescription requirements met [20 CSR 2220-6.040(5)]	☐	☐	☑
Administration records properly maintained [20 CSR 2220-6.040(6)]	☐	☐	☑

Observations

NON-STERILE COMPOUNDING

	Y	N	N/A
Compounding equipment functioning/maintained [20 CSR 2220-2.400(5)©]	☐	☐	☑
Active/therapeutic ingredients on prescription container [20 CSR 2220-2.400(7)(F)]	☐	☐	☑
Compound log accurately maintained [20 CSR 2220-2.400(7)]	☐	☐	☑
Other compounding records properly maintained [20 CSR 2220-2.400(7)]	☐	☐	☑
Bulk active ingredients meet compendial standards or certificate of analysis maintained [20 CSR 2220-2.400(8)(A)2]	☐	☐	☑
Return to stock items handled as batched with lot # and BUD on container label and documented in compound log [20 CSR 2220-2.400(7)(A), (D)]	☐	☐	☑
Batch/bulk compounds stored and labeled with lot # and BUD [20 CSR 2220-2.400(7)(A)6.]	☐	☐	☑
Adverse effects/complaints documented and investigated [20 CSR 2220-2.400(8)(B)]	☐	☐	☑
Recalls and prescriber/patient notifications conducted when required [20 CSR 2220-2.400(8)(C)]	☐	☐	☑

Observations

Additional Observations:

Class M: Failure to provide recall notification to prescriber within 24 hours of receipt of notice - pharmacy received notice of Huber needle recall on 7/10/2020 that affected 25 patients - prescribers were not notified until 7/13/2020.

Additional Comments:

No product available for laboratory testing.
Pharmacy has Class D on license but is not currently conducting any non-sterile compounding or batch compounding from bulk ingredients.
Pharmacy does not stock any controlled substances.

STATE OF MISSOURI
BOARD OF PHARMACY

STERILE COMPOUNDING INSPECTION REPORT

MAILING ADDRESS
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MO 65102
(573) 526-6985
(573) 526-3464 FAX
PHARMACY@PR.MO.GOV

NAME/ADDRESS OF PHARMACY	LICENSE NUMBER	INSPECTION DATE
Heritage Biologics, Inc. 255 NW Victoria Dr Lee's Summit MO 64086	2015033667	2/24/2021

PHARMACIST-IN-CHARGE	PIC LICENSE NO
Megan Elizabeth Johnson	2013028367

RISK LEVEL ☐ 1 ☑ 2 ☐ 3

Inspector: Elaina Wolzak

Acknowledged By: Megan Johnson

This report is based solely on the inspector's observations of a random sampling of the pharmacy's activities. Licensees should review Missouri law to ensure compliance

GENERAL

	Y	N	N/A
Compounding is completed according to the appropriate risk level [20 CSR 2220-2.200(1)(GG)]	☑	☐	☐
Sterile compounding policies and procedures available, encompass all aspects of compounding, and are reviewed on an annual basis [20 CSR 2220-2.200(2)]	☑	☐	☐
Pharmacist verification occurs prior to the release of the final compounded preparation [20 CSR 2220-2.200(14)]	☑	☐	☐
Every sterile compound is labeled appropriately and has an assigned beyond-use date [20 CSR 2220-2.200(12)]	☑	☐	☐
Point-of-care assembled systems are assembled in a primary engineering control and assigned activated and non-activated beyond-use dates when required [20 CSR 2220-2.200(16)]	☐	☐	☑
Sterile preparations are packaged, stored, dispensed, and distributed in a manner that will maintain the preparation's chemical and microbiological stability [20 CSR 2220-2.200(15)]	☑	☐	☐

Observations

PERSONNEL TRAINING AND ASSESSMENT

3718

	Y	N	N/A
Prior to compounding, personnel receive initial didactic/experiential training and pass an aseptic technique skill assessment (visual observation of aseptic competencies and 3 media fill tests) [20 CSR 2220-2.200(10)]	☐	☐	☑
Aseptic technique skill assessment (visual and media fill) is completed annually or semi-annually according to risk level and reevaluations completed, if required. [20 CSR 2220-2.200(10)(C)]	☐	☑	☐
Media fill testing complies with USP Chapter 797's recommended procedures [20 CSR 2220-2.200(10)(B)]	☑	☐	☐
Media fill testing simulates the most challenging or stressful conditions and is appropriate for the risk level [20 CSR 2220-2.200(10)(B)]	☑	☐	☐

Observations

Late ongoing aseptic technique skill assessment for Megan Johnson - completed 12/31/2019 and 2/19/2021.

HAND HYGIENE AND GARBING

	Y	N	N/A
Hands are properly washed prior to donning gloves [20 CSR 2220-2.200(9)(A)]	☑	☐	☐
Personnel in the controlled/buffer area are garbed appropriately [20 CSR 2220-2.200(8)(A)]	☑	☐	☐
Sterile gloves are worn for risk level 2 and 3 activity [20 CSR 2220-2.200(8)(B)]	☑	☐	☐

Observations

COMPOUNDING PROCEDURES

	Y	N	N/A
Gloves are disinfected prior to use and frequently while compounding [20 CSR 2220-2.200(8)(A)]	☐	☐	☑
Talking and movement is kept to a minimum while compounding [20 CSR 2220-2.200(9)(A)]	☐	☐	☑
Compounding personnel demonstrate proper use of first air [20 CSR 2220-2.200(9)]	☐	☐	☑
Aseptic technique is used to avoid touch contamination of critical sites [20 CSR 2220-2.200(9)]	☐	☐	☑
Appropriate critical sites are properly disinfected prior to needle entry [20 CSR 2220-2.200(7)]	☐	☐	☑
Materials are wiped down prior to placement in the primary engineering control [20 CSR 2220-2.200(9)(A)]	☑	☐	☐
Furniture, carts, supplies and equipment are disinfected prior to entry into ISO classified area [20 CSR 2220-2.200(7)(C)]	☑	☐	☐
All opened vials/containers are labeled with the appropriate in-use time [20 CSR 2220-2.200(9)]	☐	☐	☑
Calibration results for automated compounding devices are reviewed by a pharmacist [20 CSR 2220-2.200(5)(D)]	☐	☐	☑
Pharmacist verification occurs for data entered into any automatic compounder before processing begins [20 CSR 2220-2.200(9)(B)]	☐	☐	☑

Observations

Compounding not observed.

FACILITIES AND EQUIPMENT

	Y	N	N/A
Controlled/buffer area(s) are clean and maintained appropriately [20 CSR 2220-2.200(7)]	☑	☐	☐
Tacky mats are prohibited in the controlled area or any ISO classified area [20 CSR 2220-2.200(7)(A)]	☑	☐	☐
Removal of trash from the controlled/buffer area is performed at least daily [20 CSR 2220-2.200(4)(A)]	☑	☐	☐
A sink with hot and cold water is near, but not in, the controlled/buffer area [20 CSR 2220-2.200(5)(A)]	☑	☐	☐
Drugs and supplies are stored above the floor [20 CSR 2220-2.200(4)(A)]	☑	☐	☐
Removal of drugs and supplies from boxes is performed outside the controlled/buffer area [20 CSR 2220-2.200(4)(A)]	☑	☐	☐
Particle shedding items and unnecessary supplies are kept out of the controlled/buffer area [20 CSR 2220-2.200(7)(C)]	☑	☐	☐
Sterile preparations are being prepared in an ISO Class 5 primary engineering control [20 CSR 2220-2.200(5)(A)]	☑	☐	☐
Primary engineering control(s) are placed in the appropriate environment according to risk level [20 CSR 2220-2.200(5)]	☑	☐	☐
If no ISO 7 buffer area, the controlled area is separated from other operations with a line of demarcation [20 CSR 2220-2.200(1)(I)]	☐	☐	☑

Observations

CLEANING AND DISINFECTION

	Y	N	N/A
Primary engineering control(s) are cleaned/disinfected appropriately: daily with a germicidal agent followed by sterile isopropyl alcohol, properly documented [20 CSR 2220-2.200(17)(E)]	☑	☐	☐
Buffer/controlled area is cleaned/disinfected appropriately: floors daily, counters/work surfaces daily, ceiling/walls/storage shelving monthly, properly documented [20 CSR 2220-2.200(17)]	☑	☐	☐
Sterile water for irrigation is used to dilute germicidal agents (if applicable) that are used in the primary engineering control(s) [20 CSR 2220-2.200(17)(E)]	☑	☐	☐
The appropriate contact time for disinfectants is utilized when cleaning [20 CSR 2220-2.200(17)(C)]	☑	☐	☐
All cleaning tools are low-lint and dedicated for use in the controlled/ISO classified areas [20 CSR 2220-2.200(17)(D)]	☑	☐	☐
If compounding occurs less frequently than the cleaning timeframes, cleaning is performed before each compounding session [20 CSR 2220-2.200(17)]	☑	☐	☐

Observations

ENVIRONMENTAL MONITORING

	Y	N	N/A
Primary and secondary engineering controls are certified every 6 months and when relocated or major service occurs [20 CSR 2220-2.200(5)(E)]	☑	☐	☐
Prefilters are inspected and replaced according to manufacturer's specifications [20 CSR 2220-2.200(5)(A)]	☑	☐	☐
Primary and secondary engineering certification results are reviewed by a pharmacist [20 CSR 2220-2.200(5)(E)]	☑	☐	☐
Environmental air monitoring is conducted and documented for all ISO classified areas every 6 months [20 CSR 2220-2.200(18)]	☑	☐	☐
Risk level 2: Environmental surface monitoring is conducted and documented for all ISO classified areas every 6 months [20 CSR 2220-2.200(18)]	☑	☐	☐

Observations

CYTOTOXIC COMPOUNDING

	Y	N	N/A
Cytotoxic drugs are compounded in a vertical flow, Class II biological safety cabinet or CACI [20 CSR 2220-2.200(19)(A)]	☐	☐	☑
Appropriate protective apparel is worn while compounding cytotoxic drugs [20 CSR 2220-2.200(19)(A)]	☐	☐	☑
Appropriate safety and containment techniques are maintained for cytotoxic drugs such as decontamination and spill kits [20 CSR 2220-2.200(19)(A)]	☐	☐	☑
Appropriate disposal of cytotoxic waste [20 CSR 2220-2.200(19)(A)]	☐	☐	☑

Observations

RECORDS

	Y	N	N/A
Single and batch preparation compounding records accurately maintained [20 CSR 2220-2.200(11)]	☑	☐	☐
Refrigerator and freezer temperatures are documented daily [20 CSR 2220-2.200(4)(A)]	☑	☐	☐
Incubator temperatures are documented appropriately [20 CSR 2220-2.200(4)(A)]	☑	☐	☐
Calibration records are maintained for automated compounders or pumps utilized during compounding [20 CSR 2220-2.200(5)(A)]	☐	☐	☑
If pressure differential monitor(s) present, results are recorded daily [20 CSR 2220-2.200(5)(F)]	☑	☐	☐
Required records and documentation maintained for two years [20 CSR 2220-2.200(11)(C)]	☑	☐	☐

Observations

INVESTIGATIONS AND NOTIFICATIONS

	Y	N	N/A
Remedial investigation(s) were conducted when required [20 CSR 2220-2.200(20)]	☐	☐	☑
All affected areas of remedial investigation were resampled prior to further compounding [20 CSR 2220-2.200(20)(A)]	☐	☐	☑
The Board was notified of any highly pathogenic microorganisms, if detected [20 CSR 2220-2.200(20)(B)]	☐	☐	☑
Adverse events/complaints documented and investigated [20 CSR 2220-2.400(8)]	☐	☐	☑
Recalls and prescriber/patient/Board notifications conducted when required [20 CSR 2220-2.200(21)]	☐	☐	☑

Observations

RISK LEVEL 3 COMPOUNDING

	Y	N	N/A
Personnel training is specific to risk level 3 activities (sterilization, end-preparation testing, etc.) [20 CSR 2220-2.200(3)(C)]	☐	☐	☑
Environmental surface monitoring is conducted and documented for all ISO classified areas every 30 days [20 CSR 2220-2.200(18)]	☐	☐	☑
Non-sterile equipment is sterilized before it comes into contact with the final sterilized preparation [20 CSR 2220-2.200(5)(C)]	☐	☐	☑
Non-sterile components are compendial grade or have a certificate of analysis [20 CSR 2220-2.200(9)(C)]	☐	☐	☑
Preparation records include sterilization records and quarantine records [20 CSR 2220-2.200(11)(B)]	☐	☐	☑
Sterilization methods are USP recognized and appropriate for preparation [20 CSR 2220-2.200(9)(C)]	☐	☐	☑
All risk level 3 sterile preparations are tested for sterility according to USP 71 [20 CSR 2220-2.200(14)(C)]	☐	☐	☑
All risk level 3 parenteral preparations are tested for pyrogenicity (endotoxins) according to USP 85 or 151 [20 CSR 2220-2.200(14)(C)]	☐	☐	☑
Preparations with a BUD >30 days have laboratory validation to support the stability and potency [20 CSR 2220-2.200(13)(B)]	☐	☐	☑
Risk Level 3 preparations shall at a minimum remain Risk Level 3 for the life of the preparation [20 CSR 2220-2.200(5)(C)]	☐	☐	☑
Finished preparations awaiting end-preparation testing results are quarantined appropriately [20 CSR 2220-2.200(14)(C)]	☐	☐	☑
If a preparation is released prior to testing results, all emergency dispensing procedures are followed and documented [20 CSR 2220-2.200(1)(N)]	☐	☐	☑
A recall and sufficient investigation was conducted for any failed end-preparation testing [20 CSR 2220-2.200(21)]	☐	☐	☑

Observations

Additional Sterile Compounding Observations:

Additional Sterile Compounding Comments:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Heritage Biologics LLC

Physical Address 155 NW Victoria Drive, Suite B

City Lees Summit State MO Zip 64086

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855.937.7273 Website www.heritagebiologics.com

Licensing Company Email licensing@heritagebiologics.com

Section 2: Personal Information

First Megan Middle _____ Last Johnson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] NE Shoredrive Dr

City Lees Summit State MO Zip 64064

Telephone [redacted] Email mjohnson@heritagebiologics.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
university of MO - Kansas City		08/07 - 05/13	
Address	**City**	**State**	**Zip**
2464 Charlotte St	Kansas City	MO	U
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Marshall High School		08/03 - 05/07	
Address	**City**	**State**	**Zip**
805 S Miami Ave	Marshall	MO	65340
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/18 - current	[redacted] NE Shoreview Dr	Lee's Summit	MO	64064
05/18 - 08/18	1546 SW Mona Lake Dr	Lee's Summit	MO	64082
08/15 - 05-18	5612 Western Ave	Omaha	NE	68132
06/14 - 08/15	5923 Jones St	Omaha	NE	68106
06/13 - 06/14	6145. 38th St. Apt#1	Omaha	NE	68105
06/12 - 06/13	2005 Clay St	North Kansas City	MO	64116
07/09 - 06/12	106 Broadway St. Apt#309	Kansas City	MO	64105
08/08 - 07/09	417 E 68th Terr	Kansas City	MO	64131
08/07 - 08/08	5051 Oak St	Kansas City	MO	64112
03/98 - 08/07	309 E. Main St.	Marshall	MO	65340

Applicant's initials MJ

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Heritage Biologics			12/18 - current
Business Address	**City**	**State** / **Zip**	
255 NW Victoria Dr Suite B	Lee's Summit	MO	64086
Phone	**Title**	**Number of Employed Hours**	
855-937-7273	Director of Pharmacy	5280	

Description of Duties

Pharmacist-in-charge, manage all pharmacists + techs

Business Name			From - To (MM/YY – MM/YY)
University of Kansas Health System			09/18 - 12/18
Business Address	**City**	**State** / **Zip**	
4000 Cambridge St	Kansas City	KS	66160
Phone	**Title**	**Number of Employed Hours**	
913-588-1227	Clinical Pharmacist	640	

Description of Duties

Clinically manage patients, fulfill all pharmacist duties

Business Name			From - To (MM/YY – MM/YY)
Nebraska Medicine			07/15 - 05/18
Business Address	**City**	**State** / **Zip**	
4350 Dewey Ave	Omaha	NE	68105
Phone	**Title**	**Number of Employed Hours**	
402-552-2000	Clinical Pharmacist	5930	

Description of Duties

Clinically manage patients, fulfill all pharmacist duties.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**	
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**	
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials MA

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MJ

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials MJ

I, Megan Johnson, **certify that as the designated representative for** Heritage Biologics,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Megan Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.10.21

Date

Applicant's initials MJ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Megan Johnson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.5.21
Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Jackson

I, Megan Johnson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8.5.21
Date

Subscribed and Sworn to before me this 5 day of August.

Cianah Jo Faust
Notary Public Signature

CIANAH JO FAUST
Notary Public - Notary Seal
Jackson County - State of Missouri
Commission Number 16474073
My Commission Expires Jan 27, 2024
(Seal)

Applicant's initials MJ

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: K Pharmacy, LLC

Physical Address: 28 Kaysal CT, Unit B1

Mailing Address: 28 Kaysal CT, Unit B1

City: Armonk State: NY Zip Code: 10504

Telephone: 551-202-8865 Fax: 914-214-9783

Toll Free Number: 866-201-1514 (Required per NAC 639.708)

E-mail: pharmacylicensing@khealth.com Website: www.khealth.com

Managing Pharmacist: Nancy Butler License Number: ~~051400~~ 21989 Temp. OK ✓ exp. 5/16/22

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding **
For the application to be complete		☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Nancy C. Butler

Date: 11/16/2021
Amount:
License #: 21989

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:05/16/2022

Nancy C. Butler

License #
21989
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

License Type: Pharmacist
License #: 21989

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 05/16/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Nancy C. Butler

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Austin Ringer
Print Name of Authorized Person

09/21/21
Date

Board Use Only Date Processed:_____ Amount: 500 check # 0011

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: K Health, Inc

Mailing Address: 298 Fifth Ave

City: New York State: NY Zip: 10001

Telephone: 866-201-1514 Fax: 914-214-9783

Contact Person: Austin Ringer

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) K Health Inc. 100% owner 298 Fifth Ave, New York, NY 10001
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. K Health Inc. 100% owner- See Exhibit A of attached Operating Agreement

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Austin Ringer

Responsible Person of K Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Austin Ringer
Print Name of Authorized Person

09/21/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Westchester COUNTY)

I, Austin Ringer, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the General Manager for K Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Austin Ringer, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

AUSTIN RINGER
Name

09/20/21

SUBSCRIBED AND SWORN TO
before me, a notary public this
20th day of September, 2021.

NOTARY PUBLIC

DAVID C SLOAN
Notary Public - State of New York
NO. 01SL6318303
Qualified in Putnam County
My Commission Expires Feb 28, 2023

Managing Pharmacist

Pharmacist Name: Nancy Butler License #: 21989 Temp

Pharmacy Name: K Pharmacy, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 10/08/21

NYSED.gov

Office of the Professions

OP OFFICE OF THE PROFESSIONS

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

09/17/2021

Type : PHARMACY
Legal Name : K PHARMACY, LLC
Trade Name :
Street Address :
28 KAYSAL COURT
UNIT B1
ARMONK, NY 10504-1378

Registration No : 039047
Date First Registered : 09/09/21
Registration Begins : 09/09/21
Registered through : 08/31/24
Supervisor : 051400 BUTLER NANCY
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

New York Board of Pharmacy does not conduct official license verifications for establishments. See response from Board:

Please visit our website to obtain the only form of verification for establishments.

http://www.op.nysed.gov/opsearches.htm#rx

Sincerely,
Kara Antoniak
Administrative Assistant 1

OFFICE OF THE PROFESSIONS
www.op.nysed.gov

New York State Education Department
Board Office for Pharmacy & Midwifery
89 Washington Ave., 2nd Floor West
Albany, NY 12234
Phone: 518-474-3817 ext. 130
Email: pharmbd@nysed.gov
Web: www.op.nysed.gov

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2021-24

SUPERVISING PHARMACIST
NANCY BUTLER

THIS IS TO CERTIFY

K PHARMACY, LLC
28 KAYSAL COURT
UNIT B1
ARMONK, NY 10504-1378

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE NINTH DAY OF SEPTEMBER, 2021.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF AUGUST, 2024.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

039047

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

3742

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "K PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K PHARMACY, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

5818298 8300

SR# 20213098987

Authentication: 204023909

Date: 08-27-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

K Pharmacy, LLC Officer List

Name	Title	Resident Address	Date of Birth	Business Address	Phone Number	Email	Percent Owned
Allon Bloch	Co-Founder/ CEO	[redacted]Clover Ln, Princeton, NJ 08540	[redacted]	28 Kaysal Ct, Unit B1, Armonk, New York 10504-1378	[redacted]	allon@khealth.com	0%
Scott Chesrown	COO	[redacted] Wakenor Road, Westport CT 06880	[redacted]	28 Kaysal Ct, Unit B1, Armonk, New York 10504-1378	[redacted]	scott@khealth.com	0%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler K Pharmacy, LLC

Physical Address 28 Kaysal Ct, Unit B1

City Armonk State NY Zip 10504

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 866-201-1514 Website www.khealth.com

Licensing Company Email pharmacylicensing@khealth.com

Section 2: Personal Information

First Nancy Middle Chinyere Last Butler

Alias(es, nicknames, name changes, etc.) Nancy Chinyere Chioma

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] East 15th St

City Brooklyn State NY Zip 11235

Telephone [redacted] Email nancy.butler@khealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials NB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Springfield Gardens Highschool		09/1996-01/1998	
Address	City	State	Zip
143-10 Springfield Blvd	Queens	New York	11413
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Long Island University Arnold & Marie Schwartz College of Pharmacy and Health Sciences		09/00-05/06	
Address	City	State	Zip
75 DeKalb Avenue	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20-present	[redacted] East 15th St	Brooklyn	NY	11235
12/19-12/20	105-60 Flatlands 3rd Street	Brooklyn	NY	11236
01/09-12/19	19 Doreen Drive	Staten Island	NY	10303

Applicant's initials NB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
K Pharmacy, LLC			06/21-Current	
Business Address		**City**	**State**	**Zip**
28 Kaysal Ct, Unit B1		Armonk	NY	10504
Phone	**Title**		**Number of Employed Hours**	
866-201-1514	Director of Pharmacy		40/week	

Description of Duties
As the Director of Pharmacy/PIC, my responsibilities will include and not be limited to the following: Ensuring that every pharmacy employee conform with all federal and state laws and regulations, applicable to the conduct of a registered pharmacy and a mail order facility. I will also be responsible for issuing verbal and written notice to each employee concerning the laws, regulations and rules, to maintain full compliance. Ensuring that no one engages in unlawful activity. I will be responsible for implementing policies and procedures to promote patient safety and quality assurance measures, to prevent errors and optimize pharmacy efficiency. My role will also include hiring and onboarding both licensed and unlicensed persons.

Business Name			From - To (MM/YY – MM/YY)	
CVS Pharmacy			02/12-06/21	
Business Address		**City**	**State**	**Zip**
4901 Kings Hwy		Brooklyn	NY	11234
Phone	**Title**		**Number of Employed Hours**	
718-252-3791	Pharmacy Manager		40/week	

Description of Duties
As the Pharmacy Manager, my responsibilities included the following: Ensuring that every pharmacy employee conformed with all federal and state laws and regulations, applicable to the conduct of a registered pharmacy. I was also be responsible for issuing verbal and written notice to each employee concerning the laws, regulations and rules, to maintain full compliance. Ensuring that no one engages in unlawful activity. I was responsible for implementing policies and procedures to promote patient safety and quality assurance measures, to prevent errors and optimize pharmacy efficiency. My role was also include hiring and onboarding both licensed and unlicensed persons.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials NB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/08/21
Date

Applicant's initials NB

I, Nancy Butler, **certify that as the designated representative for** K Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nancy Butler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/21

Date

Applicant's initials NB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nancy Butler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/08/21

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Westchester

I, NANCY BUTLER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/08/21

Date

Subscribed and Sworn to before me this 8 day of October 2021.

Notary Public Signature

MARIA SCHARF
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SC6377346
Qualified in Westchester County
Commission Expires July 2, 2022

(Seal)

Applicant's initials NB

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

PHARMACY INSPECTION REPORT

☒ Pharmacy ☐ M/W

Inspection # _____ conducted by
Investigator Dychines Diten
Date 09/01/21 Time In/Out _____ / _____

1. Routine
2. New Registration
3. Transfer Ownership
4. Discontinuance
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. Special Project or Renovation

Reg. name K Pharmacy LLC
Trade name _____
No. and Street 28 Kaysal Ct unit B1
City Armonk NY County Westchester Zip 10504
Reg. # 039047 Telephone (646) 201-1514
Hours open per week 45 # RXs daily _____

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. Nancy Butler	40	051400	11/30/06	(Y) N	(Y) N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below.
Be sure to include item number in explanation.

1. Registration name on exterior ..... (S) N
2. Licenses/current reg. displayed ..... (S) N
3. Registered pharmacist on duty ..... (S) N
4. Equip., facilities, and ref. items ..... (S) N
5. Price list available/current ..... S N
6. Drug stock current ..... S N
7. Stock properly branded ..... S N
8. Daily RX record ..... S N
9. Required RX filings ..... S N
10. DEA records complete/available ..... S N
11. Safety/approp. closures/containers ..... S N
12. RX labels required information ..... S N
13. Valid RX formats ..... S N
14. Substitution law compliance ..... S N
15. Required information on RXs ..... S N
16. Refill authorization/fill ..... S N
17. Refills in daily record ..... S N
18. Controlled substance compliance ..... S N
19. General sanitation ..... S N
20. Intern/unlicensed supervision ..... S N
21. Counseling offered/given/refusals documented... S N
22. Types of pharmacy (circle those applicable): retail, hospital, skilled nursing, assisted living. compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary

Details of Inspection As per Re Request from Re Pharmacy Board an inspection was conducted. Pharmacist was Nancy Butler, S.P.! A/C & heat operational. Re Restroom located outside of the Pharmacy. Re Pharmacy Department is in the Back. Re facility, NO Basement, Re Pharmacy is opened to the public. NO telepharmacy Services. Pharmacy will receive E-Rx & then mail to patient. Attached is Re RX label.

Recommendation (completed in office)
Investigator Dychines Diten
Supervisor _____

I have received a copy of this inspection report.
Signature Nancy Butler
Print name NANCY BUTLER
Title Pharmacist in Pharmacy Date 9/1/21

This is page 1 of 1 page(s)

OPD 234 (6/2011) 11-005 CDC

ORIGINAL - TO CENTRAL OFFICE

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: LPRXONE LLC, DBA Lemonaid Pharmacy

Physical Address: 1701 Macklind Ave. - Suite 300

Mailing Address: 1701 Macklind Ave. - Suite 300

City: St. Louis State: Missouri Zip Code: 63110

Telephone: 888-439-0862 Fax: 314-925-8165

Toll Free Number: 888-439-0862 (Required per NAC 639.708)

E-mail: Lprxone@lemonaid.com Website: N/A

Managing Pharmacist: Lindsay Coleman License Number: 20090182 07

Temp. 21984 ✓ OR exp. 5/15/22

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☑	☐ Other: Mail	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Lindsay K. Coleman

Date: 11/15/2021
Amount:
License #: 21984

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:05/15/2022

Lindsay K. Coleman

License #
21984
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

License Type: Pharmacist
License #: 21984

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 05/15/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Lindsay K. Coleman

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED ~~CORPORATION~~ LLC

State of Incorporation: MISSOURI

Parent Company if any: LPHARM CS, LLC

Mailing Address: 1701 MACKLIND AVE, SUITE 300

City: SAINT LOUIS State: MO Zip: 63110

Telephone: 888-436-0862 Fax: 314-925-8165

Contact Person: JOSEPH SELSAVAGE - MANAGER

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 8 pm Saturday 9 am 6 pm

Sunday X am X pm 24 Hours X

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

JOSEPH SEASAVAGE

Print Name of Authorized Person

9/16/21

Date

Board Use Only	Date Processed:	Amount: 500	MO # 276 08568941

LPRXONE, LLC DBA Lemonaid Pharmacy

Mo Pharmacy License- 2021029439
Issue Date- 7/26/2021
Expiration Date- 10/31/2023
Permit Type- A, J, K

LPRXONE LLC Officers & Directors

Member: LPharm CS, LLC (Sole Member & 100% owner)

- Business Address- 1701 Macklind Ave, STE 300 St. Louis, MO 63110
- Phone Number- 888-439-0862

Manager: Joseph Selsavage (Sole Manager, of LPRXOne, LLC)

- Business Address- 1701 Macklind Ave, STE 300 St. Louis, MO 63110
- Phone Number- 888-439-0862

LPRXONE, LLC
Lemonaid Pharmacy
1701 Macklind Ave, Suite 300
Saint Louis, MO 6311
FEIN- 87-1453447

Ownership Information
Member: LPharm CS, LLC (Sole Member & 100% owner)

- Title- Member and 100% owner
- FEIN- 87-1381125
- Business Address- 1701 Macklind Ave, Suite 300, Saint Louis, MO 63110
- Phone Number- 888-439-0862

Manager: Joseph Selsavage (Manager, of LPRXOne, LLC)

- Title- Manager
- Date of Birth- [redacted]
- Home Address- [redacted] Hill Street, [redacted], San Francisco, CA 94114
- Home Phone Number- [redacted]
- Business Address- 1701 Macklind Ave, Suite 300, Saint Louis, MO 63110
- Business Phone Number- 888-439-0862
- SSN- [redacted]

(8)
(2)

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF MISSOURI)
) ss.
ST. LOUIS CITY COUNTY)

I, JOSEPH SELSAVAGE, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the MANAGER for LPRX ONE, LLC DBA CENTRAL PHARMACY (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, JOSEPH SELSAVAGE, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Joseph Selsavage
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of September, 2020.

APRIL WARD
Notary Public - Notary Seal
St. Louis City - State of Missouri
Commission Number 20279044
My Commission Expires Oct 8, 2024

NOTARY PUBLIC

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, JOSEPH SELSAVAGE

Responsible Person of LPRXONE, LLC DBA LEMONAID PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

JOSEPH SELSAVAGE

Print Name of Authorized Person

9/16/21

Date

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

LPRXONE LLC
LC1798226

was created under the laws of this State on the 29th day of June, 2021, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 21st day of September, 2021.

Secretary of State

Certification Number: CERT-09212021-0112

Michael L. Parson
Governor
State of Missouri

Sheila Solon, Acting Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard P.O. Box 625
Jefferson City, MO 65109
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
MissouriBOP@pr.mo.gov
pr.mo.gov/pharmacists

This is to certify that the records of the Missouri Division of Professional Registration indicate the following information regarding LPRXOne LLC.

LICENSE TYPE:	Pharmacy
LICENSE NUMBER:	2021029439
ADDRESS:	Lindsay K Coleman, PIC 1701 Macklind Ave Suite 300 Saint Louis, MO 63110
DATE ISSUED:	7/26/2021
STATUS:	Active
EXPIRATION DATE:	10/31/2023
DISCIPLINARY ACTION:	None

Laura Henke
Missouri Board of Pharmacy

Sept. 23, 2021
Date

This is the only form that will be used by the Missouri Board of Pharmacy for the purpose of license verification.

3765

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Pharmacy

Class A, J, K

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 2021029439
Lindsay K Coleman - 2009018207

LPRXONE LLC
LEMONAID PHARMACY
LINDSAY K COLEMAN, PIC
1701 MACKLIND AVE SUITE 300
SAINT LOUIS MO 63110
USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

(7)

STATE OF MISSOURI
BOARD OF PHARMACY

OBSERVATION REPORT

MAILING ADDRESS
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MO 65102
(573) 526-6985
(573) 526-3464 FAX
PHARMACY@PR.MO.GOV

NAME/ADDRESS OF PHARMACY OR DRUG DISTRIBUTOR	LICENSE NUMBER	CLASS	INSPECTION DATE
Lemonaid Pharmacy 1701 Macklind Ave, Suite 300 St Louis MO 63110	2021029439	A, K, J	7/26/2021

PHARMACIST OR MANAGER-IN-CHARGE	PIC/MIC LICENSE NO
Eland Siddle	2009020985

PHONE	Fax	Email
8884390862		eland@lemonaid.com

INSPECTION TYPE: **Initial**

Inspector: Bennie Dean

Acknowledged By: Eland Siddle

Observations:

Passed Initial Inspection

Comments:

No Compliance Issues

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LPRXONE, LLC DBA Lemonaid Pharmacy

Physical Address 1701 Macklind Ave, SUITE 300

City Saint Louis State MO Zip 63110

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 888-439-0862 Website n/a

Licensing Company Email lprxone@lemonaid.com

Section 2: Personal Information

First Lindsay Middle Kristine Last Coleman

Alias(es, nicknames, name changes, etc.) Lindsay Kristine McLain

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]Glen Echo Drive

City Edwardsville State IL Zip 62025

Telephone [redacted] Email lindsayc@lemonaid.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials LC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. Louis College of Pharmacy		08/03- 05/09	
Address	**City**	**State**	**Zip**
1 Pharmacy Place	St. Louis	MO	63110
Diploma/Degree obtained, if any			
Pharmacy Doctorate			

School Name		From - To (MM/YY – MM/YY)	
Edwardsville High School		08/98- 05/03	
Address	**City**	**State**	**Zip**
6161 Center Grove Rd	Edwardsville	IL	62025
Diploma/Degree obtained, if any			
High School GED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/15-present	[redacted] Glen Echo Drive	Edwarsville	IL	62025
04/10-05/15	221 Sage Creek Drive	Bethalto	IL	62010

Applicant's initials LC

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Lemonaid Pharmacy LLC			04/19-Current
Business Address	**City**	**State**	**Zip**
1015 Locust St, STE 420	Saint Louis	MO	63101
Phone	**Title**	**Number of Employed Hours**	
888-536-6670	Staff Pharmacist	4720	

Description of Duties

Participate in fulfilling prescription orders, including data entry, verification, dispensing, patient counseling, drug ordering, inventory, and other daily pharmacy operations.

Business Name			From - To (MM/YY – MM/YY)
Shop 'n Save Pharmacy			10/10-10/18
Business Address	**City**	**State**	**Zip**
2122 Troy Rd	Edwardsville	il	62025
Phone	**Title**	**Number of Employed Hours**	
618) 655-0386	Pharmacy Manager	16,658	

Description of Duties

Oversee pharmacy operations, including inventory, staff, prescription dispensing, patient counseling, immunizations and clinical services, and other daily pharmacy operations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials LC

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Lindsay Colman
Original Signature (electronic, copies or stamps not accepted)

11/18/2021
Date

Applicant's initials LC

I, Lindsay Coleman, **certify that as the designated representative for**

LPRXONE, LLC DBA Lemonaid Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lindsay Coleman

Print Name (First, Last)

Lindsay Coleman

Original Signature (electronic, copies or stamps not accepted)

11/18/2021

Date

Applicant's initials LC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lindsay Coleman

Print Name (First, Last)

Lindsay Coleman

Original Signature (electronic, copies or stamps not accepted)

11/18/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of St. Louis City

I, Lindsay Coleman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lindsay Coleman

Original Signature

11/18/2021

Date

Subscribed and Sworn to before me this 18th day of November.

Notary Public Signature

APRIL WARD
Notary Public - Notary Seal
St. Louis City - State of Missouri
Commission Number 20279044
My Commission Expires Oct 8, 2024

(Seal)

Applicant's initials LC